

TRADE CREDIT INSURANCE POLICY PROPOSAL FORM

IMPORTANT:

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 a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.*
3. *It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.*
4. *Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.*

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) _____

Proposer Details

Name: _____

Registered Number: _____

Present Address of the Proposer: _____

Permanent Address of the Proposer: _____

(if left blank, will be construed as being same as Present Address)

Post Code: _____

Website address: _____

Contact name: _____

Position: _____

Tel. No.: _____

E-mail: _____

CKYC Number (if available) _____

Is cover required for any other group company? ☐ Yes ☐ No

If yes, please provide details: _____

Reasons for seeking credit insurance: _____

Proposer's Business Activities

Do you act as agent or principal? _____

What goods /services do you sell? _____

To which trade sector do you sell them? _____

Do you manufacture the goods that you sell? ☐ Yes ☐ No

What is the period from date of contract to date of shipment? _____

Do you have a written supply contracts with your Buyers? _____

Do you hold Retention of Title (ROT) rights? _____

Please comment on enforceability prospects of ROT rights & the resale value of your products:

Details of any collateral other than ROT held in respect of your Buyers:

Is your business seasonal? ☐ Yes ☐ No

If yes, please provide details: _____

What are your normal terms of payment? _____

What extended terms of payment do you sell on? _____

What proportion of your sales are on extended terms? _____

What is your average Days' Sales Outstanding? _____

Do you require any special features of cover (e.g. consignment stock; binding contracts, work-in-progress, self-billing etc.)?

Past Experience

Currency: _____

Financial Year	Turnover*	Losses**	Recoveries**	Number of losses

* Please exclude VAT (unless it is to be covered by the policy, in so, please advise reasons), inter-company trading, any trading conducted on secure terms or other non-insurable items.

** Please provide details of losses and recoveries incurred net of VAT; recoveries to include items such as ROT but not credit insurance claim payments;

Please provide details of largest individual losses:

Financial Year	Name of Buyer	Cause of Loss	Value*	Recoveries*

* Please provide details of losses and recoveries incurred net of VAT; recoveries to include items such as ROT but not credit insurance claim payments;

Accounts Receivable Balances

Currency: _____

As at last:

31 March _____ 30 June _____

30 September _____ 31 December _____

Current Aged Debt Analysis

As at: _____

Currency: _____

Range	Value	% of Past Due resulting from Disputes
Current (not yet due)		
1-30 days overdue		
31-60 days overdue		
61-90 days overdue		
Over 90 days overdue		
Total		

Accounts Receivable Profile

As at: _____

Currency: _____

Please amend the debtor ranges if appropriate.

Range	Total debt outstanding	Number of Buyers	Range	Total debt outstanding	Number of Buyers
0 – 5,000			75,001 – 100,000		
5,001 – 10,000			100,001 – 250,000		
10,001 – 25,000			250,001 – 500,000		
25,001 – 50,000			500,001 – 1,000,000		
50,001 – 75,000			1,000,000 +		

Projected Turnover Details

Please provide details of your projected turnover excluding the following: inter-company trading, any trading conducted on secure terms or other non-insurable items, government departments, public authorities or nationalized undertakings except where you require cover in respect of Public Buyer Default.

Currency: _____

Period From: _____ to: _____

Country	Estimated turnover	Maximum exposure at any one time	No. of Buyers	Terms of Payment

Please continue on a separate sheet if necessary

Principal Buyers

Currency: _____

Name & address	Registered number or equivalent	Credit Limit required	Annual turnover	Terms of payment
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

11.				
12.				
13.				

Please continue on a separate sheet if necessary

List of Buyers more than 60 days overdue, accounts giving cause for concern and/or where deliveries have been stopped

As at: _____ Currency: _____

Name & address	Amount outstanding	Original due date	Action taken

Please continue on a separate sheet if necessary

Credit Procedures

We need a fully completed Credit Procedures Questionnaire and/or a credit manual before a Policy can be issued.

Do you have a credit procedures manual? 1) Yes 2) No If yes, please attach. 3) Attached

Other credit insurance policies, guarantees, securities

Do you hold any insurance policy, guarantee or security in connection with the credit risk on any of your customers? ☐ Yes ☐ No

If yes, what is it and when does it expire? _____

Do you factor, discount or otherwise assign your debts? ☐ Yes ☐ No

If yes, please provide details: _____

Have you ever had an insurance policy cancelled or a renewal refused by an insurer? ☐ Yes ☐ No

If yes, please provide details: _____

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. 10,000/- 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):

DECLARATION BY PROPOSAL

i. I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and GENERALI CENTRAL INSURANCE CO. LTD. (GCICL).

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same shall be conveyed to GCICL immediately, in writing.

ii. I/We 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 declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our/proposer's 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/Proposer am/are found to be named in any recognized sanctions list/happen to have violated any provisions of law.

OR

I/We confirm that the premium payment has been made by _____, who is having an insurable interest in my/our/proposer's policy under this application form. In case of any refund, please process the same in proposer's bank account mentioned above.

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

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

- v. I/We 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/us.
- vi. I/We am/are aware and agree that the information/data provided by me/us, through this application, to GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my/our/proposer's relationship with GCICL, and used for the purposes relating to my/our/proposer's proposal for insurance cover and/or servicing policies issued in my/our/proposer's favour, whether by GCICL or its authorized partners. I/We/Proposer also understand that the said storage is necessary for my/our/proposer's 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/We/Proposer consent to the fact that GCICL may download my/our/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/our/proposer's KYC records as part of this proposal. I/We/Proposer understand(s) that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I/We/Proposer, also, consent to receive information from the Central KYC Records Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Records Registry are current and valid, as on the date of this proposal, and can be used by GCICL hereafter. In case of any modification, the applicable information will be provided to GCICL 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 _____

ANTI MONEY LAUNDERING

GCICL adheres to the 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 with GCICL 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.

*****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