

Signature Plus Professional Indemnity Insurance Policy for Design and Construction - Proposal Form

NOTICE TO THE APPLICANT

- Please answer all questions in full and if not applicable insert "N/A"
- 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.
- This proposal forms part of the Policy Documents
- The liability of insurers does not commence until the proposal has been accepted by Insurers and the same has been duly conveyed to the Applicant.
- The liability of the company does not commence until the acceptance of premium has been realized by the company.

Name of the Intermediary (if any) & Code: _____

DETAILS OF THE APPLICANT

Details of the Principal/Applicant

1) Name of the Principal to be Insured: _____

2) Type of entities:

- ☐ Private Company ☐ LLP ☐ Government Company
☐ Public Company ☐ Partnership ☐ Multinational Company

3) Principal's Address: _____

4) Date Established: _____

5) Website Address: _____

6) Please provide the following details for each partner / director:

	Qualification	Period as a partner/director of the Principal

7) Details of Contractor(s):

- Name/List of Contractor(s) engaged for the Project along with their respective communication address
- Please mention other ongoing projects that a contractor is involved with the insured
- Please confirm if such other ongoing project has an impact on the project we are covering.

8) Details of Sub Contractor(s):

- Name/List of Sub-Contractor(s) engaged for the Project along with their respective communication address
- Please mention other ongoing projects that a sub-contractor is involved with the insured.
- Please confirm if such other ongoing project has an impact on the project we are covering.

9) Please advise the number of staff in the following categories for the entire project (including that of sub-contractors):

Partners or directors	
Professional / technical staff	
Sales and marketing	
Administration / support staff	
Other staff (please specify)	

10) Please describe in detail the nature of the project in respect of which insurance is required by the Principal

Estimated Cost of the Project:

11) Please share details in respect of contractors and sub-contractors engaged for the project

Name	Service contracted/ Scope of work	Revenue in past year(in Cr)	Experience in years	Previous completed projects of the same Principal (Count)	No of Sub-contractors engaged for the project for which this insurance is required	Licensing Authority/ Accredita-tions	License No/ Regd/ No.

12) Quality Control Measures

Does the Principal have a Contractor selection process?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Does the Principal have a Total Quality Management (TQM) strategy in place?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Do all Contractors have a formal product recall plan in place	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Is final testing carried out with the Principal and Principal sign-off required?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
Do all contractors hold ISO or any other third party accreditation for the risk management procedures utilized?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

13) Has any partner, director or employee of the Principal ever been subject to any disciplinary proceedings?

Yes ☐ No ☐ If Yes, please give details: _____

14) Has a claim ever been made against the Principal (or any previous company name used by the Applicant), by a third party in relation to any project executed in the past. Yes ☐ No ☐

If "Yes", please provide details of matter, claimant, current status, amounts paid and reserve amounts.

15) Has Is the Principal including any of its partners, directors or employees aware of any facts which might give rise to a claim against any of them? Yes ☐ No ☐

If "Yes", please provide details _____

16)

a) Does the Principal currently hold any Principal controlled Professional Indemnity policy? If Yes Please share details with us:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
b) Has any Performance Bond/Surety Bond been issued for the project for which this insurance is being solicited If answer to above question is "Yes", please provide necessary details of each performance/ Surety bond issued (Attach list if required)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
c) Do you contractually require all Contractors to have and maintain professional indemnity insurance? If answer to above question is "Yes", please provide necessary details of each Professional Indemnity policy issued (Attach list if required)	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Please attach the following:

- A Copy of Standard Contract or Terms of Engagement used
- An outline of Risk Management procedures

OTHER INFORMATIONS**ANTI-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.

DATA PROTECTION REQUIREMENT:

"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.

NOMINATION DETAILS

Nominee Name	Nominee Relation	Nominee DOB	Age	Nomination %	Appointee Name if in case of Minor Nominee	Appointee Relationship, if Nominee is minor

EXISTING/ PREVIOUS INSURANCE POLICY DETAILS

Please provide details of your existing Insurance policies (if any):

Policy No. / Application No.	Insurer Name	Period of Insurance		Sum Insured	Claims lodged during the preceding years
		From	To		
		DD/MM/YYYY	DD/MM/YYYY		

A. Premium Details

PREMIUM DETAILS:

Amount (INR) _____ GST (INR) _____
 Premium including tax (INR) _____ Rupees in words _____

PAYMENT DETAILS:

Cheque NEFT
 Instrument No. _____ Instrument Date: _____
 Bank Account No. _____

Account Type: Savings / Current / Other. If others, please specify _____

Branch Name & Address: _____

IFSC Code _____ MICR Code _____

Bank details for refund of premium in case of cancellation to be considered as above - Yes/No

If NO, please provide additional bank details in below provided space:

Bank Account No. _____

Account Type: Savings / Current / Other. If others, please specify _____

Branch Name & Address: _____

IFSC Code _____ MICR Code _____

Nationality: ☐ Indian ☐ Non – Indian If Non-Indian, please specify Country: _____

Are you a Political Exposed Person or related to Political Exposed Person: ☐ Yes/ ☐ No

(appropriate tick) If Yes, give details _____

Note: Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions domestically/in an international organization in a foreign country. This would include individuals who have or had positions of Heads of States or Government, Senior Politicians, Senior Government or Judicial or Military officers, Senior Executives of State-Owned Corporations and important Political Party Officials.

Type of Organization

Corporation: _____ Governments: _____ Society: _____ Private Organizations: _____

International Organization: _____ Partnership: _____ Trust: _____ Others: _____

Sources of Fund: _____

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.

Note:

- Please provide a cancelled copy of cheque of your bank account.
- 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.

If you require physical copy of your policy in future, please visit “Help” section on www.hdfcergo.com or contact our customer care.

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer 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).

Insurance is the subject matter of the solicitation

B. Declaration by Insured/ Representative (in case proposer is disabled)

I/We, the undersigned, declare and acknowledge:

- 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/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof. I understand that the Company has the right to call for documents to establish sources of funds.
- 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.
- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
- I/ We authorize the Company to process my/ our Personal as well as Sensitive information for profiling purposes and to contact me/ us for renewal of my/our policy. I/We also authorise the Company to contact me/us (including overriding my/our registration on NDNC under the extant TRAI Regulations) to promote products and to notify me/us about the services being rendered by the Company.
- We hereby authorise the Company to share/ verify the information provided by me/us pertaining to my proposal with third party, rating agencies or service provider for the purpose of underwriting the proposal, issuance of a policy or settling of a claim under the policy.

Date: _____ Place: _____

Signature of the Proposer/Representative
(in case proposer is disabled)

VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / proposer is not familiar with the language printed here/ proposer is illiterate (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator

Place

Date

Signature of the Translator

Name of the Proposer

Place

Date

Signature of the Proposer/Representative
(in case proposer is disabled)

INTERMEDIARY DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Intermediary/Authorized employee of the Broker/ Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, Including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought here in will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/ response(s) is/are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Date: _____ Time: _____ Place: _____

Signature of Intermediary

INSURANCE ACT 1938 SECTION 41 - 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.