

Section B

Product Details

6. Name of Products to be insured

7. Principal Components

8. Do you manufacture the complete product

YES

NO

If "NO" please specify components/parts that are purchased

9. Do you retain rights of recovery against the manufacturers?

YES

NO

10. Do you alter, adapt or change the form of any product which you do not manufacturer?

YES

NO

If "YES" please furnish details

9)How long has the products been in the market

10) Expected life of product

11) Intended customer/ultimate end user

12) Date of manufacture of each product identifiable
By factory number stamped on it

YES

NO

13) Warranties as to use of product

14) Technical Know-How Collaboration

15) Please specify particulars of products to be marketed during next 12 months

Will any of your products be used

i) in aircraft or marine craft

YES

NO

ii)off-shore

YES

NO

If "YES" to either (i) or (ii) please state purpose of use and estimated turnover applicable for the next 12 months for each product

Section C: Quality and Precautionary Measures:-

16. Do you have a R&D Department YES NO

17. Please furnish details and lists of products discontinued or recalled or withdrawn during the last 5 years.

18. Please specify any products which are inflammable/explosive, dangerous, radioactive, harmful to health, poisonous by themselves or in combination with other products. Please give full details and state what precautions are taken.

19. Whether goods are sold or supplied subject to a Disclaimer notice?
If "YES", please give full text of such disclaimer notice.

YES NO

20. Please provide details of the Complaints/accident reporting system in your organisation.

21. Please 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.

22. Do your products comply with any recognized standards, such as ISI? Please furnish details

YES NO

23. What is the failure rate of each product after hand over?

24. Do you issue guarantees and/or warranties to purchaser?

YES NO

If so, for what period do you guarantee and/or warrant your product?

25. Particulars regarding directions for use:

- a) Is it by printing on the container or the product? YES NO
- b) Is it by separate leaflet or brochure? YES NO
- c) Is the hazard warning clearly shown? YES NO

Section D: Turnover details

26. Actual Turnover: Please furnish actual turnover details for the current financial year previous 3 financial years

Year	Sales Turnover			
	India	USA/Canada	OECD countries (list)	Other countries including non-OECD countries (list)

27. Estimated (Projected) Turnover: Please furnish estimated turnover details for the proposed period of insurance

Turnover of the Company	In Rs Crores
India	
US / Canada	
OECD Countries	
Non-OECD Countries	

28. Do you require coverage for exports?

YES

NO

If "YES", How long have you been exporting to these countries

- USA/Canada
- OECD
- Non OECD

US/Canada Exposure Details:

29. Do you have any assets and/or representation and/or any domiciled operation and/or activities and/or association (Financial, Technical or otherwise) in the USA/Canada or other foreign countries?

YES

NO

If "YES" please furnish details

30. Do you comply with USA/Canadian State/Federal Laws/Standards applicable to each product to be exported to such countries?

YES

NO

If "YES" please furnish details

31. Please give details of any power of attorney on assets in USA/Canada

Section E Previous Insurance History

Year	Insurer	Limit of Indemnity	Premium	Deductible

Section F Claims & Known Circumstances

32. Have your products ever been the subject of any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labeling, hazardous contents or safety?

YES NO

If "YES", please give full details

33.(a) (a) Please give claims history for the last 3 years in the following format :

Year	Nature of claim	Claim amount paid including defense cost	Insurer	Status of the claim

(b) Are you aware of any incidents, Conditions, defects, circumstances or suspected defects which may result in a claim?

YES NO

If "YES", please give particulars

(c) Has your proposal or renewal been declined or premium been increased or special terms been imposed by any insurer ?

YES NO

If "YES", please give particulars

SECTION G: Coverage and Extensions Required

34. Period of Insurance required

From (time) of ----- (date)

To 12.00 midnight of -----
(date)

35 Limit of Indemnity Required
Any one claim
Aggregate during the Period of Insurance

INR -----

INR -----

36. Please indicate voluntary excess
(This excess will apply to each and every
Claim)

INR -----

37. Please indicate extensions required

a) Vendor's Extension

YES

NO

b) Technical Collaborator's Extension

YES

NO

c) Any other (please specify)

Payment Details

Mode of Payment : Cheque DD Cash Other

Cheque - Given by : Spouse Father Mother Son/Daughter Employer / Employee Financier

For Vendor's Extension:

Please provide copy of contract with the vendors and give the names of each Product to be exported to such countries.

For Contract Specific Cover:

Please provide copy of contract along with contract specific turnover bifurcation.

DECLARATION

I / we desire to effect an insurance in terms of the public Liability Policy of the company against the limits of indemnity specified above. I/we hereby declare that all statutory provisions relating to my / our business proposed for insurance are complied with. I/we further declare that the above statements and particulars are true, and I / we have not omitted, suppressed, misrepresented or misstated any material fact and I / we agree that this declaration shall be the basis of the contract between me / us and the company, and be incorporated therein.

I/we hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephone / email / web-inputs means or other means, as updated from time to time within group entities.

Place :

Date :

Signature of the proposer

The following is the copy of section 41 of the Insurance Act 1938 PROHIBITION OF REBATES

- 1 No person shall allow or offer to allow either directly 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 in the policy nor shall any person taking out or renewing or continuing a policy except such rebates as may be allowed in accordance with the published prospectus or tables of the insurer.
- 2 Any person making default in complying with the provision of this section shall be punishable with a fine, which may extend to Ten Lakh rupee

Declaration - Physical Proposal Form

Are you or any of the proposal applicants a PEP or a close relative of PEP*?

If yes, please share the details _____

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g.. Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc." Yes/ No

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 Yes/ No

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income. Yes/ No

I/We hereby give voluntary consent to BGIL/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information. Yes/ No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your Yes/No service requests faster and hassle-free in future.

You can update the same through Caringly yours App-<http://onelink.to/v9zp7c>, Whats App Service (Say 'Hi' on Whats App- +917507245858), Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS "WORRY" to 575758, Email-careforyou@bajajgeneral.com, website-<https://www.bajajgeneral.com/general-insurance.html>, contact your agent or nearest branch.

Declaration :

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of Proposer: _____

Date : _____

Place : _____

Name of Witness : _____

Signature of Witness : _____

Date : _____

Place : _____

Disability Declaration :

Any Physical deformity or handicap Yes No

If Yes. Please provide details: _____ (Disability Certificate issued by the Medical Board appointed by the Government for certifying Disability)

I _____ authorised representative of Mr./Miss/Mrs. _____ hereby giving consent on the behalf of the proposer due to his/her disability , that he/she has understood the content of this form and its particulars and confirmed the same

Name of Authorised Representative : _____

Signature of Authorised representative : _____

Date : _____

Place : _____

Claim Docs

I/we hereby confirm that I/we have provided all relevant and supporting documents sought by the company, required for the issuance of the policy. Any document(s) as may be required, for claims processing, shall be submitted by me on demand by the company.

Agent/ Intermediary Declaration :

I, _____, acting in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized Employee of the Broker/Relationship Officer, hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained herein, to the Proposer in their vernacular language, if required. This includes all statements, information, and responses submitted by the Proposer in this Proposal Form to the questions contained herein or any details sought herein. These details will form the basis of the Contract of Insurance between the Company and the Proposer if this Proposal is accepted by the Company for the issuance of the Policy.

I have further clarified that if any untrue statement(s), information, or response(s) is/are contained in this Proposal Form, including any addendum(s), affidavits, statements, or submissions furnished or to be furnished, the Company shall have the right to vary the benefits payable. Moreover, if there has been a non-disclosure of any material fact, the policy issued to the Proposer 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.

IRDAI COR No./ License No.(Advisor/Corporate Agent/Broker/Relationship Officer)

Signature of Agent: _____

Date: _____ Place: _____

Agent / IMD (SP / DP / BQP) signature and their code

Agent/IMD Name _____ Agent/IMD Code _____ Agent/IMD Signature _____

SP / BQP / DP / PoS Name _____ SP / BQP / DP / PoS CoR No.: _____ SP / BQP / DP / PoS Signature _____

DISCLAIMER:

This message, including any attachments may contain proprietary, confidential and privileged information of our company [BGIL] for the sole use of the intended recipient(s), and is Strictly Confidential protected by law. If you are not the intended recipient, please notify the sender immediately and destroy all copies of the original message and attachments, if any, from all your computer/mobile/ network systems/ servers/CPU. Any unauthorized person and or unauthorized purposes of review, use, disclosure, dissemination, forwarding, printing or copying of this email or any action taken in reliance on this e-mail is strictly prohibited and may be unlawful. Bajaj General Insurance Limited reserves the right to record, monitor and inspect all email communications through its internal and external networks. Your messages can be subject to such lawful supervision as Bajaj General Insurance Limited deems necessary in order to protect its information, interests, documents, records, and reputation. Bajaj General Insurance Limited prohibits and may take suitable steps to prevent their information systems from being used to view, store or forward offensive or discriminatory or prohibited/unlawful material/ records/ documents. If this message contains such material, please report it to careforyou@bajajgeneral.com Please ensure you have adequate virus protection before you open or detach any documents from this transmission. Bajaj General Insurance Limited does not accept any liability for viruses To report any incident of corruption please write on careforyou@bajajgenral.com If you like our services, like us Facebook