

ERRORS AND OMISSIONS INSURANCE POLICY PROPOSAL FORM

IMPORTANT GUIDELINES:

1. ***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 the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured for our decision as to the acceptance of the risk or the terms upon which it should be accepted.***
2. ***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.***
3. ***If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance adviser or agent. If there is insufficient space in this proposal form for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal form and return it to us.***
4. ***Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.***

FOR OFFICE USE

Intermediary Name: _____ Intermediary Code: _____

Business Channel: Agency Banca Corporate/Broking Direct

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No: _____ GSTN: If applicable _____

POSP PAN (if applicable) _____

i.	Policy Period	From	To
ii.	Name of Firm/ Proposer		
iii.	Correspondence address of office/ Proposer		
iv.	Permanent Address of office/ Proposer		
v.	Address of all other offices		
vi.	CKYC (if available)		
vii.	I am (please tick all that are applicable)	<input type="checkbox"/> High Net Worth Individual/s <input type="checkbox"/> Non-Residential Indian/s <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Non-Governmental Organisation <input type="checkbox"/> Non-Profit Organisation	

	<p>If you are an NGO/NPO, please provide Niti Ayog – Darpan Portal Registration Number: _____</p> <p><small>^Non-Profit Organisation means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act 1961, that is registered as a trust or a society under the Societies Registration Act, 1860 or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013.</small></p>			
viii.	<p>If you are Differently Abled, please tick on the checkbox to provide confirmation.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, kindly provide the below details)</p> <p>i. Type of Impairment: _____</p> <p>ii. Percentage of Impairment: _____</p> <p>iii. UDID Number: _____</p>		
ix.	<p>State nature of the profession/ business including full details of activities undertaken and any intended change in these</p>			
x.	<p>When was Firm established</p>			
xi.	<p>Give details of partners/directors/sole practitioner</p>			
	<u>Name</u>	<u>Qualifications</u>	<u>Date Qualified</u>	<u>Number of years in this capacity with Proposer</u>
xii.	<p>State number of permanent staff</p>		<p>Technical Staff : _____</p> <p>Non-Technical Staff : _____</p>	
xiii.	<p>Does the proposer or any partner / director act on behalf of or undertake for work for any company or business?</p>			
	<p>a) which forms part of the same group of companies or businesses as the Proposer (e.g. subsidiary, associate, parent)</p> <p>or</p> <p>b) in which the Proposer or any partner/ director has a financial interest and is able to take or influence major policy decisions in such company or business</p> <p>If 'Yes' in either case, please give details</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>	
xiv.	<p>State the dates of the financial year</p>			
xv.	<p>State the gross fees for the last and current financial year (including those paid to sub-contractors) payable by clients. If the business is newly established, state the estimated gross fees for the forthcoming year. For any non-fee earning business / practice, state total turnover.</p>			
	<p>i) In territory where domiciled</p> <p>ii) In the USA/Canada or elsewhere for clients whose address is in the USA/Canada</p>		<p><u>Last Financial Year</u></p>	<p><u>Current Financial Year (Estimate)</u></p>

	iii) Elsewhere Total		
xvi.	Is the Proposer represented in any way in the USA or Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If 'Yes', state how (e.g. by subsidiary company, local office, local representative or by any other person or concern holding a power of attorney on behalf of the Proposer)		
xvii.	State a) gross fees paid to sub-contractors b) largest fee earned from any client	<u>Last Financial Year</u>	<u>Current Financial Year (Estimate)</u>
xviii.	Does the Proposer currently hold any Professional Indemnity Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If 'Yes' state	Renewal Date Limit of Indemnity Retroactive Date	: : :
xix.	a) Is cover required for Partners' Previous Business? If 'Yes', state	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<u>Name of Partner</u>	<u>Title of Previous Business</u>	<u>Dates with Previous Business</u>
	b) Please indicate if the following covers are required		
	i) Loss of Documents. If 'Yes', does the Proposer keep documents in fire proof cabinets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	ii) Libel and Slander	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	iii) Dishonesty of Employees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
xx.	Has any insurer in respect of the risks to which this proposal relates ever		
	a) declined a proposal, refused renewal or terminated an insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) required an increased premium or imposed special conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If 'Yes' in either case, please give details		
xxi.	a) Has any claim been made against the Proposer or any partner, director, consultant or employee for neglect, error or omission in relation to professional duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) Has the Proposer or any partner, director, consultant or employee incurred any other loss or expense which might be within the terms of the cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If 'Yes' in either case, please give details separately of the circumstances of each incident including any amounts paid and the estimated potential cost of the incident.		

xxii.	Is the Proposer of any principal, consultant or employee, after enquiry, aware of any circumstances which might		
	a) give rise to a claim against the Proposer or his predecessors in business or any of the present or former partners or principals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b) result in the Proposer or his predecessors in business or any of the present or former partners or principals incurring any losses or expenses which might be within the terms of the cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c) otherwise affect the Insurer's consideration of this insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If 'Yes', please give details separately		
xxiii.	What is the amount of Indemnity required? Please state any alternative amounts for which a quotation is required	AOA:	AOY:
xxiv.	Please state the amount the Proposer wish to contribute towards each and every claim Please state any alternative amounts for which a quotation is required		

PREMIUM 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/-
The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

BANK DETAILS OF PROPOSER FOR REFUND OR CLAIM PURPOSE

Name of bank account holder (*mention specifically, if different from name of policyholder*)

Bank Name & Branch	
Bank Account Number	
IFS Code	

NOMINEE DETAILS

Name	
Date of Birth	

Relationship with the proposer	
Mobile Number	
E-Mail ID	
Address of Nominee	
Present address	
Permanent address: (if left blank, will be construed as being same as Present Address)	
Bank Account Details of Nominee	
Name of Account holder	
Bank Name & Branch	
Bank Account Number	
IFS Code	
Authorized person details (in case nominee is a minor)	

ANTI MONEY LAUNDERING

GCICL 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 GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist GCICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

DECLARATION BY INSURED

- i. All statements and information provided in this proposal are complete and accurate. No relevant information has been withheld. This proposal and declaration, together, forms the basis of the insurance contract with Generali Central Insurance Co. Ltd. (GCICL), if issued, and I/We agree to accept the corresponding terms and conditions.
- ii. If GCICL finds out that I/We have misrepresented or suppressed any material fact or, committed a fraudulent act relating to this insurance proposal/policy, GCICL may render my insurance policy void ab initio, and forfeit the corresponding premium amount.
- iii. I/We understand that GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. So, I/We confirm that the policyholder(s), beneficiary(s), claimant(s), or nominee(s) will assist GCICL with relevant records/information/assistance, as necessary, to address anti-financial crime practices.
- iv. I/We, or a person having insurable interest in the insured asset, have/has paid/will pay the premium from legitimate source and not from crime proceeds, in line with The Prevention of Money Laundering Act, 2002 and rules thereunder. GCICL can verify the source of funds, call for documents, and reject or terminate the insurance policy and/or forfeit the premium amount, if found otherwise or if I/We are named on any recognized sanctions list or have violated any provision of law. Refund of premium, if any, shall be made to my/our designated bank account(s).
- v. I/We consent to



- a. receive policy and service communications from GCICL and its authorized service providers, vide electronic and telecom means, including WhatsApp, and understand that no unsolicited information will be sent to me;
 - b. GCICL and its authorized service providers storing and processing my personal data for the purpose of this proposal and corresponding insurance policy as may be issued, throughout the period of necessary retention;
 - c. GCICL accessing my/our CKYC records from Central KYC Records Registry (CKYCR) for verification, and to receive information from the CKYCR through SMS/email on the mobile phone number/email address provided above;
 - d. abide by the obligations under the GCICL Privacy Policy at <https://generalicentralinsurance.com/> ;
 - e. GCICL reserving the right to reject this proposal or to terminate the insurance contract unilaterally and/or freeze the funds, if I/We, or persons associated with me/us, are named in any recognized sanctions list.
- vi. My/our KYC records in CKYCR are current and valid and I/We undertake to inform GCICL in case of change.

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, 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.

Date:

Place:

Signature of the Proposer(s)
(Affix stamp, where proposer is a juridical person)

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 GCICL 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 GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

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

Intermediary's Code: _____

Intermediary's Signature: _____

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 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.

*****END*****

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800