



Solar Panel Warranty Insurance - Proposal Form

Notice to the Applicant

- Please answer all questions in full and if not applicable insert "N/A".
- This Proposal forms part of the Policy Documents and helps us to assess your insurance requirements. Each question contributes to our decision to offer you insurance and the type of insurance we can provide to you, including the pricing. We rely on the information and documents you give us to provide you with insurance cover. Therefore, all questions must be answered truthfully and in full. The information you give to us will be treated in complete confidence.
- 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.
- The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company.

APPLICANT DETAILS

Name of Applicant: (First Name) (Middle Name) (Last Name)

Applicant address: Pin Code:

Telephone No.: Fax No.: PAN:

E-mail:

GENERAL INFORMATION

Insured:

Project Summary:

Beneficiary (If Applicable):

Insured address :

Beneficiary address (If applicable):

No.	Item (all items are referring to the module product types to be insured)
1	Expected revenue with respect to module sales for the next year
2	Warranty wording
3	Claims handling procedure and the detailed field returns statistics
4	Product data sheets
5	Third party certificates and corresponding test reports (i.e. IEC including PID)
6	Test reports of extended reliability tests (i.e. 3 x IEC: 3 x Damp Heat, 3 x Humidity Freeze, 3 x Thermal Cycling, 3 x UV)
7	Bill of materials
8	Measurement reports of annual degradation analysis from outdoor environment. (optional, will improve risk assessment)
9	Statistics from LID measurement (i.e. power loss after initial light induced degradation after at least 24 h illumination)
10	Original flash data from the last 3 months of module production
11	Production yield report from the last 3 months of module production
12	Factory Inspection
13	Name of EPC and O&M company:
14	Latitude/longitude of park:

ANY OTHER RELEVANT INFORMATION

DETAILS OF PAST CLAIMS, IF ANY

PREMIUM DETAILS

Mode of Premium Received

Cheque

Incase premium paid through Cheque, provide Instrument Number:

Demand Draft, In case premium paid through DD, provide Instrument Number :

Net Banking:

Amount: Rupees (INR):

DETAILS OF BANK ACCOUNT

Name of Bank Account Holder

Bank Account No.

Name of Bank: Branch:

MCR Code: IFSC Code:

Account: Saving Current

I wish:

Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, it's mandatory that all payments made to the insured only through electronic mode.

Aadhar card details of Authorised Signatory: _____

PAN card details of Insured: _____

SOURCES OF FUND

Salary _____ Business _____ Other _____

ANTI-MONEY LAUNDERING

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

SHARING OF INFORMATION

The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies, regulatory authorities re-insurer or when the Company is directed to share such information in accordance with any law/regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

ANTI REBATING WARNING

Section 41 of the Insurance Act 1938

- (i) 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 or continuing a policy accept rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
- (ii) Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Ten Lakhs rupees

FRAUD WARNING

This policy shall be voidable at the option of the HDFC ERGO in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

DECLARATION

We declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.

We agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.

We agree that the HDFC ERGO General Insurance Company Limited shall have the right to retain and disseminate the information provided by me to any insurance intermediaries solely for the purpose of servicing the insurance policy and settling claims. Further, such information can be disseminated to the reinsurer/s and reinsurer/s may include our name, address, period of insurance and the policy name on their respective websites within the category of list of policy holders.

I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Date: ____/____/____

Authorized stamp and signature

Place: _____

Name of authorized signatory in block letters