

# PROPOSAL FORM

## PRODUCT LIABILITY INSURANCE POLICY



### 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.

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

Put a (✓) mark wherever applicable

#### For Office Use only:

Branch office Code :

Broker/Agent Name :  Code :

#### I. PROPOSER'S DETAILS (\*mandatory fields)

1. Name of the Proposer:

2. Communication Address (Please tick): ( ) Registered Address ( ) Business Address

Plot No/Door No. and building name

Road name  Area

City  Pin code  State

Phone No.  E-mail Id

Business Address. ( ) please tick here if it is same as registered address. Not applicable in case of Individual.

Plot No/Door No. and building name

Road name  Area

City  Pin code  State

Phone No.  E-mail Id

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

3. Proposer's Trade or Business

4. Paid up Capital of the Company (INR):  5. How long have you been in business (in years):

6. Associates and Subsidiary Company name:

7. Products Manufactured/Distributed or Sold by the Proposer:

#### 8. Total Turnover

Particulars	Domestic	Non OECD Exports	OECD Exports	USA & Canada Exports	Total
Actual for Last Three Years					
Year 1 (20__)	INR	INR	INR	INR	INR
Year 2 (20__)	INR	INR	INR	INR	INR
Last Year (20__)	INR	INR	INR	INR	INR
Projected for Proposed Period of Insurance					
For Proposed Period	INR	INR	INR	INR	INR

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

Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e., Heads/Ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials.

10. Declaration for Source of Funds for Premium Payment if Premium is more than INR 500000/- and above

Source of funds: (please state % under each head – totalling upto 100%)

Salaries	Business Property	House	Capital Gains	Investments	Agriculture	Others	Total
							100%

## II. RISK DETAILS

11.	Details of Products to be insured (Please attached additional sheet if required)					
	<b>Particulars</b>	<b>Product 1</b>		<b>Product 2</b>		<b>Product 3</b>
	a. Name of the Product					
	b. Principle Component					
	c. Annual Units Produced					
	d. Annual turnover					
	e. How long has it been in the market?					
	f. Expected life of use					
	g. Intended customer/Ultimate user					
	h. Warranties as to use					
12.	Turnover of the Products to be insured.					
	<b>Particulars</b>	<b>Domestic</b>	<b>Non OECD Exports</b>	<b>OECD Exports</b>	<b>USA &amp; Canada Exports</b>	<b>Total</b>
	Actual for Last Three Years					
	Year 1 (20___)	Amount	INR	INR	INR	INR
		% to Total				
	Year 2 (20___)	Amount	INR	INR	INR	INR
		% to Total				
	Last Year (20___)	Amount	INR	INR	INR	INR
		% to Total				
	Projected for Proposed Period of Insurance					
	Period of Insurance	Amount	INR	INR	INR	INR
		% to Total				
	No of Years selling in this market					
13.	Do you manufacture the complete product? If not, what components/parts are purchased by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
14.	Do you outsource any part of your manufacturing/ packing activity? If yes, please provide the details.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
15.	Are any of your products inflammable/explosive, dangerous, radioactive, harmful to health, poisonous by themselves or in any combination with others. If so, please give full details and state what precautions are taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
16.	Do your products comply with minimum necessary standards (e.g. BIS/ ISI/AGRMARK etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
17.	Specify the quality certifications/ awards you have for your products? (like ISO 9002 etc):					
18.	Please furnish particulars of new products to be marketed during the next 12 months.					
19.	Checks or examinations or controls including batch control and testing carried out or effected to discover possible defects or errors in products?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
20.	Can the date of manufacture of each product be identified by the factory number stamped on it?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
21.	Do you have complaints, incident/accident reporting system in place in your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
22.	Do labels and instruction manuals describe potential hazards and misuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Particulars regarding directions for use					
	a. Is it by printing on container or product?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	b. Is it by separate leaflet or brochure?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	c. Is the hazard warning clearly shown?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
23.	Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labeling, hazardous contents or safety? If so, please give full details	<input type="checkbox"/> Yes <input type="checkbox"/> No				
24.	What is the failure rate of each product after hand over?					

25.	Have any of your products been discontinued or recalled or withdrawn during the last five years? If yes, please provide complete details of the same.	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Is there a adequate Quality Control program, inspection or test procedure in place? Please provide copies of the relevant documentation (quality control manual).	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Do you maintain adequate system of records enabling identification of	
	a. Source of product/ raw materials/ components parts purchased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Source of design of products manufactured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Are products labeled and supplied with clear instructions in the language of the country to which they are supplied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Is each product subject to and do they conform with applicable country of export or international manufacturing and safety standards? If, please specify the standard.	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Are you affiliated in any manner with any of your suppliers and distributors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Do you have any assets and/or representation and/or any domiciled operation and/or activities and/or association (Financial, Technical or otherwise) in USA/Canada and other foreign countries? If so, please furnish details of association	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Do you have any manufacturing facilities in North America?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Are your products approved for sale in market by concerned regulatory authority? (likewise FDA approval for selling pharmaceutical products in USA)	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	Do you comply with statutory provisions, rules and regulations in respect of the products manufactured/distributed/sold by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### III. COVER DETAILS:

35.	Period of Insurance	From : dd/mm/yyyy	To : dd/mm/yyyy
36.	Retroactive Date ( ) tick here if it is same for all.	Domestic Sales dd/mm/yyyy	Non-OECD Exports dd/mm/yyyy
		OECD Exports dd/mm/yyyy	USA & Canada Exports dd/mm/yyyy
37.	Limit of Indemnity Required		
	Any one Accident Limit (AOA)	INR	
	Aggregate during policy period (AOY)	INR	
	AOA to AOY Ratio	<input type="checkbox"/> 1:1 <input type="checkbox"/> 1:2 <input type="checkbox"/> 1:3 <input type="checkbox"/> 1:4	
38.	Please indicate the Voluntary Excess opted (as as percentage of indemnity limit per accident)		
39.	Territorial scope required	<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada	
40.	Jurisdiction required	<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada	
41.	Extensions Required (Please ticks yes if you wish to have the following add on covers. Please note, these covers are available subject to additional premium payment by you)		
	(i) Limited Vendors Liability Extension Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	No. of Vendors to be covered		
	<b>Name of Vendor :</b>		
	Plot No/Door No.:	Building :	
	Road :		
	Area :		
	City :	Pin code :	
	State :	Country :	
	( ) Please tick here if required on Un-named Basis		

(ii) Technical collaborator inclusion clause. If yes please provide brief details on technical knowhow and collaboration.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Technical Collaborators to be covered			
<b>Name of Technical Collaborator :</b>			
Plot No/Door No.:		Building :	
Road :			
Area :			
City :		Pin code :	
State :		Country :	

#### IV. PRIOR INSURANCE AND CLAIM DETAILS:

42. Please provide claim history for the last three years						
Year	Total Amount paid / Outstanding (INR)	Bodily Injury (INR)		Property damage (INR)		Defence cost (INR)
Year 1 (20____)						
Year 2 (20____)						
Last Year (20____)						
43. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim? If yes please provide the details.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
44. Has any insurer ever declined your fresh or renewal proposal? If yes please provide the details.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
45. Has any insurer ever terminated your cover? If yes please provide the details.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
46. Are you at present insured under Product Liability Insurance? If yes, please provide the following details.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Insurance company	Policy Start Date	Policy end Date (DD/MM/YY)	Limit of Indemnity (INR) (AOA)	Limit of Indemnity (INR) (AOY)	Retroactive date (DD/MM/YY)	Premium (INR)
	dd/mm/yyyy	dd/mm/yyyy			dd/mm/yyyy	

I/We desire to effect an insurance in terms of the Public Liability Insurance Policy of the Company against the limits of indemnity 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 provided 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:

Proposer's Signature with company stamp

Name of Proposer: \_\_\_\_\_

Designation of proposer: \_\_\_\_\_

#### V. 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

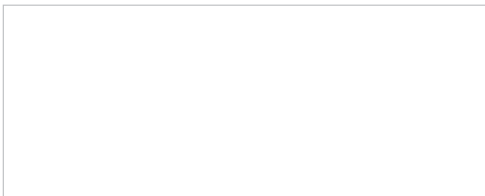
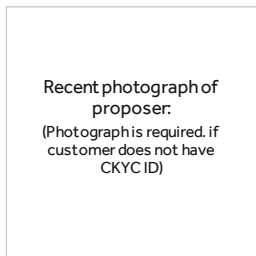
If Non-Indian please specify the nationality and country address \_\_\_\_\_

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.

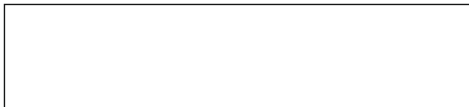


Signature of Proposer

**VI. 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:



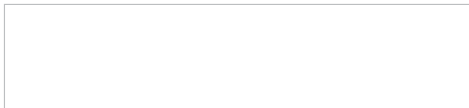
Signature of the Agent

**VII. 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

**VIII. ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION**

I would like Product Liability Insurance Policy and related information 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):

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: 

D	D	M	M	Y	Y	Y	Y
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Kindly visit our website [www.sbigeneral.in](http://www.sbigeneral.in) to view the list of KYC OVD (Officially Valid Documents).

#### IX. 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: 

D	D	M	M	Y	Y	Y	Y
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Place: \_\_\_\_\_

#### X. 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:

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SURAKSHA AUR BHAROSA DONO

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. | Product Liability Insurance Policy, UIN : IRDAN144CP0007V01201112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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