# ZURICH kotak
## General Insurance

**ZK - 24-25/v2**

## Marine Cargo Insurance - Retail
## Proposal Form & Questionnaire

**MCR**

**GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM**
1. Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.
2. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document/Cover Note and subject to the receipt by the Company of the premium paid.
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on non-disclosure in any material particular in the Proposal Form /personal statement, declaration and connected documents, or any material information having been withheld by the proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains. (Information given herein will be treated in strict confidence).

## FOR OFFICE USE ONLY

| Quote No.* | Quote Date* | Branch Code | Sales Manager Code | Intermediary Code | Intermediary Service RM | Intermediary Branch code | Intermediary business vertical | Intermediary Client Ref. No. | SP Name/Code |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

## TYPE OF COVER/ POLICY DETAILS

☐ Specific Policy    ☐ Open Cover    ☐ Open Policy    ☐ Sales Turnover Policy (STOP)

## PROPOSER/OWNER'S DETAILS

Proposer's Name* _____

Proposer's Trade or Business* _____

**Registered Office Address / Permanent Address***

Address (Line 1) _____

Address (Line 2) _____    Nearest Landmark _____

City / District _____    State _____    Pin Code _____    Country _____

Is the Communication Address same as the Registered Office Address / Permanent Address?*    ☐ Yes    ☐ No    If 'No', please provide below

**Communication (Postal) Address***

Address (Line 1) _____

Address (Line 2) _____    Nearest Landmark _____

City / District _____    State _____    Pin Code _____    Country _____

Contact No. _____    Email ID _____    GSTIN _____

**For Individual customers, please share below details:**

Nationality*    ☐ Indian    ☐ Non-Indian    ☐ NRI

Income    ☐ Upto 2.5 lacs    ☐ 2.5 - 6 lacs    ☐ 6 - 10 lacs    ☐ 10 - 15 lacs    ☐ 15 - 20 lacs    ☐ 20 - 25 lacs    ☐ >25 lacs

PAN* _____ / Form 60 (mandatory if premium is above ₹50,000)    CKYC Identifier / Number (Generated by CERSAI) _____

GSTIN _____

**Please share the following for authentication purpose:**

**Proof of Identity (POI) and Proof of Address (POA) [(✓) Tick whichever is applicable]**

☐ PAN    ☐ Aadhaar    ☐ Passport    ☐ Driving Licence    ☐ Voter ID Card    ☐ Others (Please specify): _____

**For Corporate customers / Firms, please share below details:**

CKYC Identifier / Number (Generated by CERSAI): _____

PAN*: _____

Please share the below details for the Authorised Signatory:

Name: _____    Designation: _____

CKYC Identifier / Number (Generated by CERSAI): _____

Any existing policy from Us    ☐ Yes    ☐ No    If 'Yes', Policy No _____

Hypothecation Details: Bank Name _____

## PUT A (✓) TICK MARK WHEREVER APPLICABLE:

**All the questions to be answered completely. In case of any additional details, kindly enclose the information as an annexure:**

| | | |
|---|---|---|
| 1. | Business of the Insured including details of goods produced / traded / activities conducted | |

| 2. | Annual Turnover of Business | | | |
|---|---|---|---|---|
| 3. | Brief description of goods proposed for Insurance apart from the below mentioned type of cargo's? | | | |
| | a. Whether hazardous / explosive | ☐ Yes ☐ No | | |
| | b. Refrigerated or alike | ☐ Yes ☐ No | | |
| | c. Whether Project Cargo | ☐ Yes ☐ No | | |
| | d. Whether New or Old or Both | ☐ Yes ☐ No | | |
| 4. | Details of packing (Primary & Secondary wherever applicable) | | | |
| 5. | Whether Containerized (If yes FCL/LCL) | | | |
| | a. In case of FCL place / stuffed by whom | | | |
| 6. | Mode of transit | ☐ Rail | | |
| | | ☐ Road | | |
| | | ☐ Sea | | |
| | | ☐ Air | | |
| | | ☐ Composite with description / combination | | |
| 7. | Brief Details of Voyage - Principal locations where it's goods would be imported, Principal locations to where goods would be exported | | | |

| 8. | Sum Insured (₹ / Foreign Currency wherever Applicable) | Annual Estimated Turnover | Initial Sum Insured |
|---|---|---|---|
| | **SALES** | | |
| | **Export** | | |
| | FOB Exports | | |
| | Ex-works Exports | | |
| | CIF, C&F,CFR  Exports | | |
| | **Domestic Sales** | | |
| | **PURCHASES** | | |
| | Domestic Purchases | | |
| | **Imports** | | |
| | CIF Imports | | |
| | FOB, CFR, C&F Imports | | |
| | **Inter Depot Movements** | | |
| | **Job Worker Movements** | | |
| | **Containers (if to be covered)** | | |
| | **Capital Goods - New** | | |
| | **Capital Goods - Used** | | |

| 9. | Limit per bottom | |
|---|---|---|
| | By Road | |
| | By Rail | |
| | By Sea | |
| | By Air | |
| | Others (Specify) | |
| 10. | Limit per Location | |
| | By Road | |
| | By Rail | |
| | By Sea | |
| | By Air | |
| | Others (Specify) | |
| 11. | a. Storage Cover, if required - Please specify the maximum limit and Annual aggregate limit and the period for which cover is required | |
| | b. Place of storage | |

| 12. | Period of Insurance | From | | To | |
|---|---|---|---|---|---|

| 13. | Basis of valuation + Incidental % to be specified | |
|---|---|---|
| | Ex-works | |
| | CIF | |
| | C&F | |
| | FOB | |
| | Others (Specify) | |
| 14. | In case of Import / Export - Whether you seek 1982 or 2009 clause wordings | |
| 15. | Whether cover required for Customs duty / Contingent Duty (If yes, Sum Insured thereof) | |
| 16. | Add on covers required / Non- Institute  clauses required | |
| | a. | |
| | b. | |
| | c. | |
| | d. | |
| | e. | |
| | f. | |
| 17. | Frequency of declaration - Quarterly / Half yearly / Annual | |
| 18. | Past Premium and Claims statistics for the last five years in the following format | |

| Year | Sum Insured | Premium | Nature of Claims | Claims Paid | Claims Outstanding |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

## NOMINEE DETAILS (Applicable for individual customers)

| Nominee Name* | Relationship of Nominee with Proposer* | Nominee Date of Birth DD/MM/YYYY* | Nominee Mobile Number | Nominee Email ID | Nominee Present Address | Nominee Permanent Address | Nominee Bank Name and Account Details | % of claim share* |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |

**\*Total % share cannot exceed more than 100%**

Where Nominee is a minor, give details of Appointee

| Name of the Nominee | Name of the Appointee | Date of Birth DD/MM/YYYY | Relationship with the Nominee |
|---|---|---|---|
| | | | |
| | | | |

**Note: Please provide an additional sheet if space is not sufficient to complete details.**

## BANK ACCOUNT DETAILS

### PAYMENT DETAILS

☐ Cheque ☐ Demand Draft ☐ Credit/Debit Card ☐ Online Payment

Cheque / D.D # _____ Drawn Amount _____

Drawn To _____

Date [D D M M Y Y Y Y] IFSC/MICR Code _____

Bank and Branch Name: _____

For Credit/Debit Card: _____

Transaction Reference No: _____ Transaction Date: _____

### REFUND / CLAIMS DETAIL

☐ Details as per premium cheque to be used for electronic fund transfer;

☐ Cancelled cheque submitted of other bank

Account Number: _____ IFSC/MICR Code _____

Bank Name: _____

Account Holder name: _____

Disclaimer: Zurich Kotak General Insurance Company (India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete

## ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER (E-MAIL ID IS MANDATORY)

| Do you have an EIA Account | ☐ Yes ☐ No |
|---|---|
| If Yes, please quote EIA Number | |
| If No, do you want Us to create an EIA account for you | ☐ Yes ☐ No (If Yes, please fill up Insurance Repository Application form) |
| Email id (to be registered with Insurance Repository) | |
| Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance. | |

## DECLARATION

I / We hereby declare that the statements made by me / us in this Proposal Form and Questionnaire are to the best of my / our knowledge and belief, complete and true, and I / We hereby agree that this proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that Zurich Kotak General Insurance Company (India) Limited. is liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. Zurich Kotak General Insurance Company (India) Limited. undertakes to deal with this information in strict confidence.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory /policy servicing requirements. ☐ I / We would still want to receive a physical copy of the policy.

☐ I / We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

**AML DECLARATION**

I / We 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 / We understand that the Company has the right to call for document 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.

In case of entity, Type of Organisation making the payment:

☐ Limited Company ☐ Government Organisation ☐ Non-Government Organisation (NGO) ☐ Society ☐ Trust ☐ Partnership

☐ International Organisation ☐ Co-operatives ☐ Section 25 Company ☐ Others

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)?* ☐ 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.

Are you a Non-Profit Organization?*(only in case of an entity) ☐ Yes ☐ No

"Non-profit organization" means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013)."

Place* _____ Date* _____ Signature/Thumb impression of Proposer*

## VERNACULAR DECLARATION

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression / signature after fully understanding the contents thereof.

Signature / Stamp of the Proposer*

Place* _____     Date* _____

Signature of Intermediary / Sales Person*

## DECLARATION IN CASE THE PROPOSER/ POLICYHOLDER IS PERSON WITH DISABILITY (PWD) (Applicable for individual customers)

I hereby declare that I _____ , am a person with a disability and require assistance in completing this proposal form. I authorize _____ [Name of Representative], to act as my authorized representative and provide necessary declaration on my behalf for this Insurance Policy.

Signature/Thumb impression of Proposer

Place* _____     Date* _____

Signature of Authorised Representative*

## DECLARATION FOR AGENT

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the thumb impression / signature after fully understanding the features thereof.

Signature / Stamp of the Proposer*

Place* _____     Date* _____

Signature & Stamp as applicable of the Insurance Advisor/Specified person of Corporate Agent/Authorised Employee of Broker/Sales person*

## STATUTORY WARNING

**PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938 as amended)**

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 of 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 published prospectuses or tables of the Insurer.

2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.