

## Contractual Liability Insurance - Proposal Form

For Office Use Only	
IMD code	
IMD Name	
Mobile No.	

Application No. \_\_\_\_\_

- Please fill the form in BLOCK LETTERS.
- Please answer all the questions fully and correctly. If a particular question is not applicable to You please mark that question as not applicable "N/A". Please leave one box blank between two words while writing address.

Our liability does not commence until the acceptance of the proposal has been formally intimated to the Insured Person and full premium has been realized by Us.

## APPLICANT &amp; POLICY DETAILS

Name of Insured:			
Communication Address			
Contact No. & Email-Address			
Pan Card / GST Details			
Period of Insurance	Policy Inception Date: 00: 00 dd/mm/yyyy	Policy Expiry Date: midnight of dd/mm/yyyy	
Description of Insured's Business			
Contract Type	<input type="checkbox"/> Product Related <input type="checkbox"/> Service Related <input type="checkbox"/> Any Other _____		
Contract Description	<<Brief description along with copy of Contract>>		
Covered Risk/Event Description			
Contract Period			
Risk/Event wise contract Period if any	1. Risk _____ 2. Risk _____ Provide complete list.		
Coverage Territory			
Limit of Indemnity	Aggregate Limit		
Deductible			
Depreciation			
Waiting Period			
Any Other Relevant details			

## LOSS INFORMATION

Please provide all details for claims or losses (regardless of fault and whether or not insured) or any occurrences or incidents, conditions, defects, circumstances or suspected defects, which have given rise to a claim; over the last five years under Comprehensive General Liability/Contractual Liability for the contracts that are proposed to be covered under this product.

Year	Number of Contracts covered	Number of claims	Claim Paid Amount (In INR)	Claim Outstanding Amount (In INR)

## PRIOR INSURANCE:DETAILS OF EXPIRY POLICY

Name of Policy	
Name of the Insurer	
Limit of Liability	
Period of Insurance	
Premium	
Deductible if any	
Depreciation if any	
Waiting period	

## 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 Applicant. 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.

**ANTI REBATING WARNING:**

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy 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 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.

**DATA PROTECTION REQUIREMENT (BELOW DECLARATION SHOULD BE MENTIONED IN INSURED DECLARATION):**

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"

**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 CLAUSE:**

The information sought from the insured is strictly 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 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.

<b>PREMIUM DETAILS:</b>			
Amount	₹ _____		
GST	₹ _____		
Premium including tax	₹ _____		
Rupees in words	₹ _____		
<b>PAYMENT DETAILS:</b>			
Cheque	NEFT <input type="checkbox"/>		
Instrument No		Instrument Date	
Bank Account No			
Branch Name & Address			
IFSC Code		MICR Code	
Bank details for refund of premium in case of cancellation to be considered as above Yes <input type="checkbox"/> No <input type="checkbox"/>			
If NO, please provide additional bank details in below provided space:			
Bank Account No			
Branch Name & Address			
IFSC Code		MICR Code	
<b>SOURCES OF FUND</b>	Salary <input type="checkbox"/> Business <input type="checkbox"/> Other (Please Specify) _____		
<b>Note:</b>			
1. Please provide a cancelled copy of cheque of your bank account.			
2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.			

**PRIOR INSURANCE:DETAILS OF EXPIRY POLICY**

Name of Bank Account Holder			
Bank Account No.			
Name of Bank:		Branch:	
MCR Code:		IFSC Code	
Account:	Salary <input type="checkbox"/> Business <input type="checkbox"/>		
I/We 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 are only through electronic mode.			

(To be signed by authorised signatory))

- I/We hereby 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.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that
- if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- "I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance".
- 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.

Signature of Insured/authorised representative.

[illegible]Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**Note:** The liability of the Company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Applicant agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Applicant by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective.

HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this Policy (Your proposal form will be considered after HDFCERGO General Insurance Company Limited receives premium payment.)