

EXCESS FOLLOW FORM FOR CASUALTY

Proposal Form

This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. Liability of the company does not commence until the proposal has been accepted and the premium has been received in accordance with the provisions of section 64VB of the insurance act, 1938.

1. Proposers desiring only Public Liability coverage are not required to fill Section IV.
2. Proposers desiring only Product Liability coverage are not required to fill Section III.
3. Proposers not desiring extensions under Section V and VI are not required to fill those Sections.
4. Some sections of the application will not apply to you. Please mark Not Applicable (N/A) where this is the case.
5. Please attach a separate sheet if space indicated in the proposal form is insufficient.

Policy issuing office:

Policy servicing office:

Intermediary/Agent Name:

Intermediary License no /Agent code.:

Intermediary/Agent Contact No.:

Section I: General Information

1. Name & Registered Address of the Insured (including names of all subsidiaries or affiliated companies to be insured):
2. Website Address:
3. Please describe your business operations and activities:

Is the Communication address same as the Head Office address ?

If No, please provide below

Communication Address:

4. Length of time in business:
5. Does Insured have a subsidiary, affiliate or representative in the USA? If yes, please provide Name and Addresses of such affiliation:
6. Is Insured currently covered or seeking coverage under any Zurich Kotak General Insurance policies? If so, pls provide details:
7. Name and Registered Address of Additional Insured, if any:

Section II: Insurance Requirement

1. Form Type: Claims Made Occurrence Based
2. Limits of Insurance (Amount in Indian Rupees):

Limit of Liability		Any One Event	In the Aggregate
General Aggregate Limit	Premises and Operations		
	Transportation Liability Extension		
Products/Completed Operations Limit			
Employers Liability			
Automobiles Liability (Non Owned/Hired) Extension			

3. Policy Period:
4. Retroactive date (only for Claims Made Form):
5. Territory: India Worldwide excluding USA and Canada Worldwide including USA and Canada
6. Jurisdiction: India Worldwide excluding USA and Canada Worldwide including USA and Canada

Section III: General Liability

A. Premises and Operations:

1. Please give full description of activities for which cover is required:

2. List all premises to be insured in India and overseas:

Location	Manufacturing Units		Warehouses/Godowns/Shops/Depots/Tank Farms/Offices	
	No. of locations	Nature of Risk	No. of locations	Nature of Risk
India				
Overseas				

3. Please quantify annual sales turnover of last three years (Amount in Indian Rupees):

Year	Premises Operations	Transportation*
Projected		
Current		
Last Year		

*Pls provide the particulars and mode of transportation of such materials:

4. Please describe in brief surrounding areas and third party property within an approximate radius of 2 kms from each manufacturing unit:

Manufacturing Unit	Industrial Area	Agricultural Area	Residential Area	Others
North				
East				
South				
West				

5. Please attach Lay-Out Plans and Risk Inspection Report of the manufacturing units proposed for Insurance:

6. Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons? If so, please give details of their quantity, storage, handling and precautions taken:

7. Is there a programme for the prevention of fire, explosion incidents? If so, pls indicate:

(a). Type of detection and alarm system:

(b). Availability of service organisation in case of such incidents (fire brigade, specialists in environmental protection and toxicology):

(c). Provisions made for supply of energy, water etc. in an emergency:

8. Will you, or your employees, handle or come into contact with any industrial dust of know harmful nature (e.g. asbestos, silica, cotton), radioactive materials, or any other substance harmful to health?

9. Extensions required:
 - (a). Act of God Perils Extension (viz., Earthquake, Storm, Typhoon, Flood and Inundation etc.):
 - (b). 72 Hrs Sudden and Accidental Pollution Extension:
 - (c). Effluent Discharge Extension:
 - (i). If yes, what is the length of pipeline from the compound wall of your premises to the disposal point?

B. Travel of Executives:

1. Number of Employees that Travel Overseas Annually:
2. Number of travel days per year:
3. Purpose of trips:
4. Overseas Travel Destinations:

C. Advertising Information:

1. What percentage of your annual sales is derived directly from your web site?
2. Do you use comparative advertising in your advertisements? If "Yes", was an independent organization consulted on how such comparisons were made?
3. Is music used in your advertisements? If "Yes", were all the rights secured prior to use?
4. Is the likeness of famous people used in your advertisements?
5. Have you ever been sued, or have you sued another, for copyright or trademark infringement?
6. Besides the information related to your goods, products or services, do you produce any other publications for external use?

Section IV: Product Liability

Please attach a product brochure or literature or labels or warnings etc. with this form

A. Products / Completed Operations:

1. Please provide a specific description of products manufactured or supplied:

2. Please furnish details of products to be considered for insurance:

Products	Principal Components	Annual Units Produced	End Usage/ Intended Customer Use	Expected Life of the Product

3. Please quantify annual sales turnover of last three years (Amount in Indian Rupees):

Year	USA/Canada/Australia	UK/Europe	Rest of the World	India
Projected				
Current				
Last Year				

4. Do you provide any services or treatment other than sale of products? If yes, pls describe the nature of services and estimated annual turnover:

5. Please furnish particulars of new products to be marketed during the next 12 months:

6. How long have you been exporting to these countries?

(a). USA and Canada: (b).

UK/Europe:

(c). Rest of the World:

7. Do you manufacture the complete product? If not, what components/parts are purchased by you?

8. Do you have Research & Development department or Technical Know-how/Collaboration?

9. Do you retain rights of recovery against manufacturers?

10. Please specify any products, which are inflammable/explosive, dangerous, radioactive, and harmful to health, poisonous by themselves or any combination with others. If so, please give full details and state what precautions are taken.

11. Please furnish details and list of products discontinued or recalled or withdrawn during the last five years.

12. Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labelling, hazardous contents or safety? If so, please give full details.

13. Are any products manufactured and sold under someone else's label or trademark? If yes, please give full details.

14. Does the Insured's contract of sale agree to hold distributors harmless?

15. Does the Insured require the name of vendor to be included as a Named Insured? If yes, pls provide the name, address and list of products to be supplied to the vendor:

16. Does the vendor undertake final preparation of product?

B. Quality Control:

1. Give details of checks or examinations or controls including batch control and testing carried out or effected to discover possible defects or errors in products.

2. Do your products comply with standards like ISI or any other Standards?

Section V: Employee details

1. Please provide projected details for the next 12 months:

Description of Employees*	USA/Canada/Australia		UK/Europe		Rest of the World		India	
	No.	Wage roll	No.	Wage roll	No.	Wage roll	No.	Wage roll
Clerical Staff								
Supervisory/Manual								
Hazardous Activity**								
All other employees								

* Fees of working directors not to be included.

** Please specify any extra hazardous activities.

Section VI: Non-Owned and Hired Automobile Liability

1. Please provide projected details for the next 12 months:

Country	Estimated No. of Automobiles Hired	Type Of Vehicle	Frequency of Hire	Duration of a Single Hire
USA/Canada/Australia				
UK/Europe				
Rest of the World				

Section VII: Loss Information

1. Please enter all claims or losses (regardless of fault and whether or not insured) or any occurrences or incidents, conditions, defects, circumstances or suspected defects, which may give rise to a claim; over the last five years under Public Liability and/or Products Liability (Amount in Indian Rupees):

Date of Occurrence	Description of Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status

2. Are you aware of any incident/circumstance that could lead to loss or claim under the proposed policy (Yes/No)
 a. If yes please provide full details of that incident/circumstance.

Section VIII: Prior Insurance

1. Please provide details of expiring policy:

Type	Insurer	Limit of Liability	Premium*	Deductible
Public Liability Act				
Public Liability				
Product Liability				
Commercial General Liability				

*Premium excluding taxes and ERF contribution.

Section IX: Other Information (Compulsory)

1. Sources of funds :

Salary
 Business
 Investments
 Other

(Please Specify)

2. Company's CKYC Identifier / Number (Generated by CERSAI):
 PAN (mandatory):
 GSTIN:

3. Please share the below details for the Authorised Signatory:
 Name:
 Designation:
 PAN:
 CKYC Identifier / Number (Generated by CERSAI):

4. Bank Account Details

PAYMENT DETAILS	REFUND / CLAIMS DETAIL
<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Online Payment	<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer; <input type="checkbox"/> Cancelled cheque submitted of other bank
Cheque / D.D # _____	
Drawn _____ Amount _____ _____	Account Number: _____
Drawn _____ To _____ _____	IFSC/MICR _____ Code: _____
Date _____ IFSC/MICR Code _____ _____	Bank Name: _____
Bank and Branch Name: _____	Account Holder name: _____
For Credit/Debit Card:	<i>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</i>
Transaction Reference No: _____	
Transaction Date: _____	

5. Electronic Insurance Account details of Proposer (e-mail id is mandatory)

Do you have an EIA Account:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please quote EIA Number:	_____
Please mention name of Insurance Repository:	_____
If No, do you want Us to create an EIA account for you:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill up Insurance Repository Application form)
Email id (Registered with Insurance Repository):	_____
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.	

ACKNOWLEDGEMENT:

Received from Ms. /Mrs. / Mr.

_____ a sum of Rs.
 _____ Through Cheque/DD _____

against your proposal for Excess Follow Form for Casualty

Signature of Zurich Kotak General Insurance Company (India) Limited Official / Intermediary

Date _____

Zurich Kotak General Insurance Company (India) Limited Official/Intermediary Name:

Time: _____: _____ Place: _____

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. If Zurich Kotak General Insurance Company (India) Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Zurich Kotak General Insurance Company (India) Limited and the policy Terms and Conditions of Excess Follow Form for Casualty and the Company shall have no liability to make any payment if premium is not received by Zurich Kotak General Insurance Company (India) Limited in full and in time, or is not realised. If a proposal is not accepted, Zurich Kotak General Insurance Company (India) Limited will inform you and refund any payment received from you without interest.

DECLARATION:

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 "Zurich Kotak General Insurance Company (India) Limited"

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 Organization making the payment:

Limited Company Government Organization Non-Government Organization
 (NGO) Society Trust Partnership International Organization
 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 and Stamp of Proposer

DECLARATION FOR AGENTS

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 signature after fully understanding the features thereof.

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

*Place: _____

*Date: / /

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 above after fully understanding the contents thereof.

Signature of Proposer

Signature of Intermediary/ Sales Person*

*Place: _____

*Date: / /

SECTION 41 OF INSURANCE ACT 1938 (PROHIBITION OF REBATES)

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 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 prospectus or tables of the insurer."

2.Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.