

8	Are you a General Practitioner/ General Physician/ Pathologist/ radiologist/ Consulting Physician/ Anesthetist/ Plastic Surgeon	
9	If Specialist, Mention your area of Specialisation	
10	Specify Facilities such as dispensing facility, x-ray radiation therapy, scanning, ECG, Sonography, MRI, Etc available / operated by you or under your control	
11	Are these facilities being maintained through regular service contracts with the manufacturers/ specialised serving agencies.	
12	If these facilities are operated by employees please state their (1) names (2) Technical Qualifications (3) Experience & (4) Name of the facility maintained against (Please use a separate sheet)	
13	Do you wish to extend the policy cover to personnels unqualified to maintain these facilities, please mention their names alongwith facility operated	
14	Specify No. of Employees , their job specifications , their experience and nature of your supervision	
15(a)	Are You attached to /or attending as a visiting physicia / surgeon in any hospital / nursing home/clinic etc., If Yes, please give details	
15(b)	Are you in service with any organisation?	
15(c)	Are They Covered under a Medical Establishments – Errors & omissions Policy	
16	State the average No. of Patients you are attending per day	
17	<p>Does the Proposer currently hold any Professional Indemnity Insurance? If 'Yes' state Renewal Date</p> <p>Limit of Indemnity : Retroactive</p> <p>Date :</p> <p>a)Please indicate if the following covers are required</p> <p>i)Loss of Documents</p> <p>If 'Yes', does the Proposer keep documents in fire proof cabinets?</p> <p>ii) Libel and Slander</p> <p>iii) Dishonesty of Employees</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

18	<p>Has any insurer in respect of the risks to which this proposal relates ever</p> <p>a) declined a proposal, refused renewal or terminated an insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) required an increased premium or imposed special conditions? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes' in either case, please give details Yes <input type="checkbox"/> No <input type="checkbox"/></p>
19	<p>a) Has any claim been made against the Proposer or any partner, director, consultant or employee for neglect, error or omission in relation to professional duties? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) Has the Proposer or any partner, director, consultant or employee incurred any other Yes <input type="checkbox"/> No <input type="checkbox"/> loss or expense which might be within the terms of the cover?</p> <p>If 'Yes' in either case, please give details separately of the circumstances of each incident including any amounts paid and the estimated potential cost of the incident.</p>
20	<p>Is the Proposer of any principal, consultant or employee, after enquiry, aware of any circumstances which might</p> <p>a) give rise to a claim against the Proposer or his predecessors in business or any of the present or former partners or principals? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) result in the Proposer or his predecessors in business or any of the present or former partners or principals incurring any losses or expenses which might be within the terms of the cover? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c) otherwise affect the Insurer's consideration of this insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give details separately</p>
21	<p>What is the amount of Indemnity required?</p> <p>Please state any alternative amounts for which a quotation is required</p>
22	<p>Please state the amount the Proposer wish to contribute towards each and every claim</p> <p>Please state any alternative amounts for which a quotation is required</p>

Payment Details

Mode of Payment : Cheque DD Cash Other

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

Declaration

I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and I/We agree that this proposal shall be the basis of the contract between me/us and the Company. I/We agree to accept a policy in the Company's usual form for this class of insurance.

Signature of Partner / Director

Company

Stamp

Date

Note – Signing this form does not bind the Proposer to complete the insurance.

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 provisions of this section shall be liable for penalty, which may extend to ten lakhs rupees.

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 Bajaj General/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.bajajgeneralinsurance.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[Bajaj General] 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/CP U. 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@bajajgeneral.com If you like our services, like us on Facebook-