

PUBLIC LIABILITY ACT INSURANCE PROPOSAL FORM

IMPORTANT GUIDELINES:

1. Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.
2. 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.
3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

PROPOSAL FORM FOR INSURANCE UNDER PUBLIC LIABILITY INSURANCE ACT 1991

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) _____

1. Name of the Proposer owner in full (see note) _____

2. Present Address of the Proposer _____

_____ PIN _____

3. Permanent Address of the Proposer _____

_____ PIN _____

4. Business _____
5. CKYC Number (if available) _____
6. Paid up capital (See Note) _____
7. List of hazardous substances handled and Group/Owner (See Note)

8. Details of all accidents during past 3 years and compensation paid/claimed but not yet paid

9. Estimated annual turnover (See note) _____
(a) Proposed Insurance Year _____
(b) Previous Year _____
10. Number of (a) Workmen Employees _____
(b) Other employees (See note) _____
11. Limit of Indemnity required in respect of Any one accident (AOA: AOY):

12. Policy period required: From _____ AM/PM _____
To midnight of _____

I / We hereby declare that a) all statutory provisions relating to my / our business proposed for insurance are complied with; b) the above statements and particulars are true. c) I/ We have not omitted, suppressed, misrepresented or misstated any material fact and d) I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated therein.

Note to items;

1. **Owner** means a person who owns, or has control over handling any hazardous substance at the time of accident and includes –
 - (i) in the case of a firm, any of its partners
 - (ii) in the case of an association, any of its members and
 - (iii) in the case of a company, any of its directors, managers, secretaries or other officers who is directly in charge of and is responsible to the company for the conduct of the business of the company.
4. **Paid up Capital** means in the case of an owner not being a company, the market value of all assets and stocks of the undertaking on the date of contract of insurance.
5. **Hazardous Substances and Group** means the items listed and grouped under Environment (protection) Act 1986 and the Rules framed thereunder.
7. **Turnover shall mean -**
 - (i) Manufacturing units-Annual Gross Sales of all goods including all levies and taxes. (ii) Godown, warehouse owners-Total Annual rental receipts (iii) Transport operators-Total annual freight receipts. (iv) Others-Total annual gross receipts.
8. **‘Workmen Employees’** shall mean such employees within the definition of “Workmen” under the Workmen’s Compensation Act, 1923.

There is a separate policy covering LEGAL LIABILITY other than the Act Liability proposed for insurance in this proposal details of which can be obtained from the Company’s offices.

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/-

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): _____

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 ☐ Non-Resident Indian/s ☐ Politically Exposed Person
☐ Non Governmental Organisation

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. 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 FGII hereafter. In case of any modification, the applicable information will be provided to FGII 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 FGIICL Privacy Policy, available at <https://general.futuregenerali.in/privacy-policy>.

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, 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 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 nondisclosure 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 the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and antibribery 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 with 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.



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