

ERRORS AND OMISSIONS INSURANCE POLICY PROPOSAL FORM

IMPORTANT:

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.	Present address of office/ Proposer		
iv.	Permanent address of office/ Proposer		
v.	Address of all other offices		
vi.	CKYC No. (if available)		
vii.	State nature of the profession/ business including full details of activities undertaken and any intended change in these		
viii.	When was Firm established		
ix.	Give details of partners/directors/sole practitioner		
	<u>Name</u>	<u>Qualifications</u>	<u>Date Qualified</u>
			<u>Number of years in this capacity with Proposer</u>

x.	State number of permanent staff	Technical Staff Non-Technical Staff	: :
xi.	Does the proposer or any partner / director act on behalf of or undertake for work for any company or business?		
	a) which forms part of the same group of companies or businesses as the Proposer (e.g. subsidiary, associate, parent) or 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 If 'Yes' in either case, please give details	☐ Yes ☐ Yes	☐ No ☐ No
xii.	State the dates of the financial year		
xiii.	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.		
	i) In territory where domiciled ii) In the USA/Canada or elsewhere for clients whose address is in the USA/Canada iii) Elsewhere Total	<u>Last Financial Year</u>	<u>Current Financial Year (Estimate)</u>
xiv.	Is the Proposer represented in any way in the USA or Canada?	☐ Yes	☐ 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)		
xv.	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>
xvi.	Does the Proposer currently hold any Professional Indemnity Insurance?	☐ Yes	☐ No
	If 'Yes' state	Renewal Date Limit of Indemnity Retroactive Date	: : :
xvii.	a) Is cover required for Partners' Previous Business? If 'Yes', state	Yes ☐	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?	☐ Yes	☐ No
	ii) Libel and Slander	☐ Yes	☐ No
	iii) Dishonesty of Employees	☐ Yes	☐ No
xviii.	Has any insurer in respect of the risks to which this proposal relates ever		
	a) declined a proposal, refused renewal or terminated an insurance?	☐ Yes	☐ No
	b) required an increased premium or imposed special conditions?	☐ Yes	☐ No
	If 'Yes' in either case, please give details		
xix.	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?	☐ Yes	☐ 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?	☐ Yes	☐ 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.		
xx.	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?	☐ Yes	☐ 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?	☐ Yes	☐ No
	c) otherwise affect the Insurer's consideration of this insurance?	☐ Yes	☐ No
	If 'Yes', please give details separately		
xxi.	What is the amount of Indemnity required? Please state any alternative amounts for which a quotation is required	AOA: AOY:	
xxii.	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. 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 GENERALI CENTRAL INSURANCE CO LTD (GCICL) and I/We agree to accept a policy, subject to the conditions prescribed by GCICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.
- 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 GCICL 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 has 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 GCICL 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 GCICL and/o GCICL authorized person/ agency, shall be stored by GCICL, throughout the currency of my relationship with GCICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by GCICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

- vii. I consent to the fact that GCI 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. . It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by GCI hereafter. In case of any modification, the applicable information will be provided to GCI for updating the CKYC Registry Records.
- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/>

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:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800