

MAGMA HDI GENERAL INSURANCE COMPANY LTD.

**PROPOSAL FORM - COMPREHENSIVE GENERAL LIABILITY INSURANCE POLICY
(COMMERCIAL)**

This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. Liability of the company does not commence until the proposal has been accepted and the premium has been received in accordance with the provisions of section 64VB of the insurance act, 1938.

The Company is under no obligation to accept any proposal for insurance. If the Company accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

If insufficient space on this form, please use an attachment page.

- 1. THE INSURED**
 - a. INSURED NAMED (INCLUDING NAMES OF ALL SUBSIDIARIES)**

 - b. POSTAL ADDRESS**

 - c. PAN Number**

Comprehensive General Liability Insurance Policy (Commercial)

UIN - IRDAN149CP0164V01201718

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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d. FULL DESCRIPTION OF YOUR OPERATIONS AND ACTIVITIES

e. NUMBER OF YEARS IN CONTINUOUS BUSINESS

2. PERIOD OF INSURANCE: FROM: ___/___/___ AT ___ HRS
TO: ___/___/___ AT ___ HRS

3. ANNUAL SALES TURNOVER

YEAR	TURNOVER
PROJECTED	
CURRENT	
LAST YEAR	

4. LIMIT OF INDEMNITY:

- (a) INR _____ any one Occurrence
- (b) INR _____ in the aggregate for all Injury and/or Damage during the Period of Insurance
- (c) Premium amount (including GST)

5. PREMISES

Please list all your premises occupied and give the following details. For any additional premises please attached a schedule supplying details as below.

Location	Occupied as	Age of premises	Owned or Leased

6. ESTIMATED PAYROLL

	Number of Employees	Wages/Salary
Clerical		
Manufacturing		
Field Officers / Agents		

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Contractors		
Others		

7. PRODUCT INFORMATION / ESTIMATED ANNUAL TURNOVER

(a)

Description of Product	(M) Manufacture (I) Import (D) Distribute	Total Turnover (INR)	Exports (INR)	Destination
TOTAL				

Attach product brochures, Annual Reports or other material if applicable.

(b) Do you operate a Quality Control / Recording System? Yes No

If yes, please provide details including International or other relevant standards applicable.

(c) Estimated turnover for USA / Canada
INR _____

8. POLLUTION

(a) Does your use and storage of all toxic substances comply with all statutory Regulations and By-Laws?

Yes No

(b) Do any of your trade processes produce toxic waste and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment?

Yes No

If yes, please provide details

(c) Does your waste disposal or waste storage comply with Government Regulations and By-Laws?

Yes No

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Please give full details of any chemicals, gases, explosives, radioactive or toxic substances used &/or stored

9. CONTRACTUAL LIABILITY

Do you assume liability under contract or hold others harmless (other than lease liability)?

Yes No

If yes, please provide full details and attach copies of all agreements (other than lease liability)

10. CLAIMS AND/OR LOSS EXPERIENCE

(a) Please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance.

Please show claim amount after the application of any excess.

Date of Occurrence	Description of the Claim	Date of Claim	Amount Paid	Amount Reserved	Open/Closed

(b) Are there any circumstances of which you are aware which could give rise to a claim under the proposed Policy and which are not mentioned above. Yes No

If yes, please provide details:

(c) Is there any additional information or detail of which you are aware and which may assist the

Underwriter to better assess the nature of the risk? Yes No

If yes, please provide details:

11. PREVIOUS INSURANCE HISTORY

Has any proposed insured ever had any:

- | | | |
|--|-----|----|
| (i) Insurance declined or cancelled? | Yes | No |
| (ii) Renewal refused? | Yes | No |
| (iii) Special conditions imposed? | Yes | No |
| (iv) Increased excess imposed? | Yes | No |
| (v) Claims denied for this class of insurance? | Yes | No |

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

INTERMEDIARY DETAILS

Intermediary code:

Intermediary name:

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.

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

Date: DD MM YYYY

Signature of the Insurance Advisor:

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

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- (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.

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 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.

Proof of Identity:	Proof of Address:
For Individuals	
1. Passport 2. PAN Card 3. Driver's License 4. Voter's Identity Card 5. Letter from Recognized Public Authority	1. Telephone/Mobile bill not older than six months on the date of commencement of insurance 2. Bank A/c Statement with Residential address not older than six months on the date of commencement 3. Electricity Bill 4. Ration Card 5. Valid Lease Agreement along with Rent Receipt for 3 Months

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	<p>preceding the date of commencement of risk</p> <p>6. Employer’s Certificate</p> <p>7. Letter from Recognized Public Authority</p>
For Companies	
<ol style="list-style-type: none"> 1. Certificate of Incorporation and Memorandum and Articles of Association. 2. Resolution of the Board of Directors to open an account and identification of those who have authority to operate the account. 3. Power of Attorney granted to its managers, officers or employees to transact business on its behalf. 4. Copy of PAN allotment letter 	
For Partnership Firms	
<ol style="list-style-type: none"> 1. Registration Certificate 2. Partnership Deed 3. Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf. 4. An officially valid document identifying the partners and the persons holding the Power of Attorney and their address. 	
For Trusts and Foundations	
<ol style="list-style-type: none"> 1. Certificate of registration, if registered. 2. Power of Attorney granted to transact business on its behalf. 3. Any officially valid document to identify the trustees, settlers, beneficiaries and those holding Power of Attorney, founders/managers/directors and their address. 4. Resolution of the founding body of the foundation/trust/association. 	