

PROPOSAL FORM



SBI General Single Project Professional Indemnity

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

INSTRUCTIONS:

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable (mark N.A.).
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose the same.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on his behalf.
4. Kindly contact us or Agents for any doubts or clarifications on the proposal form.
5. To provide any additional information relevant to the policy, please use additional sheets if space is not sufficient to complete details.

OFFICE USE ONLY:

Policy Issuing Branch Office Name, Address:

Code:

Business Type: New Roll-Over Renewal Sales Channel: Agency Direct Broker Corporate Agent

INTERMEDIARY DETAILS:

Agent/Broker/SPCode: Agent/Broker/SPName:

Code:

Business Type: New Roll-Over Renewal Sales Channel: Agency Direct Broker Corporate Agent

Agent/Broker/SP Contact no: Agreement Code:

Agreement Name: Inspection Lead no:

Inward no: Quote no:

Receipt no: Receipt date:

PERIOD OF INSURANCE:

Cover Period: From/..... hrs of/..../..... till midnight of/...../.....

PROPOSER DETAILS (ALL DETAILS ARE MANDATORY):

Name of Proposer (in Full):

Communication Address:

City: State:

Landmark: Pin code:

Business Address:

City: State:

Landmark: Pin code:

Land line No: Mobile no: Alternate Contact no:

Email ID: Website:

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number

PAN*: /Form 60/61 (if Available):

Aadhaar Card No.*:

*GSTN/ISDN: If applicable

Source of Income Salary Business Others (Specify)

Proposer's Business: How long have you been in business (in years):

Please list all parties (excluding main applicant) applying for this insurance:

Name	Address

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office : Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | SBI General Single Project Professional Indemnity, UIN: IRDAN144CPMS0001V01202425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

PROJECT DETAILS:

Name of the Project: _____

Location of the Project: _____

Description of project: _____

Estimated total contract value of project: _____

Estimated total contract value for all of parties to be included for this insurance: _____

Estimated gross fee income of portion of project to be received by all of parties to be included for this insurance: _____

Type of Project: Conventional Contract Design and Build Contract Management Contract Others (please elaborate)

Please summarise the expected time schedule for the project

	Start Date	End Date	Gross Fees
Design Phase			
Construction Phase			
Maintenance Phase			
Discovery/ Extended Reporting Period			

Name and address of prime design professional on project (if same as applicant, please indicate): _____

Name and address of project owner (Principal): _____

Names of Contractor and general Contractor: _____

Name and address of applicant's client (for whom professional services are being rendered): _____

Has the applicant worked with the client in the past? Yes No If Yes, Please share details by attachment

What prior experience does the applicant have with similar projects? _____

Please provide brief description and project costs for the five (5) largest contracts undertaken over the past five (5) years.

Name of project owner (Principal)	Project Cost (INR)	Project Duration	Brief of Project

Please categorise all the professional services required to be performed by you or on your behalf in connection with this project

A	Professional Services	% of the Total fees	Total Gross Fees* including any amount subcontracted	Fees sub-contracted
I.	Civil			
II.	Structural			
III.	Mechanical			
IV.	Electrical			
V.	Acoustical			
VI.	Geotechnical/Soil/Foundation			
VII.	Heating and Ventilation			
VIII.	Mining			
IX.	Nuclear			
X.	Environmental			
XI.	Architecture			
XII.	Drafting			
XIII.	Town Planning			
XIV.	Surveying			
XV.	Building Surveying			
XVI.	Land Surveying			
XVII.	Quantity Surveying			
XVIII.	Interior Designing			
XIX.	Project Management/Construction Management			
XX.	Registered Inspection/Accredited Checking			
XXI.	Others (please elaborate)			
	Total			

Which of the following professional duties are required to be performed by or on behalf of you within the provisions of the contract?

a.	Administrating retention fund		
b.	Agreeing clearing, forwarding and customs dues		
c.	Approval of detailed design/drawings		
d.	Arranging site insurance		
e.	Authorising progress payments		
f.	Cash flow forecasts		
g.	Certifying final payment/completion		
h.	Co-ordination/expediting		
i.	Cost estimates		
j.	Design criteria		
k.	Drafting contract conditions		
l.	Feasibility studies		
m.	Flow sheets		
n.	Geotechnical services		
o.	Inspection of installation work		
p.	Instructions to Tenderers		
q.	Issuing variation orders		
r.	Measurement		
s.	Quality control and assurance		
t.	Quantity estimates		
u.	Settling contractual claims		
v.	Supervision of commissioning		
w.	Tender adjudication		
x.	Working drawings		
y.	Other (please elaborate)		

COVER DETAILS:

Period of Insurance From To

Retroactive Date

Limit of Liability Required Any one Accident Limit (AOA) INR Aggregate during Policy period (AOY) INR

Please indicate the Deductible (as percentage of Liability limit per accident) _____

Territorial scope required India Worldwide Worldwide excluding USA & Canada Others, please specify _____

Jurisdiction required India Worldwide Worldwide excluding USA & Canada Others, please specify _____

PRIOR INSURANCE AND CLAIM DETAILS:

Please provide claim history for the last three years

Year	Type of Loss	Total Amount paid / Outstanding (INR)	Defence cost (INR)

Has any partner, director or employee ever been a subject of any disciplinary proceedings? Yes No

Have you sustained any loss through the fraud or dishonesty of any employee? Yes No

Has any insurer ever declined your fresh or renewal proposal? If yes please provide the details. Yes No

Has any insurer ever terminated your cover? If yes please provide the details. Yes No

Has the applicant any knowledge of prior acts, errors or omissions which could reasonably be anticipated to be the basis for a claim against any member of the Design and/ or Construction Team on this project?
If yes, please add an annexure and provide the complete details Yes No

Are you at present insured under Professional Liability Insurance cover? If yes, please provide the following details. Yes No

Name of Insurance company	Policy Start Date	Policy end Date	Limit of Liability (INR)	Limit of Liability (INR)	Retroactive Date	Premium (INR)
	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>	(AOA)	(AOA)	<input type="text" value="DDMMYYYY"/>	

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office : Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | SBI General Single Project Professional Indemnity, UIN: IRDAN144CPMS0001V01202425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

As an attachment to this Proposal Form, please include the following (where applicable):

1. Owner/Prime Professional Contract
2. Scope of services provided
3. Site plan or diagram of the proposed project
4. Geotechnical and Engineering Reports
5. Resume of similar projects by the Insured
6. CV's of key personnel and professional staff
7. Sample copy of your contract with subcontracts for "Work for Hire"

I/We desire to effect an insurance in terms of the SBI General Single Project Professional Indemnity of the Company against the limits of Liability mentioned above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with.

I/We the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provide herein. I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated herein.

I/We agree that the Company may exchange, share or part with any information to or with other SBI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.

Date:

Place:

Name of Proposer _____

Designation of proposer _____

Proposer's Signature with company stamp

DECLARATION:

- I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.
- I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.
- I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.
- I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.
- I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal.

I hereby declare that I am not a Politically Exposed Person (PEP)- Yes No

Place: _____

Date:

Signature of Proposer

ELECTRONIC INSURANCE ACCOUNTS DETAILS:

I would require SBI General Single Project Professional Indemnity copy in Physical Format e-Format (electronic)

I have eIA Number:

I would like to apply for eIA with:

NSDL Data Management CSDL Insurance Repository Ltd Karvy Insurance Repository Ltd CAMS Repository Services Ltd

CKYC No (Central Know Your Customer Registry Number), (if available):

Name of Authorized Person Relationship:

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____

Date:

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office : Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | SBI General Single Project Professional Indemnity, UIN: IRDAN144CPMS0001V01202425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

KYC DOCUMENTS ATTACHED:

Pan Card Passport Government UID Voter's Identity Card Aadhaar Card Telephone Bill
 Ration Card Driving Licence Electricity Bill Utility bills not older than 2 months Registration Certificate

PREMIUM PAYMENT DETAILS (MANDATORY):

Premium Amount: (in figure) ₹ _____ (in words) _____
 Name of Premium payor : _____
 Premium Payment Options: Cheque DD Debit Card/ Credit Card Cheque No.: _____
 Bank Name: _____ Amount: _____ Date:
 Bank Account Number _____ Card Type: Master Visa Card Type: Master Visa
 IFSC Code: _____ Card No.: _____ Card Expiry Date:
 Branch Name: _____ Relationship with Proposer: _____

(Details Required are Mandatory)

In case of refund under Proposal, policy refund will be issued in the name of the Proposer only.
 In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to Credit Card account directly or refund will be paid through NEFT. Please provide the following bank details and a copy of Cancelled Cheque.

(Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly.)

Cheque No.: _____ Cheque Date: Amount for ₹ _____

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details.

If ECS is selected, please submit the standing instruction form available at our branches.

CLAIM / REFUND AMOUNT WILL BE DEPOSITED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY (All fields mandatory)

* Note - SBIG does not accept Cash for Premium Payments against the Policy

AML GUIDELINES (Premium Payment shall be made by the Policyholder of the Policy)

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 listed in Prevention of Money Laundering Act 2002. I/We 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 If Non-Indian, please specify Country: _____

Type of Organisation (Only applicable if policy issued on Group Basis):

Corporation Government Non-Governmental Organisation Society Trust
 Partnership International Organisation Cooperative Section 8 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository. Yes No. Customer can submit CKYC form for updation.

Recent photograph of proposer:
 (Photograph is required. if customer does not have CKYC ID)

Signature of Proposer

VERNACULAR DECLARATION

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) _____ (Relation with the Proposer/Primary insured) _____ adult and inhabitant of (city) and residing at _____ do hereby certify that I 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 knowledge and belief.

Date:

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

Place:

Signature of the Witness _____

Signature/Thumb impression of the Proposer/Primary Insured

AGENT DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/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 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.

Agent Name: _____

SP Name: _____

SP Code: _____

Licence No.: _____

Signature of Agent

Date:

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

Place:

Note: For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale.

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.

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required."

To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non Individual customers.

3. Determination of Beneficial Ownership:

I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

***Notes:**

- a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
 - 1. **"Controlling ownership interest"** means ownership of or entitlement to more than **ten** percent of shares or capital or profits of the company;
 - 2. **"Control"** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
- b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **ten** percent of capital or profits of the partnership or who exercises control through other means.

Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision
- c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals.**
- d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten** percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.