

**PROPOSAL FORM FOR CLINICAL TRIAL (PROFESSIONAL LIABILITY) INSURANCE**

The liability of the company does not commence until the Company has accepted the proposal and the premium received in full by the Company.

**1. Applicant Information**

Name of the Proposer ( in full block letters)	
Address (Complete address with pin code)	
Web site	

**2. Insured Clinical Trial**

Title of clinical trial	
Period of the Trial	
Protocol	
Number of trial subjects	
Informed Consent form	
Territories	
Claims History	

**3. Insurance History**

Has any Insurer ever declined, refused to renew, cancelled, or imposed special terms or conditions on any proposal, renewal or policy held by the Proposer(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:	

### Payment Details

Please fill in your payment details for either Cheque / Credit Card Option

In case of payment through Cheque:- please pay by crossed cheque (account payee only) in the name of **“SBI General Insurance Company Ltd.”**

Cheque No \_\_\_\_\_ Bank Name \_\_\_\_\_

Branch \_\_\_\_\_ City \_\_\_\_\_

Dated \_\_\_\_\_ For Rs. \_\_\_\_\_

### Declaration

I/We hereby declare and warrant that the information given by me / us in this proposal form and any attachments are true and accurate to the best of my / our knowledge and that we have disclosed to you all information which might influence underwriters in calculating the premium and accepting the risk.

Our disclosure and warranty does not limit any legal obligation or duty upon us, at common law or otherwise, to disclose to you all material facts and circumstances and to act with utmost good faith at all times. We agree that this proposal shall be accepted as being the basis of the contract between us and will form part of any Policy issued to us. and that if, after the insurance is effected, it is found that any of the information are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to SBI General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

Place:

Date:

Authorised Signature of Proposer(s)

Name of Signatory

Position in Company

Company Stamp

(If there is no company stamp, please write "duly authorised to sign for and on behalf of company name)

To be completed by Broker		
Broker		
Name		
Address		
Tel:	Fax:	Email:

### KYC DETAILS

PAN:   
 Form 16:   
 Aadhaar Card No.:

### AML GUIDELINES

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian  Non-Indian  Non-Indian (please specify the Country) \_\_\_\_\_

Type of Organisation:

Corporation  Government  Non-Governmental Organisation  Society  Trust  Partnership

International Organisation  Cooperative  Section 8 Companies

\_\_\_\_\_

Signature of the Insured

### PART III - DECLARATION BY PROPOSER

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 the SBI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd. immediately.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for the specific purpose of availing services offered by SBI General Insurance (please strike this clause in case you do not wish to disclose the personal data).

Date:

Place:

\_\_\_\_\_

Signature of the Proposer

### AGENT'S DECLARATION

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised 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 herein 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 favour 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.

Licence No. \_\_\_\_\_

Date:

Place:

Signature of the Agent: \_\_\_\_\_

**ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION**

I want my insurance product related information in:  Physical Format  e-Format (electronic); as & when applicable.

Choose your Insurance Repository (For those selecting e-Format)

NSDL Data Management Ltd.  CDSL Insurance Repository Ltd.  Karvy Insurance Repository Ltd.  CAMS Repository Services Ltd.

I have an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is  (If available).

**DECLARATION (If signed in vernacular language / If you have affixed thumb impression above)**

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us.

I, (Full name of the witness) \_\_\_\_\_ (Relationship with the Proposer) \_\_\_\_\_ adult and inhabitant of (City) \_\_\_\_\_ and residing at \_\_\_\_\_ do hereby certify that I/we have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance Policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/We declare that whatever I/we have stated herein above is true and correct to the best of my/our knowledge and belief.

Date:

Place:

\_\_\_\_\_  
Signature of the Witness

\_\_\_\_\_  
Signature/Thumb impression of the Proposer

**SECTION 41 OF INSURANCE ACT, 1938:**

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 or 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 punishable with fine, which may extend to Rupees Ten Lakhs.