

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 :

Code:

Intermediary/Agent Name:

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

Business Sector: Urban Rural Social Others

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*.: Mobile 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"/> 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"> <thead> <tr> <th>Date</th> <th>Venue</th> <th>Country and City</th> <th>Performance/event</th> </tr> </thead> <tbody> <tr><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																			
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"/>			
	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.

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. _____
UDID Number _____

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.

Resident Individual Non-Resident Indian Foreign National Person of Indian Origin

If Foreign National please specify the nationality and country address _____

If NRI please give details for resident country and address _____

If Person of Indian Origin 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

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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