

PROPOSAL FORM



SURAKSHA AUR BHAROSA DONO

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 :

Code:

Intermediary/Agent Name:

Code (if any):

PROPOSER'S DETAILS

1. Name of the Proposer*:
(in full block letters)

2. Residential Address *
(Complete address with pin code):
City Pin code State

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

Mobile No*. E-mail Id*

3. Occupation /Profession of the proposer

4. Policy Period To

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

6.	Title of the performance/event to be insured																										
7.	Type of performance/ event to be insured																										
8.	Do you have any experience in organizing such events	Yes <input type="checkbox"/> No <input type="checkbox"/>																									
9.	If answer to the above question is yes, please provide details																										
10.	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"/> Promoter <input type="checkbox"/> Sponsor <input type="checkbox"/> Others <input type="checkbox"/>																									
11.	What is the proposer's experience in this capacity?																										
12.	Is the performance(s) or event(s) part of a larger production, promotion, series or tour? If yes, please provide details.																										
13.	Date(s) and name of venue(s) of performance(s) or event(s).	Stand by dates, if any																									
	<table border="1"> <thead> <tr> <th>Date</th> <th>Venue</th> <th>Country and City</th> <th>Performance/event</th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Venue	Country and City	Performance/event																						
Date	Venue	Country and City	Performance/event																								
14.	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																										
15.	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.																										
16.	Have all necessary licenses, visas and permits and authorisations been obtained? Please provide full 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. | 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.

17.	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	
18.	Does any other party have an interest in the expenses and gross revenue for the performance or event? If yes, please provide details			
19.	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			
20.	Please specify section wise Sum Insured			
	Section I - Cancellation & Abandonment			
	Section II — Legal Liability (Third party property damage and bodily injury)			
21.	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?			
22.	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
23.	Is there any other material information relevant to the acceptance of this proposal which must be known by the Company?			
23.	Are you or any of the proposed applicants are Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	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"/>
Mobile no.:	<input type="text"/>
Percent of Claim Payable:	<input type="text"/>
Permanent Address:	<input type="text"/>
*Date of Birth of Nominee:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email :	<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*

Please fill in your payment details for either Cheque / Credit Card Option Cheque please pay by crossed cheque (account payee only) in the name of "SBI General Insurance Company Ltd."

Cheque No Bank Name

Branch City

Dated For Rs.

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, answers and particulars given by me / us in this proposal form are true to the best of my / our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to SBI General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

Date: Place:

Signature of Proposer

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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 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'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 ACCOUNT DETAILS SECTION

I would like Event Cancellation 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):

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

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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: _____

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. 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.