ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
Corporate Office: "Vishranthi Melaram Towers", 2/319, Rajiv Gandhi Salai, Karapakkam, Chennai 600 097. Ph: 91-44-7117 7117, 1860 258 0000 / 1860 425 0000
Email: care@royalsundaram.in Website: www.royalsundaram.in
IRDAI Reg. No. 102| CIN-U67200TN2000PLC045611

PROPOSAL FORM

Project Shield Liability Insurance

UIN: IRDAN102CPLB0015V01202526

This proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the proposer or Insurer to complete a contract of Insurance.

If there is insufficient space to answer questions, please use additional sheets and attach it to this form.

The Company does not assume any liabilities until the Proposal has been accepted and premium paid

1. Name & Address of Proposer	
2. When established	
3. Description of the Business: (Please attach brochure, information booklet, etc.)	
4. a) i) Names in full of all Partners/Directors/Principals ii) Qualifications in full iii) Date qualified iv) How long Principal in this practice b) Is coverage required in respect of past work for any Partner/Principal who has left, retired or died? Yes/No. If 'Yes' please give the following i) Full Name ii) Qualifications iii) How long Principal in this practice	i) ii) iii) iv) i) ii) iii)
5. State: a) i) No. of qualified engineers ii) No. of draftsmen iii) No. of administrative personnel including clerks, typists, office boys, etc., b) Specify nature of supervision exercised over the employees c) Total amount of annual wages payable	i) ii) iii)

6. a) Please state the 5 largest contracts where construction has commenced during the past 6 years.

Sl. No.	Starting Date	Type of Contract	Total Contract Value Rs.	Approx. Comp. Date
1				
2				
3				
4				
5				

b) Please give details of Contracts where construction is expected to commence in the next 12 months

Sl. No.	Starting Date	Type of Contract	Total Contract Value Rs.	Approx. Comp. Date
1				
2				
3				

Registered Office: 21, Patullos Road, Chennai 600 002.

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7. State whether you undertake supervision of Contract works being executed? If yes, periodicity of inspection with details.			
8. Do you engage persons outside your organisation? If yes, specify the details of purpose and nature of control exercised by you over them (specimen contract be enclosed)			
9. Loss record for 5 years:			
Year	**Cause**	**Kind of Loss**	**Amount of Loss Rs.**
10. Have you during the past 12 months dismissed or do you contemplate dismissal of any member of staff on account of any omission, neglect, error or for like (please give full details)			
11. Are you aware of any neglect, omission or error or existence of any circumstances likely to give rise to a claim?			
12. (a) Please give gross fees received during the past five years b) Estimated fees for the coming 12 months			
13. Has any Company (a) declined your proposal (b) required an increased premium (c) refused to renew your policy (d) cancelled such a policy			
14. Limits of Indemnity required : Any one year			
15. Period of Insurance required From To			
16. Voluntary Excess, if any			
17. Any other relevant information not stated above			

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Royal Sundaram General Insurance Co. Limited.

AML Guidelines: (Premium Payment shall be made by the Policyholder of the Policy)

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 documents to establish source of funds. The Insurance Company has the right to cancel the Insurance contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian ☐ Non-Indian ☐ If Non-Indian, please specify Country: _____

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Type of Organization:

Corporations ☐	Governments ☐	Non-Governmental Organizations ☐
Society ☐	Trust ☐	International Organization ☐
Partnership ☐	Cooperatives ☐	Section 8 Companies ☐

Sources of funds: Salary ☐ Business ☐ Investments ☐ Other (Please Specify) ☐

Declaration

/We hereby declare that the above statement and particulars are true and I/we have not suppressed or misstated any material facts and that at the present time I/we have no reason to anticipate any claim being brought against me/us for any negligent act, error or omission on my/our part and against the company and agree that this declaration shall be the basis of the contract between me/us and the Insurer.

I/We also agree that the indemnity under the Insurance shall not be availed for claims arising out of acts of negligence, error or omission or misconduct committed prior to commencement of this insurance.

I / we are not Politically Exposed Persons nor are their close relative's / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons. "Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

DPDP Act 2023 Declaration
I/We confirm that I/We have provided personal data for the purpose of securing Insurance policy/ policies of the Insurer and I / We hereby provide express consent under Sec 6 of DPDP act, 2023 for the use and processing of such personal data by the Insurer for the purpose of the Insurance.

Date:
Place: **Signature of Proposer**

Electronic Insurance Account Details:

I would like Project Shield Liability Insurance document and related information in Physical format.	YES / NO
I would like Project Shield Liability Insurance and related information in e-Format (electronic) as and when applicable.	YES / NO
I have E-Insurance Account and the No. is	
Choose your Insurance repository (For those selecting e-format)	NSDL Data Management CSDL Insurance Repository Limited Karvy Insurance Repository Ltd CAMS Repository Services Limited
CKYC No (Central Know Your Customer Registry Number), (if available):	
I _____, hereby grant explicit consent to Royal Sundaram General Insurance Company Limited for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Royal Sundaram General Insurance Company Limited will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.	

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Vernacular Declaration (Certification in case the Proposer has signed in Vernacular/Thumbprint):

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness _____(Relation with the Proposer/Primary insured)_____adult and inhabitant of (city) and residing at_____do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance policy from Royal Sundaram General Insurance Company Limited, to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured — Signature/Thumb impression of the Proposer

Date: — Place:

Intermediary's Declaration

I, _____ (Full name) my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Royal Sundaram and the Proposer, if this Proposal is accepted by Royal Sundaram for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, Royal Sundaram shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by Royal Sundaram as null and void and all premiums paid under the Policy may be forfeited to Royal Sundaram

License No.: _____ **Signature of the Agent**

Date: **Place:**

Sharing of Information: The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details is sought by any governmental bodies, regulatory authorities' reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES