

Signage Insurance Proposal Form & Questionnaire

ZK - 24-25/v2

SIPQ

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 Verticle	
Intermediary Client Ref No		SP Name/ Code	

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:

PAN*: / Form 60 (only in case the customer does not have PAN No.) ☐ Yes ☐ No

GSTIN:

Occupation ☐ Business ☐ Salaried ☐ Professionals ☐ Student ☐ Housewife ☐ Retired ☐ Others

Nationality* ☐ Indian ☐ Non-Indian ☐ NRI

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

CKYC Identifier / Number (Generated by CERSAI)

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, 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 ☐ Yes ☐ No If yes, Policy No.

Hypothecation Details: Bank Name

RISK DETAILS

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	Details of Sign Board/ Hoarding	
	(a) Full description along with measurements of its size	
	(b) Year of manufacture	
	(c) Maker's Name if available	
	(d) Cost of the Neon sign Board	
	(e) Location	
2	Particulars of the Foundation and/or supporting structure on which Sign and/or Hoarding is erected.	
3	Will the Sign its foundation, supporting structure, fastening attachments etc. be regularly inspected by a duly qualified Electrician and Engineer if so, at what intervals.	
4	Will the repairs or defects found by these inspections be immediately carried out or set right	
5	Particulars of the property on which the sign is erected and / or attached to	
	(a) Is the sign affixed to the wall or erected on the roof of a building?	
	(b) Age of the building	
	(c) Is the building in a sound condition?	
	(d) If the sign is erected on the ground give full particulars of its surroundings. How far away is it from any public or other pathways, thorough fares, streets, roads, etc.?	
	(e) How high is the Sign/Hoarding from ground level?	
	(f) How high is the sign/Hoarding from roof level?	
6	Have any claims been made against you in the last five years in respect of accidents caused directly or indirectly by the Sign/Hoarding. If so, give full particulars.	
7	Has any Company:	
	(a) Declined your Proposal?	
	(b) Cancelled or refused to renew your Policy?	
	(c) Accepted your Proposal on special terms and condition?	
8	Have you received any notice from any person or authority regarding any defect in the Sign/Hoarding?	
9	Period of Insurance	From To
10	Amount of Indemnity required (Sum Insured): In respect of loss of or damage to the Sign/Hoarding?	INR
11	Please specify any additional cover you wish to opt for	
	(a) Terrorism Damage Cover	☐ Yes ☐ No
	(b) In respect of Third Party Liability:	
	(a) Any one Accident:	
	(i) Personal Injury	
	(ii) Damage to Property	
	(b) For all Accidents in any one period of Insurance	
12	Is there any other material information relevant to the acceptance of this proposal which must be known to the Company?	

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	REFUND / CLAIMS DETAIL
☐ Cheque ☐ Demand Draft ☐ Credit/Debit Card ☐ Online Payment	☐ Details as per premium cheque to be used for electronic fund transfer;
Cheque / D.D #	☐ Cancelled cheque submitted of other bank
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:	Disclaimer: Zurich Kotak General Insurance Company (India) Limited shall not be
Transaction Reference No:	liable to anybody, in any manner, whatsoever if the NEFT transaction does not
Transaction Date:	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:	
Please mention name of Insurance Repository:	
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 (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 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 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 / Stamp of the Proposer*

ACKNOWLEDGEMENT

Received from Ms./Mrs./Mr.	a sum of Rs.
Through Cheque/DD	against your proposal for Signage Insurance
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 Signage Insurance 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.

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.