

Marine Stock Throughput Policy

PROPOSAL FORM & QUESTIONNAIRE

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.*	<input type="text"/>	Quote Date*	<input type="text"/>
Branch Code	<input type="text"/>	Sales Manager Code	<input type="text"/>
Intermediary Code	<input type="text"/>	Intermediary Service RM	<input type="text"/>
Intermediary Branch code	<input type="text"/>	Intermediary business vertical	<input type="text"/>
Intermediary Client Ref No	<input type="text"/>	SP Name/ Code	<input type="text"/>

PROPOSER'S DETAILS

Proposer's Name*	<input type="text"/>		
	<input type="text"/>		
Proposer's Trade or Business*	<input type="text"/>		
Years in Trade/ Business	<input type="text"/>		
Registered Office Address / Permanent Address*	<input type="text"/>		
Address (Line 1)	<input type="text"/>		
Address (Line 2)	<input type="text"/>		
Nearest Landmark	<input type="text"/>		
City / District	<input type="text"/>	Pin code:	<input type="text"/>
State	<input type="text"/>	Country:	<input type="text"/>
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 _____	Pin code _____
State _____	Country _____
GSTIN _____	
Contact No _____	
Email id _____	
For Corporate customers, please share below details:	
CKYC Identifier / Number (Generated by CERSAI):	
PAN*: _____	GSTIN: _____
Please share the below details for the Authorised Signatory:	
Name: _____	Designation: _____
CKYC Identifier / Number (Generated by CERSAI): _____	
Any existing policy from Us <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', Policy No _____	
Hypothecation Details: Bank Name	
Paid up Capital of the firm _____	
Period of Insurance: From: _____ To: _____	

RISK DETAILS

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

Subject matter/Cargo/Merchandise to be insured: <input type="checkbox"/> New <input type="checkbox"/> Used/ Secondhand <input type="checkbox"/> Reconditioned
Description (Please given full description of all materials to be covered) _____
Method of Shipment (Please tick whichever applicable) <input type="checkbox"/> Sea <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Road <input type="checkbox"/> Post <input type="checkbox"/> Courier <input type="checkbox"/> Others (Please specify) _____
Packing details (Please give details of primary packing and secondary packing, Also please state if the same is customary packing): _____
Voyage :
Export From To

Import	From	To
Inland	From	To
Specific	From	To
Value of the Cargo/Merchandise		
Limit per sending		
Limit per location		
Limits (Static Risks) : Named (Details to be provided as per annexure attached) & Unnamed location		
Declaration: Monthly/ Quarterly		
Are you willing to cover Duty (for Import Consignment)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify the amount.		
Sale Terms (FOB/ CIF/ Others (Please specify))		
Any Special L/C terms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify		
Insuring Terms required: <input type="checkbox"/> All Risks <input type="checkbox"/> Named Perils/Basic Cover <input type="checkbox"/> War & SRCC <input type="checkbox"/> SRCC <input type="checkbox"/>		
Extension, if any. Please give details. (Please go through the perils covered under ITC- A, B, C and/or ICC-A, B, C and mention accordingly)		
Periodicity of declaration / Weekly / Fortnightly / Monthly / Others (other than specific policy)		
Would you like to opt for a Voluntary excess? If yes please specify the amount		
Has any other insurer refused to accept this insurance or imposed conditions to accept the same. If YES, give details.		
Any other information for the proposed Insurance Policy:		
Period of Insurance From _ _ _ _ _ _ _ _ _ To _ _ _ _ _ _ _ _ _		
Previous Insurance Particulars & Claims Experience (To give details of loss for 3 years even if there was no insurance)		

Year	Premium Paid	Claims Received (1)	Outstanding (2)	Total (1+2)	Cause of Loss	No of Claims	Insuring Conditions	Insurer

In case of Open Policy, please give the following details.

Full details of incoming materials	Total Value	Mode (Specify Domestic/Overseas or Both)
Full details of outgoing materials	Total Value	Mode (Specify Domestic/Overseas or Both)
Full details of inter-depo movements	Total Value	Mode (Specify Domestic/Overseas or Both)

Please give the following details.

Total Sales turnover expected: Domestic. Rs. Exports..... for the full year. (Please specify the period reckoned)

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 #				Account Number:	
Drawn Amount				IFSC/MICR Code:	
Drawn To				Bank Name:	
Date				Account Holder name:	
Bank and Branch Name:				<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>	
For Credit/Debit Card:					
Transaction Reference No:					
Transaction Date:					

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 Marine Stock Throughput Policy.

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 Marine Stock Throughput Policy 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 and Questionnaire are to the best of my / our knowledge and belief, complete and true, and I / We hereby agree that this proposal forms and questionnaire 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.

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:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Limited Company | <input type="checkbox"/> Government Organization | <input type="checkbox"/> Non-Government Organization (NGO) | <input type="checkbox"/> Society |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Partnership | <input type="checkbox"/> International Organization | <input type="checkbox"/> Co-operatives |
| <input type="checkbox"/> Section 25 Company | <input type="checkbox"/> 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 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 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: |_|_|/|_|_|/|_|_|_|_|

STATUTORY WARNING
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 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.

Annexure
List of Named Locations:

Sl No	Name of the Warehouse/Processing	Interest Covered	City	District	State	Address	Pin Code	Value at Risk