

# PROPOSAL FORM

## AVIATION & HULL PACKAGE POLICY



SURAKSHA AUR BHAROSA DONO

(This form is only indicative in nature and additional information if necessary would be sought from the proposer)

Please complete all sections of this proposal.

### 1. The Insured

Name of the Proposer:

Plot No/Door No. and building name

Road name  Area

City  Pin code  State

Phone No.  E-mail Id

Fax.  Website

PAN\*:  / Form 60/61 (if Available):  Aadhaar Card No.:

Are You or any of the proposed applicants are Politically Exposed Person?  Yes  No

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

### 2. Period of Insurance

From  To

### 3. Aircraft details

a)	Make and Type Reg No. Year of Mfgr	
b)	Max Pass Value	
c)	Seating (including all equipment)	
d)	Where will the aircraft be kept?	
f)	Who will undertake the maintenance of the following?	
	1. Airframe	
	2. Engines	
g)	Have you been required to sign any form of indemnity or waiver relating to ownership or operation of the aircraft (i.e. hangarage or maintenance). If "yes" please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
h)	Is there a lien/mortgage on any aircraft in the proposal. If "yes" please state:	<input type="checkbox"/> Yes <input type="checkbox"/> No
i)	Lien amount	
j)	Lien holder	

Please provide copy of lease/mortgage agreements for analysis.

### 4. Pilots

(Please attach schedule IF necessary)

a)	Name Age Type of Licence held total logged flying hours and flying hours make and Model	
b)	Accident history	
c)	If you currently have or require an "open pilot warranty" please state the experience levels required	
d)	Do the pilots undertake re-currency training at a manufacturer approved school? If "yes" please advise where and when training was last undertaken and when it is next scheduled	<input type="checkbox"/> Yes <input type="checkbox"/> No
e)	Co Pilots details	

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. | Aviation & Hull Package policy, UIN: IRDAN144CP0008V01201011 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

## 5. Uses / Utilisation

a) What are the aircraft used for? Please also state estimated annual utilisation (hours) by use. Est Annual Utilisation

- i) Private, Business and Pleasure       iii) Charter/Commercial Passenger Carriage   
ii) Industrial Aid       iv) Any other purpose not stated above - please specify below:
- 

b) Within which geographical areas will the aircraft fly? (if available state the countries visited in the past 12 months)

- i) Western Europe %       v) Eastern Europe / former CIS % (state countries / destinations)   
ii) USA / Canada %       vi) Asia Pacific % (state countries)   
iii) South America % (state countries)       vii) South Asia / Indian sub-continent % (state countries / destinations)   
iv) Middle East % (state countries / destinations)       viii) Africa % (state countries / destinations)

c) Please provide copy details of any contractual agreements you have entered into which may effect your insurances - i.e. lien/mortgage agreements as per section 3(g).

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## 6. Insurance

Has any insurance company or Underwriter ever declined your proposal? If so please provide details below.

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## 7. Limits of Liability Required

Please state the limit(s) of liability that you require. Please state the liability limit required under

### Applicable to Section – I

Limit of indemnity for Loss of or damage to Aircraft listed above Deductible:

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### Applicable to Section-II

Spares and Equipment: \_\_\_\_\_

Maximum any one sending US\$ \_\_\_\_\_

Maximum any one occurrence US\$ \_\_\_\_\_

Extortion and Hi-jack Expenses: US\$ \_\_\_\_\_ or currency equivalent any one Occurrence and in the aggregate annually.

Warranted 10% of total claim uninsured. \_\_\_\_\_

Supplementary Expenses: US\$ \_\_\_\_\_ or currency equivalent any one occurrence and in the aggregate annually.

### Applicable to Section-III

The nature of the Insured's business or operation in respect of which the Policy is effected is:

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The place(s) in or about which the indemnity granted by the Policy is to apply is (are):

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The amount of indemnity shall not exceed:

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Section 1. any one accident

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Section 2. any one accident

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Section 3. any one accident and in the aggregate arising out of all accidents occurring during any one annual period of Insurance.

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### Applicable to Section-IV

Description of Premises covered:

**Limits of Liability:** (where Sections are not insured, the words "Not insured hereunder" to be inserted against such Sections)

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**Section A** any one occurrence Subject to a deductible of:

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**Section B** any one aircraft/any one occurrence Subject to a deductible of:

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**Section C** any one occurrence and in the annual aggregate in respect of all occurrences arising during the policy period.

**Applicable to Section-V**

Description of Premises covered:

The amount of indemnity shall not exceed:- \_\_\_\_\_

any one occurrence and in the aggregate in respect of Products Liability arising out of all accidents occurring during any one annual period of Insurance.

Deductibles:-

Property Damage : \_\_\_\_\_ each and every loss but \_\_\_\_\_ each and every loss in respect of damage to Aircraft.

**Applicable to Section-VI**

**Limits of Liability (Ultimate Net Loss)**

**(a) Primary Limit**

A combined single limit (bodily injury/property damage) of USD \_\_\_\_\_ any one occurrence and in the aggregate in respect of all occurrences in any one annual period of insurance.

**(b) Total Limits of Liability under this Policy and the Primary Policy Combined**

A combined single limit (bodily injury/property damage) of USD \_\_\_\_\_ any one occurrence and in the aggregate in respect of all occurrences in any one annual period of insurance. In the event that the Primary Limit stated in (a) above is reduced or exhausted this Policy shall apply for the difference between the limit stated in (b) and the reduced limit or as primary insurance if exhausted.

**Applicable to Section-VII**

Insured Persons \_\_\_\_\_

Name Capital Sum Insured Nominee/Relationship \_\_\_\_\_

Law/Jurisdiction: \_\_\_\_\_

Coverages: Death/ Capital Risks/ Mounting Dismounting \_\_\_\_\_

**Applicable to Section-VIII & IX**

Schedule of Insured Persons \_\_\_\_\_

Excess Period: \_\_\_\_\_

**8. Claims History**

Please provide details of any losses in the last five years.

**9. Miscellaneous**

a) Please advise what level of hull deductible is required

\_\_\_\_\_

b) Please advise whether "hull war risks" coverage is required

\_\_\_\_\_

c) Please advise whether Passenger Voluntary Settlement is required and what limits are needed

\_\_\_\_\_

d) Please state below any other information that may affect your proposal for insurance.

\_\_\_\_\_

**10. The name and address of person(s) or firm to whom all notices shall be given is**

We declare to the best of my/our knowledge and belief the above statements are true and that no material information has been withheld. Signing this form does not bind the proposer to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

Date: 

D	D	M	M	Y	Y	Y	Y
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\_\_\_\_\_

Signature

We would remind you that it is your duty to disclose all material facts to insurers. A material fact is one which would influence the judgement of a prudent insurer in his consideration of the risk. Any material change in facts previously disclosed in connection with the insurance should be advised to use if the coverage is to be amended or if the period of cover is to be extended at renewal. If you are in any doubt whether a fact is material you should disclose it. Insurers may have grounds for avoiding the insurance or you may have prejudiced your rights to recover in the event of a claim if it transpires that there has been a failure of make such a disclosure.

## 11. 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 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/ies has/have 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-resident Indian(NRI)  Others

If Non-Indian please specify the nationality and country address \_\_\_\_\_

If NRI please give details for resident country and address \_\_\_\_\_

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

Corporation  Government  Non-Governmental Organisation  Society  Trust  
 Partnership  International Organisation  Cooperative  Section 25 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

## 12. 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 Proposer

## 13. AGENT 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

#### 14. ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I would like Aviation & Hull Package Policy and related information in: Physical Format  e-Format (electronic)

I have eIA Number:

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

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):

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](http://www.sbigeneral.in) to view the list of KYC OVD (Officially Valid Documents).

#### 15. 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) \_\_\_\_\_ (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.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

Date:

Place: \_\_\_\_\_

#### 16. PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

1. 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 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 prospectuses or tables of the Insurer
2. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

**AML Declaration as per AML Master Guideline 2022:**

1. 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.**
- 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.

Date:

Signature of Policyholder: