

# PROPOSAL FORM

## EVENT CANCELLATION INSURANCE POLICY

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

### OFFICE USE ONLY:

Policy Issuing Office Address :

Intermediary/Agent Name:

Code (if any):  Sales Channel Type: Agency ☐ Direct ☐ Corporate/Broker ☐

### PROPOSER'S DETAILS

Name of the Proposer\*:

(in full block letters)

Present Address\*:

(Current Residing Address)

City:  Village:

Gram Panchayat:  State:

PIN code:  Landmark:

My Present Address is same as Permanent Address ☐

Permanent Address\*:

City:  Village:

Gram Panchayat:  State:

PIN code:  Landmark:

Contact No\*:  Alternate No.:

E-mail Id\*:

Gender\*: ☐ M ☐ F ☐ Other Marital Status: Married ☐ Unmarried ☐ Date of Birth\*:

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

| 1.   | Title of the performance/event to be insured   |   |                   |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|---|-------------------|------------------|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2.   | Type of performance/ event to be insured   |   |                   |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.   | Do you have any experience in organizing such events   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |                   |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.   | If answer to the above question is yes, please provide details   |   |                   |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5.   | What is the involvement of the Proposer(s) in the performance(s) or event(s)?  | Organiser <input type="checkbox"/> Manager <input type="checkbox"/> Artist <input type="checkbox"/><br>Promoter <input type="checkbox"/> Sponsor <input type="checkbox"/> Others <input type="checkbox"/> |                   |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6.   | What is the proposer's experience in this capacity?  |   |                   |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7.   | Is the performance(s) or event(s) part of a larger production, promotion, series or tour? If yes, please provide details.  |   |                   |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8.   | Date(s) and name of venue(s) of performance(s) or event(s).  | Stand by dates, if any  |                   |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      | <table border="1"> <tr> <th>Date</th> <th>Venue</th> <th>Country and City</th> <th>Performance/event</th> </tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> | Date  | Venue             | Country and City | Performance/event |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date | Venue  | Country and City  | Performance/event |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      |  |   |                   |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      |  |   |                   |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      |  |   |                   |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|      |  |   |                   |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9.   | Will any performance(s) or event(s) be held wholly or partly in the open air, a marquee or a temporary structure? If yes, please provide details   |   |                   |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10.  | Have all the contractual arrangements necessary for the successful fulfillment of the performance(s) or event(s) been made and confirmed in writing? Please provide full details.  |   |                   |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11.  | Have all necessary licenses, visas and permits and authorisations been obtained? Please provide full details.  |   |                   |                  |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Note (\*) marked fields are mandatory | ^Alternate number has to be different from the provided mobile number

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. | Event Cancellation Insurance Policy, UIN: IRDAN144RP0002V01201213 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

|     |   |                 |                             |                               |
|-----|---|-----------------|-----------------------------|-------------------------------|
| 12. | Please provide full details of budget as following  |                 |                             |                               |
|     | Expenses  | Amount (INR)    | Gross Revenue               | Amount (INR)                  |
|     | Costs   |                 | Gate/ticket sales           |                               |
|     | Commitments   |                 | Programme sales             |                               |
|     | Guarantees  |                 | Merchandising               |                               |
|     | Fees  |                 | Fees                        |                               |
|     | Commissions   |                 | Commissions                 |                               |
|     | Sponsorship   |                 | Sponsorship                 |                               |
|     | Sponsorship   |                 | Sponsorship                 |                               |
|     | Advertising   |                 | Advertising                 |                               |
|     | Promotional   |                 | Concessions                 |                               |
|     | Broadcasting  |                 | Broadcasting                |                               |
|     | Other items not incl. above   |                 | Other items not incl. above |                               |
|     | Total   |                 | Total                       |                               |
| 13. | Does any other party have an interest in the expenses and gross revenue for the performance or event? If yes, please provide details  |                 |                             |                               |
| 14. | Are you aware of any matter, fact or circumstance or incident existing or threatened that could possibly affect the performance(s) or event(s) and might result in a claim under the proposed insurance? Please provide details   |                 |                             |                               |
| 15. | Please specify section wise Sum Insured   |                 |                             |                               |
|     | Section I - Cancellation & Abandonment  |                 |                             |                               |
|     | Section II — Legal Liability (Third party property damage and bodily injury)  |                 |                             |                               |
| 16. | Has any company in respect of event cancellation insurance:   |                 |                             |                               |
|     | a) Declined your proposal?  |                 |                             |                               |
|     | b) Cancelled or refused to renew your policy?   |                 |                             |                               |
|     | c) Accepted your proposal on special terms & conditions?  |                 |                             |                               |
| 17. | Have any event/performance organized/managed/sponsored by you suffered any loss previously? If so, give details of the same. Attach a separate sheet, if necessary.   |                 |                             |                               |
|     | Date of Occurrence  | Details of Loss | Amount of Loss (Rs)         | Name of the Insurance Company |
|     |   |                 |                             |                               |
|     |   |                 |                             |                               |
|     |   |                 |                             |                               |
| 18. | Is there any other material information relevant to the acceptance of this proposal which must be known by the Company?   |                 |                             |                               |
| 19. | Are you or any of the proposed applicants are Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/><br>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. |                 |                             |                               |

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.

#### NOMINEE DETAILS\*:

##### Nominee 1

|                             |                      |   |
|-----------------------------|----------------------|---|
| *Name:                      | <input type="text"/> |   |
| *Relationship with Nominee: | <input type="text"/> | *Date of Birth of Nominee: <input type="text"/> |
| Mobile no.:                 | <input type="text"/> | Email : <input type="text"/>                    |
| Percent of Claim Payable:   | <input type="text"/> |   |
| Permanent Address:          | <input type="text"/> |   |

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Bank details of nominee:

Bank Name:  Branch Name:

Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

\*Name:

\*Relationship with Nominee:  \*Date of Birth:

## Nominee 2

\*Name:

\*Relationship with Nominee:  \*Date of Birth of Nominee:

Mobile no.:  Email:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee:

Bank Name:  Branch Name:

Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

\*Name:

\*Relationship with Nominee:  \*Date of Birth:

Note (\*) marked fields are mandatory

## PAYMENT DETAILS\*

Premium Amount ₹  Cheque No./ Pay Ref. No.:  Date:

Premium payment option: Cheque ☐ DD ☐ Debit Card / Credit Card ☐ EFT ☐

Bank Name:  Branch Name:

IFSC Code:  Bank Account No

Card Details\* Master ☐ Visa ☐ Others ☐ Card No\*  Expiry Date\*

SBIGI does not accept Cash for Premium Payments against the Policy.

## BANK ACCOUNT DETAILS FOR PROCESS OF REFUND\*:

Cheque 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 your designated bank account. 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).

Name of Account Holder:

Bank Name:  Branch Name:

Bank Account No.:  IFSC Code:

MICR Code:

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.

## 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

## 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 the 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.

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. | Event Cancellation Insurance Policy, UIN: IRDAN144RP0002V01201213 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

4. 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.
5. 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.
6. 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.
7. The details filled in the proposal form would be used for new as well as for renewal purposes.
8. Do you suffer from any disability? Yes ☐ No ☐ If Yes, please state the type of disability. \_\_\_\_\_  
Please share the percentage of disability. \_\_\_\_\_

Date:

Place:

Signature of Proposer

#### 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 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 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 update.

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'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 ACCOUNTS DETAILS

I would like Contractors All Risks Insurance Policy and related information in: Physical Format ☐ e-Format (electronic) ☐

I have eIA Number:

I don't have an eIA and I would like to apply for eIA with:

(a) NSDL Database Management Ltd ☐

(b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited) ☐

(c) Karvy Insurance Repository Ltd. ☐

(d) CAMS Insurance 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).

## 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.

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. | Event Cancellation Insurance Policy, UIN: IRDAN144RP0002V01201213 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | [www.sbigeneral.in](http://www.sbigeneral.in)

## 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.

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