

MAGMA HDI GENERAL INSURANCE COMPANY LTD.

PROPOSAL FORM - ERRORS AND OMISSION INSURANCE POLICY (COMMERCIAL) - CONSULTING ENGINEERS, ARCHITECTS AND INTERIOR DECORATORS

This proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the proposer or Insurer to complete a contract of Insurance.

If there is insufficient space to answer questions, please use additional sheets and attach it to this form.

The Company does not assume any liabilities until the Proposal has been accepted and premium paid.

- 1) Name and Address of Proposer with PAN No:
- 2) When established:
- 3) Description of the Business:
(Please attach brochure, information booklet, etc.)

4)	a)	Names in full of all Partners/Directors/ Principals	Qualifications in full	Date qualified	How long principal in this practice
	b)	Is coverage required in respect of past work for any Partner/Principal who has left, retired or died? YES/NO. If 'YES' please give the following			
		Full Name	Qualifications	How long Principal in this practice	

- 5) State:
 - a) No. of qualified engineers
No. of draughtsmen
No. of administrative personnel including clerks, typists, office boys, etc.
 - b) Specify nature of supervision exercised over the employees

Errors and Omission Insurance Policy (Commercial)

UIN - IRDAN149CP0005V01201819

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll-free no. : 1800 2663202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016. CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.

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c) Total amount of annual wages payable.

6) a) Please state the 5 largest contracts where construction has commenced during the past 6 years.

	Starting Date	Type of Contract	Total Contract Value	Approx. Comp. Date
i.				
ii.				
iii.				
iv.				
v.				

b) Please give details of Contracts where construction is expected to commence in the next 12 months.

	Starting Date	Type of Contract	Total Contract Value	Approx. Comp. Date

7. State whether you undertake supervision of contract works being executed?
If yes, periodicity of inspection with details.

8) Do you engage persons outside your organisation?
If yes, specify the details of purpose and nature of control exercised by you over them (specimen contract be enclosed).

9) Loss record for 5 years:

<u>Year</u>	<u>Cause</u>	<u>Kind of Loss</u>	<u>Amount of Loss</u>
20			
20			
20			
20			
20			

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- 10) Have you during the past 12 months dismissed or do you contemplate dismissal of any member of staff on account of any omission, neglect, error or for like (please give full details)
- 11) Are you aware of any neglect, omission or error or existence of any circumstances likely to give rise to a claim?
- 12) (a) Please give gross fees received during the past five years
- 20..... Rs.....
20..... Rs.....
20..... Rs.....
20..... Rs.....
-
- (b) Estimated fees for the coming 12 months Rs.....
- 13) Has any Company
- (a) declined your proposal
(b) required an increased premium
(c) refused to renew your policy
(d) canceled such a policy
- 14) State Limits of Indemnity required : Any One Act : Rs.....
Any One Year : Rs.....
- 15) Period of Insurance Required : From: _____ To: _____
- 16) Premium amount (including GST)
- 17) Voluntary Excess opted, if any:-
- 18) Any other relevant information not stated above

Premium Payment Details:												
Kindly select :	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	DD	<input type="checkbox"/>	NEFT	<input type="checkbox"/>	Cash				
Cheque /DD/ PO /UTR No.												
Payee Name/ Account Holder Name												

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Date		IFSC	
Amount in Rs.			
Bank Account No.			
Bank Name		Branch	
PAN Number			
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>			
GST Registered		Yes/ No	
	GSTIN Number		
	GST State		

- "I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC."

INTERMEDIARY DETAILS

Intermediary code:

Intermediary name:

PAN No:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor: _____

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AML Guidelines

I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

Date: DD/MM/YYYY

Signature of the Proposer: _____

Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?

YES NO

If yes, please share the details of "Politically Exposed Persons"(PEPs):

* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

Additional Information:

Nationality: Indian

Non-Indian

If, Non-Indian, please specify Country:-----

Type of Organisation:

- (i) Corporations
- (ii) Trust
- (iii) Government
- (iv) Partnership
- (v) Non-Government Organisations
- (vi) Co-operatives
- (vii) Society
- (viii) Private Limited Company
- (ix) Public Limited Company
- (x) others, please specify-----

Source of Funds:

Business: -----

Salaried:-----

Others (please specify)-----

DECLARATION

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

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I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

I hereby consent to and authorize Magma HDI General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on my Whatsapp (other app) number.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma HDI General Insurance Company Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: _____ Proposer's Signature _____

Company stamp

Date: _____ Name: _____ Designation _____
(DD-MM-YYYY)

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the

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policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.

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