

# PROPOSAL FORM

## BROAD FORM LIABILITY



Intermediary: \_\_\_\_\_

You are to provide SBI General Insurance Co. Ltd. with a full disclosure of any and all facts that may be material to our decision to offer a policy or the terms upon which it is to be granted. It is therefore important that on behalf of all proposed insured persons you answer fully and accurately all of the questions contained in this proposal, that you provide the us with any and all information that may be relevant, and you inform us in writing if there is a change in the information provided herein or otherwise between now and the date the Policy is issued.

If you are in any doubt about the information to be given, please seek the advice and guidance of a licensed Agent or Broker. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

We are under no obligation to accept any proposal for insurance. The issuance of this form SBI General Insurance Co. Ltd (the Company) does not amount to acceptance of the proposal. The actual liability of the Company does not commence until this proposal has been accepted by the Company through the issuance of the Policy Document and the premium has been realized in full. If we accept any proposal, it shall be subject to the policy terms, conditions and exclusions.

**If insufficient space on this form, please use an attachment page.**

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

#### 1. The Insured

a) Name of the Proposer:  (in full BLOCK LETTERS)

b) Company Name:

c) Communication Address (Please tick):

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.:

d) Full description of your operations and activities :

1. Number of years in continuous business :

2. Does Insured have a subsidiary, affiliate or representative in the USA? If yes, please provide Name and Addresses of such affiliation :

  

2. Is Insured currently covered or seeking cover under any SBI General Insurance policies? If so, please provide details :

  

3. Name and Registered Address of Additional Insured/s and relationship with them :

  

4. Period of Insurance: From  To

5. Limit of Indemnity: (a) INR \_\_\_\_\_ any one Occurrence  
(b) INR \_\_\_\_\_ in the aggregate for all Injury and/or Damage during the Period of Insurance

6. Territory:  India  Worldwide excluding USA and Canada  Worldwide

7. Jurisdiction:  India  Worldwide excluding USA and Canada  Worldwide

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. | Broad Form Liability, UIN : IRDAN144CP0001V01201617 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

<b>8. Details of Premises</b> (including overseas locations)						
Details of premises occupied by you for the purpose of conducting the Business.						
	<b>Premises 1</b>		<b>Premises 2</b>		<b>Premises 3</b>	
Location						
Occupied as						
Age of premises	years		years		years	
Please circle	Owned	Leased	Owned	Leased	Owned	Leased
For any additional premises please attached a schedule supplying details as above.						
<b>9. Product Information / Estimated Annual Turnover</b>						
(a)						
<b>Description of Product</b>	<b>(M) Manufacture, (I) Import (D) Distribute</b>		<b>Total Turnover (INR)</b>	<b>Exports (INR)</b>	<b>Destination</b>	
Total						
Attach product brochures or other material if applicable.						
(b) Do you operate a Quality Control / Recording System?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details including International or other relevant standards applicable.						
(c) Estimated turnover for USA / Canada			INR			
(d) Estimated turnover for OECD Countries			INR			
(e) Estimated turnover for Non-OECD Countries			INR			
(f) Estimated turnover for rest of the World			INR			
<b>10. Please provide a specific description of products manufactured or supplied:</b>						
<b>11. Please furnish details of products to be considered for insurance:</b>						
<b>Products</b>	<b>Principal Components</b>		<b>Annual Units Produced</b>	<b>End Usage/ Intended Customer Use</b>		<b>Expected Life of the Product</b>

12.	Do you provide any services or treatment other than sale of products? If yes, pls describe the nature of services and estimated annual turnover.	
13.	Please furnish particulars of new products to be marketed during the next 12 months:	
14.	How long have you been exporting to these countries?	
	(a). USA and Canada:	
	(b). UK/Europe:	
	(c). Rest of the World:	
15.	Do you manufacture the complete product? If not, what components/parts are purchased by you?	
16.	Do you have Research & Development department or Technical Know-how/ Collaboration?	
17.	Do you retain rights of recovery against manufacturers?	
18.	Please specify any products, which are inflammable/explosive, dangerous, radioactive, and harmful to health, poisonous by themselves or any combination with others. If so, please give full details and state what precautions are taken.	
19.	Please furnish details and list of products discontinued or recalled or withdrawn during the last five years.	
20.	Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labelling, hazardous contents or safety? If so, please give full details.	
21.	Are any products manufactured and sold under someone else's label or trademark? If yes, please give full details.	
22.	Does the Insured's contract of sale agree to hold distributors harmless?	
23.	Does the Insured require the name of vendor to be included as a Named Insured? If yes, pls provide the name, address and list of products to be supplied to the vendor:	
24.	Does the vendor undertake final preparation of product?	
25.	<b>Quality Control:</b>	
	a) Give details of checks or examinations or controls including batch control and testing carried out or effected to discover possible defects or errors in products.	
	b) Do your products comply with standards like ISI or any other Standards?	
26.	<b>Pollution :</b>	
	(a) Does your use and storage of all toxic substances comply with all statutory Regulations and By-Laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Do any of your trade processes produce toxic waste and other pollutants which have the potential to cause injury to persons or damage to property _ or otherwise harm the environment?  If yes, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) Does your waste disposal or waste storage comply with Government Regulations and By-Laws?  Please give full details of any chemicals, gases, explosives, radioactive or toxic substances used &/or stored\	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>27.</b>	<b>Care Custody and Control :</b>			
	Do you require cover for property of others in your care, custody or control?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(no coverage is afforded unless specifically endorsed to the policy) If Yes, (a) What limit of indemnity do you require? (b) What is the total value of such property at all locations (c) What is the maximum value of any one Item		INR INR INR	
	Give brief description of such property :  (d) Is coverage afforded by any other Policy of Insurance?  If yes, please provide details :		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>28.</b>	<b>Contractual Liability :</b>			
	Do you assume liability under contract or hold others harmless (other than lease liability)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please provide full details and attach copies of all agreements (other than lease liability)			
<b>29.</b>	<b>Professional Exposure :</b>			
	Do you provide any advice, design or specification to third parties (a) for a fee		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(No coverage is afforded unless specifically endorsed to the policy) (b) for no fee		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, please provide details			
<b>30.</b>	<b>Do you currently or have you in the past been involved in the manufacture, distribution or sale of the following:</b>			
	Aircraft (including component parts)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pesticides	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ethical Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fungicides	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Industrial chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liquid or gas fuels	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Petrochemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Watercraft (exceeding 15 metres in length)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Class 1 dangerous goods or ammunition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spacecraft or satellites	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fertiliser	<input type="checkbox"/> Yes <input type="checkbox"/> No	Radioactive material or any	<input type="checkbox"/> Yes <input type="checkbox"/> No
	product containing asbestos	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please provide details :			
<b>31.</b>	<b>Claims and/or Loss Experience</b>			
	(a) After investigation please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance. Please show claim amount after the application of any excess.			
	<b>No. Claims Reported</b>	<b>Amount paid and outstanding</b>	<b>Applicable Excess</b>	<b>Description</b>
	__/__/__ to __/__/__			
	__/__/__ to __/__/__			
	__/__/__ to __/__/__			
	__/__/__ to __/__/__			
	__/__/__ to __/__/__			

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(b) After investigations are there any circumstances of which you are aware which could give rise to a claim If yes, please provide details:							
(c) Is there any additional information or detail of which your are aware and which may assist the Underwriter to better assess the nature of the risk?  If yes, please provide details:		<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>32. Previous Insurance History</b> After investigation has any proposed insured ever had any:							
(i) Insurance declined or cancelled?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
(ii) Renewal refused?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
(iii) Special conditions imposed?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
(iv) Increased excess imposed?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
(v) Claims denied for this class of insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
33. Are You or any of the proposed applicants are Politically Exposed Person?  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.		<input type="checkbox"/> Yes <input type="checkbox"/> No					
34. Declaration for Source of Funds for Premium Payment if Premium is more than INR 500000/- and above <b>Source of funds:</b> (please state % under each head – totalling upto 100%)							
Salaries	Business Property	House	Capital Gains	Investments	Agriculture	Others	Total
							100%

## DECLARATION

I hereby declare and warrant that to the best of my knowledge and belief the answers given above, documents or papers submitted, are complete in all respects and represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers shall form the basis of the contract proposed between me and SBI General Insurance Co. Ltd.

I 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 understand that SBI General Insurance Co. Ltd. has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Date:           Place:

Proposer's Signature

## PAYMNT INFORMATION

**MODE OF PAYMENT :** Cheque No  EFT  Debit Card/Credit Card

Cheque No.:       Demand Draft No.:            Drawn No.:

Dated:           Bank ACCOUNT Name:

Amount in Words:

Amount in Figures:

**Insurance is subject matter of solicitation. For more detailed risk factors, terms & conditions, please read sales brochure carefully, before concluding a sale.**

SBIGI 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 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

**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

**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

**ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION**

I would like Broad Form Liability 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

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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).

**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: \_\_\_\_\_

**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: