

MAGMA HDI GENERAL INSURANCE COMPANY LTD.

Proposal Form - Comprehensive General Liability Policy (Commercial)

This Proposal for insurance will be the basis of the Insurance Policy that we issue to you. It is essential that your answers to the questions herein are full and accurately given and that you provide us with all additional information relevant to the risk to be insured /can influence our decision as to the acceptance of the Proposal or the terms upon which it should be accepted. Your failure to comply with this obligation may result in the rejection of your claim and the avoidance of your Policy when a claim is made against the Policy.

SECTION 1 – DESCRIPTION OF TRADE

1. Proposer's name in full: _____
2. Tel. No. _____ Telex No. _____ Fax No. _____
3. Postal Address

4. Country of Operations: _____
5. Does Insured have a subsidiary, affiliate or representative entity in the USA?
If yes, please provide Name and Addresses of such affiliate/entity: _____

6. Business Description _____
7. Describe basic process and activities: _____
8. Date of incorporation _____

If you are a new business, give details of experience of promoters/key managers in running a similar business

9. Will you, or your employees, handle or have an exposure to any industrial dust of know harmful nature (e.g. asbestos, silica, cotton), radioactive materials, or any other substance harmful to their health?

SECTION 2 – GENERAL QUESTIONS

The following questions must be answered in all cases

1. Have you been prosecuted during the last 5 years under any safety legislation in the territories of your operations /elsewhere? _____

2. Have you or any of your directors or partners ever been charged with a criminal offence other than a motoring offence? _____

3. Has any Insurer ever declined to insure you or refused to renew any of your insurances?

If your answer to any of above is "YES", please provide full details (including identity of Insurers if responding to Q3). You may attach additional sheets for providing all the information.

4. Give details of any other business / entity in which you or any of your directors or partners are or have been involved the last 5 years.

| Name of Business | Trade | From | To |
|------------------|-------|------|----|
| | | | |
| | | | |

5. Give name (s) of the insurer (s) of your present Liability Policy and following information
Insurer: _____

Limits under expiring Policy: _____

Policy Period: _____

Retroactive

Date: _____

Premium amount (including GST)

6. PI confirm the Indemnity limits sought for the following: the limits under (b),(c) and (d) shall form a part of the overall/aggregate Limit under (a)

Indemnity Limits(INR)

- (a) Public/Product Liability Yes/No
- (b) Personal/Advertising Injury Yes/No
- (c) Medical Expenses Cover Yes/No
- (d) Other Coverage Sought Yes/No

7. Coverage Territory

- i. India Only
- ii. Worldwide excluding US/Canada
- iii. Worldwide including US/Canada

SECTION 3 – PRODUCTS AND SERVICES

| | Details | Estimated Annual Turnover |
|--|---------|---------------------------|
| A. BROAD OUTLINE | | |
| Please provide a general description of products | | |

| | | |
|--|----------------|---|
| supplied or manufactured and total Turnover figure in INR | | |
| B. ANALYSIS OF PRODUCTS | | |
| 1. Indicate details of products you do not manufacture | | |
| 2. Indicate details of products which you modify, adapt, unitise or change in some way | | |
| 3. Give details of imported products including source of origin/suppliers | | |
| 4. Give details of any products used : (a) In Aircraft (b) In Marine craft (c) Offshore | | |
| | <i>Details</i> | <i>Estimated Annual Turnover (in INR)</i> |
| U.S.A OR CANADA | | |
| 1. Give details of any products supplied directly to or in your knowledge supplied indirectly to the U.S.A. or Canada | | |
| 2. If products have been supplied in previous years to U.S.A. or Canada indicate Turnover applicable to each in the last 3 years "IN ADDITION" to usual information. | | |
| C. SERVICES / TREATMENT | | |
| If you provide any services or treatment other than products provide details of the services, the turnover , companies to whom provided and their nationality | | |
| D. GENERAL QUESTIONS RELATING TO YOUR LIABILITY AS A PRODUCER | | |
| 1. Do you retain rights of recovery against manufacturers/suppliers ? | | |
| 2. Do any of your products require an accompanying hazard warning ? | | |
| 3. Do you design or prepare specifications for the products you supply? Give below details relevant to the above questions (including qualifications of design team) : | | |
| 4. Provide details of your quality control system including any "early warning" mechanism built into your complaints procedure | | |

5. Please indicate period of time, in years, that you retain records of stocks(sales and imports/indigenous purchases) :

Customers :

Suppliers :

E. Please quantify product wise sales turnover for the last 3 years and estimates for the next year below:

| Year | US | Europe | Rest of the World | Total |
|------|----|--------|-------------------|-------|
| | | | | |
| | | | | |
| | | | | |

SECTION 4 – Claims Information

1. Please furnish below your claims record(insured/uninsured) over the last 5 years (arising out of the business and where you may be legally liable) – Do not include Automotive Liability Claims

| PUBLIC AND PRODUCTS LIABILITY | | | | | | |
|-------------------------------|--|----------|-----------------|-----|--------------------|-----|
| | Death, disease, illness or injury to third parties and loss or damage to their property and attendant financial loss | | | | | |
| Year (last 5 years) | Excess | Turnover | Property Damage | No. | Outstanding Claims | No. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Premium Payment Details:

Kindly select : Cheque DD NEFT Cash

Cheque /DD/ PO /UTR No.

Payee Name/ Account Holder Name

Date IFSC

Amount in Rs.

Bank Account No.

Bank Name Branch

PAN Number

Documents to be attached as per requirement for fulfillment of KYC Norms.

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:

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:

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.

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

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.