

PROPOSAL FORM



SURAKSHA AUR BHAROSA DONO

MARINE CARGO INSURANCE - SPECIFIC POLICY

The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Company and does not result in a concluded contract of insurance.

The liability of the Company does not commence until the proposal has been accepted by the Company and the premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest.

OFFICE USE ONLY:

Policy Issuing Office Address :

Intermediary/Agent Name:

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

Business Sector: Urban ☐ Rural ☐ Social ☐ Others ☐

PROPOSER DETAILS

Name of the Proposer: *

Address*:

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 Details*: Gender*: M ☐ F ☐ Other ☐ Alternate No.:

Email : Marital Status: Married ☐ Unmarried ☐

Pan*: /Form 60/61: (if Available) ☐

Date of Birth*: Aadhaar No.*:

Name of the Financial Institution/s (if any financial interest is involved)

Nature of Trade or Business No of Years in Trade

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

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:

*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.

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

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*Name:

*Relationship with Nominee: *Date of Birth:

Bank details of Appointee:

Bank Name: Branch Name:

Bank Account Number: IFSC Code:

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:

Bank details of Appointee:

Bank Name: Branch Name:

Bank Account Number: IFSC Code:

Note (*) marked fields are mandatory

POLICY & COVERAGE DETAILS

a). Type of Policy Required ☐ Specific Voyage Policy ☐ Open Cover / Open Policy ☐ Sales Turnover Policy

☐ Stock Through Put Policy ☐ Tea Crop Package Policy

b). Type of Cover Opted ☐ All Risk ☐ Basic Cover ☐ Fire & Lightning

c). Whether Add on cover is Required ☐ Yes ☐ No

d). If (c) is yes, then what are the Add On Covers opted? ☐ War ☐ SRCC ☐ Loading & Unloading

☐ Theft, Pilferage & Non Delivery ☐ Spontaneous Combustion ☐ Un Paid Vendor Coverage

☐ Waiver of Subrogation ☐ Removal of Debris ☐ Contamination Inclusion Cover

e). Frequency of Declaration Opted (Applicable for Annual Policy) ☐ Weekly ☐ Fortnightly ☐ Monthly

☐ Bi-Monthly ☐ Quarterly

f). Period of Insurance From _____ To _____ (Applicable for Annual Policy)

VOYAGE DETAILS

a). Type of Voyage Required ☐ Inland ☐ Import ☐ Export

☐ Transit between Countries Outside India

b). Origin & Destination of Transit From _____ To _____

c). What is the Basis of Voyage (As Per Inco Terms) ☐ Overseas WH (To) Indian WH / Port ☐ Overseas Port (To) Indian WH / Port ☐ Indian Port (To) Indian WH

☐ Indian WH (To) Overseas WH / Port ☐ Indian Port (To) Overseas Port ☐ Indian WH (To) Indian Port

☐ Shore Tank at Overseas Port (To) Indian WH / Port ☐ Shore Tank at Indian Port (To) Shore Tank at Overseas WH / Port

☐ Indian WH (To) Indian Port

CONVEYANCE DETAILS

a). Mode of Transit ☐ Sea ☐ Air ☐ Rail ☐ Road ☐ Registered Post ☐ Courier

b). Applicable for Specific Voyage by Sea / Coastal Shipment / Inland Waters Name of the Vessel _____ Age of Vessel _____ Classification Society _____

c). BL /AWB/LR / RR No & Date No _____ Date _____ (Applicable for Specific Voyage)

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CARGO DETAILS

a). Forms of Cargo ☐ Solid ☐ Liquid ☐ Gaseous

b). Cargo Description _____

c). Specific Details relating to Commodity

A. Machinery

☐ Single Unit ☐ Dismantled

- 1) How is Machinery Shipped?
- 2) How is the loading and unloading operation Carried out?
- 3) Whether the Machinery is Brand New or Second Hand?
- 4) If Machinery is Second Hand then:

- a) How is Machinery Shipped?
- b) What is the life span of Machinery?
- c) Whether Spares are available?
- d) Whether similar type of Machinery is available in the market?
- e) For what purpose machinery is procured?

☐ Greater ☐ Less Than ☐ Equal to age of Machinery

☐ Yes ☐ No

☐ Yes ☐ No

☐ Project ☐ Stand By ☐ Expansion

B. Chemicals

☐ Above 60 degree ☐ Below 60 degree

- 1) What is the flash point of liquid cargo?
- 2) Whether statutory regulation & Norms for handling cargo is complied with?
- 3) Whether necessary steps have been taken for preventing pollution during transportation?

C. Refrigerated Cargo

- 1) Whether there is any incidence of breakdown in the past?
- 2) What is frequency of breakdown of compressor?
- 3) What are the loss minimization Measures under taken?

☐ Yes ☐ No

☐ Single ☐ Less than 5 ☐ More than 5

PACKING DETAILS

a). How is the cargo carried? (Applicable for transit by vessel)

☐ On Deck ☐ Under Deck

b). Whether the Cargo is Containerized If yes then,

☐ Yes ☐ No

1) Whether it is Full Container Load

☐ Yes ☐ No

2) Where is the container Stuffed?

3) Where is the container de stuffed?

4) Container No (Applicable for Specific Voyage)

c). What is the nature of packing?

d). Other Details

Identification Marks & Nos

INDEMNITY LIMITS

a). Sum Insured

- Specific Voyage (Actual)
- Annual Policy (Estimated)

₹ _____

₹ _____

b). Turnover (Annual Policy) Estimated Turnover ₹ _____

Actual Turnover for last three years including expiring Policy

₹ (First Year) _____

₹ (Second Year) _____

₹ (Expiring Policy) _____

c). Per Bottom Limit

₹ _____

d). Limit Per Location

₹ _____

e). What is the Basis of Valuation

☐ Invoice Value ☐ Landed Cost ☐ Cost
☐ Cost & Freight ☐ Cost, Insurance & Freight
☐ Free on Board ☐ Increased Value

f). Whether Duty is to be covered If yes then declare Duty Value

☐ Yes ☐ No ₹ _____

g). Whether Incidental expense is to be covered?

☐ Yes ☐ No _____ %

If yes, please specify the percentage

INTERMEDIARY STORAGE

a). Whether additional Intermediary storage is required?

☐ Yes ☐ No

If yes, coverage is required for how many days?

☐ 30 days ☐ 60 days

b). What type of coverage is required during intermediary storage?

☐ All Risk ☐ Restricted Cover

c). What will be the storage location?

☐ Port Premises ☐ Container Stuffing Location
☐ Container De- Stuffing Location ☐ Packing Premises

d). How will the cargo be stored in intermediate location?

e). What is the Basis of Valuation

Any other location please specify _____

- ☐ Open ☐ Closed Warehouse ☐ Temporary Shed
☐ Invoice Value ☐ Landed Cost ☐ Cost
☐ Cost & Freight ☐ Cost, Insurance & Freight
☐ Free on Board ☐ Increased Value

CLAIM EXPERIENCE (FOR PAST FIVE YEARS INCLUDING EXPIRING POLICY)

Year	Premium Paid (₹)	Incurred Claims (Claims Settled + Claims Outstanding) (₹)

GENERAL INFORMATION

a). Whether Voluntary excess is required?

☐ Yes ☐ No If yes, Please Specify _____

b). Any other information relevant to the transit

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*

SBI General Insurance 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

ELECTRONIC INSURANCE ACCOUNT DETAILS*:

I have an eIA Number

(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 ☐

My 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 to view the list of KYC OVD (Officially Valid Documents).

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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 bon 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/We understand that the Company has the 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.

Residential Status: ☐ 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 INSURED

1. 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.
2. I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property as if it were uninsured.
3. 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

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: _____

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PROPOSER DECLARATION

The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract.

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place:

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Signature of the Proposer:

VERNACULAR DECLARATION

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) _____ (Relationship 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 my/our knowledge and belief.

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place:

--

Signature of the Witness _____

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Signature/Thumb impression of the Proposer/Primary Insured

SECTION 41 OF THE 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.

Insurance is the subject matter of solicitation

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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