



If new, give details of experience \_\_\_\_\_

7. CKYC Number (if available) \_\_\_\_\_

8. GSTN Number (if available) \_\_\_\_\_

9. Provide an estimated breakdown of annual wages in respect of manual work away from own premises (other than collection and delivery)

Type	Description of Activity	Estimate
Country of Operations		
Other		
Offshore		
Sub-Contracted to Firms		
Sub-Contracted to Self Employed		

10. Do you vet the insurance arrangements of subcontractors? ☐ YES ☐ NO

11. Will you, or your employees, handle or come into contact with any industrial dust of known harmful nature (e.g. asbestos, silica, cotton), radioactive materials, or any other substance harmful to health? ☐ YES ☐ NO

12. Is there an occupational deafness hazard associated with your trade? ☐ YES ☐ NO

If "YES" to 10 and 11 give details and state safety procedures and length of exposure in years past.

## 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? ☐ YES ☐ NO

2. Have you or any of your directors or partners ever been charged with a criminal offence other than a motoring offence? ☐ YES ☐ NO

3. Has any Insurer ever declined to insure you or refused to renew any of your insurances? ☐ YES ☐ NO If "YES" to any of the above, please provide full details (including identity of Insurers if responding to Q3)

4. Give details of any separate business 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 present liability insurer (s) and expiry date (s)

\_\_\_\_\_

6. Do you require:

		Indemnity Limits
a) Employers Liability	<input type="checkbox"/> YES <input type="checkbox"/> NO	

b) Public Liability	<input type="checkbox"/> YES <input type="checkbox"/> NO	
c) Products Liability	<input type="checkbox"/> YES <input type="checkbox"/> NO	

d) Do require any Extensions: ☐ YES ☐ NO

If yes, then please specify: \_\_\_\_\_

Date from which cover is to commence: \_\_\_\_\_

### SECTION 3 – PRODUCTS AND SERVICES

	Details	Estimate (Annual Turnover)
<b>A. BROAD OUTLINE</b>		
Please provide a general description of products supplied or manufactured and total of Turnover figure		
<b>B. ANALYSIS OF PRODUCTS</b>		
1. Indicate details of products you do not manufacture		
1. Indicate details of products which you alter, adapt or change in some way		
2. Give details of imported products including source of origin		
3. Give details of any products used :  (a) In Aircraft  (b) In Marinecraft  (c) Offshore		
	Details	Estimate (Annual Turnover)
<b>C. U.S.A OR CANADA</b>		

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1. Give details of any products supplied directly or to your knowledge 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 of last 3 years “IN ADDITION” to usual information.		

### D. SERVICES / TREATMENT

If you provide any services or treatment other than products provide details		
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### E.GENERAL QUESTIONS RELATING TO YOUR LIABILITY AS A PRODUCER

1. Do you retain rights of recovery against manufacturers? <input type="checkbox"/> YES <input type="checkbox"/> NO
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2. Do any of your products require an accompanying hazard warning? ☐ YES ☐ NO

3. Do you design or prepare specifications for the products you supply? ☐ YES ☐ NO

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 stock records of :

Customers :

Suppliers :

F. Please quantify sales turnover product wise for the last 3 years as under:

(a) Domestic

(b) USA/Canada

(c) OECD countries (Countries belonging to the Organisation for Economic Co-operation and Development viz. Austria, Belgium, Denmark, Finland, France, Germany, Great Britain, Greece, Iceland, Ireland, Italy, Japan, Luxembourg, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, Turkey Yugoslavia)

(d) Other countries including non-OECD countries.

#### SECTION 4 – WAGES / TURNOVER / CLAIMS

1. Please complete showing the projected situation for the next 12 months

<i>Description of all employees</i> <i>(Wages but not fees of working directors to be included)</i>	<i>No</i>	<i>Wages/Salaries</i>
Clerical Staff		
Supervisory / Manual		
All other employees (specify below any extra hazardous activities) :		

2. Total Turnover :

Past Financial Year \_\_\_\_\_

Current Financial year \_\_\_\_\_

Estimate Coming Financial year \_\_\_\_\_

3. Please complete the undernoted section which relates to your claims record over the last 5 years (arising out of the business and where you may be legally liable) – DO NOT INCLUDE MOTOR INSURANCE CLAIMS

EMPLOYER'S LIABILITY					
Death, disease, illness or injury to employee including casual employees					
Year (last 5 years)	Salaries or Wages	Paid Claims	No	O/S Claims	No


**PUBLIC AND PRODUCTS LIABILITY**

**Death, disease, illness or injury to other parties and loss or damage to their property and attendant financial loss**

Year (last 5 years)	Excess	Turnover	Property Damage	No	O/S Claims	No

**Payment details:**

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

**Note :** Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

**Declarations:**

- i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR

"I/We hereby confirm that the premium payment have been paid by \_\_\_\_\_, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."

- iv. I/we am/are (please tick all that are applicable)

- ☐ High Net Worth Individual/s      ☐ Non Residential Indian/s      ☐ Politically Exposed Person/s      ☐ Jeweller/s  
☐ Non-Governmental Organization      ☐ Film Actor/s      ☐ Producer/s

- v. I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I also consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address.

**Proposer's Signature:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this proposal, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box ☐

#### For Intermediary Use Only

I, \_\_\_\_\_, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: \_\_\_\_\_

Intermediary's Signature: \_\_\_\_\_

#### ANTI MONEY LAUNDERING

FGIICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

#### SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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 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 or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

