ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

Royal Sundaram General Insurance Co. Limited
Corporate Office: Vishranthi Melaram Towers, No.2/319,
Rajiv Gandhi Salai (OMR), Karapakkam, Chennai – 600097.
Tel.: 91-44-71177117 Toll: 1860 425 0000 / 1860 258 0000
Email: care@royalsundaram.in / Website: www.royalsundaram.in

PROPOSAL FORM

Commercial General Liability

UIN: IRDAN102CP0001V01201415

LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL FORM HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN RECEIVED IN ACCORDANCE WITH THE PROVISIONS OF SECTION 64VB OF THE INSURANCE ACT, 1938

Please ensure that all questions are answered fully and accurately.

Intermediary Details:

Policy sourced through (Select One)

☐ Corporate Agent ☐ Broker ☐ Web Aggregator ☐ Insurance Marketing Firm (IMF) ☐ Common Public Service Centre (CPSC)

Details of the Person Who Sold the Policy

- Name
- Functional ID
- Branch Mobile Number
- Branch Email Address

If Sold through a Digital Platform

- Principal Officer's Telephone Number
- Principal Officer's Email Address

Details of the Company / business:

1. Name of Proposer in full.

   (Please show the trading name if different.)

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2. Address for correspondence.

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3. Proposer type (please tick whichever is applicable)

MSME	☐	Non MSME	☐	NGO	☐
Registration No.				Darpan ID	

4. Provide a full description of your business activities.

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5. How long has the business been established? _____ years

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6. (i) (If you have more than one premises, please provide the details.)

	Premises 1	Premises 2	Premises 3
Address			
Description e.g. office, factory, Warehouse			
Construction e.g. brick, tile			
Age (approx.)			
Type - Owned, Leased/ Rented			
Location - India, USA/Canada, Rest of World			

7. Will you undertake any manual work away from your premises (other than delivery)? Yes □ No □

If "Yes", please provide the following information:

(i) The nature of this work and the total estimated wages applicable for the next 12 months.

Nature of work	Wages

(ii) Does any of this work involve: -

(a) the application of heat (e.g. use of welding, flame cutting equipment, blow lamps or hot air strippers)?

(b) any work on ships, at airports, chemical works, off-shore structures, oil or gas refineries? Yes □ No □

(c) any work outside the country? Yes □ No □

(d) work at a height above 10 metres or underground? Yes □ No □

If 'Yes' to questions (a), (b), (c) or (d), please provide details and indicate the approximate proportion of work away wages.

Nature of Work	%

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8. Do you subcontract any work? Yes □ No □

If 'Yes', please provide the following information: -

(i) details of the work subcontracted and estimated payments for the next 12 months.

Nature of Work	Estimated Payments

(ii) Do you ensure that the sub-contractors have adequate liability insurances in force with an indemnity limit at least as high as that which you are arranging and do you ensure that such insurances are maintained in force? Yes □ No □

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9. (i) Do you use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substances or any materials giving rise to dust, fumes or vapours? Yes □ No □

If 'Yes' please provide details: -

(ii) Do you discharge any hazardous waste products (e.g. toxic chemicals, gases, acids, radioactive substances, dust, fumes or vapours) into the atmosphere, ground, sewers, waterways or elsewhere? Yes □ No □

If 'Yes', please provide details: -

Type of Waste

Storage and Disposal Methods

Treatment of Waste

Disposal Licences held

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PRODUCT DETAILS

Do you require Products Liability coverage? Yes □ No □

If 'Yes', please answer the following questions

If 'No', please proceed to the sub-section headed 'Wages and Turnover Details'.

1. Please give details of: -

(i) individual products or groups of products and purpose of use (if not apparent),

(ii) length of time they have been manufactured or supplied by you,

(iii) estimated turnover applicable for the next 12 months.

(i) Product / Purpose of Use	(ii) Years	(iii) Estimated Turnover

Please provide specimen brochures or leaflets describing the products if available.

2. Indicate in which of the following capacities you are acting: -

manufacturer □ importer □

processor □ wholesaler □

assembler □ retailer □

3. Will you supply any products that you do not manufacture? Yes □ No □

If 'Yes', please provide the following information: -

(i) Do you retain rights of recovery against the manufacturers? Yes □ No □

(ii) Do you alter, adapt or change the form of any product which you do not manufacture? Yes □ No □

If 'Yes' to (ii), please provide details, including the product involved, purpose of use, source of supply and type of alteration, adaptation or change made.

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4. Will any of your products be used

(i) in aircraft? Yes □ No □

(ii) off-shore? Yes □ No □

If 'Yes' to either (i) or (ii), please state purpose of use and estimated turnover applicable for next 12 months for each product.

(i) Product Turnover

(ii) Product Turnover

5. (i) Please detail any major hazards associated with the products that you supply.

(ii) Have you warned users of these hazards? Yes □ No □

If 'Yes', please provide samples of any brochures, labels, leaflets or instructions.

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6. Do you have a system of quality control relating to your products and are records maintained to verify such a system?

Yes □ No □

If 'Yes', please provide brief details (e.g. at what stages are control checks carried out, nature of checks).

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7. Have you accepted extra liabilities by agreement or contract with any customers, suppliers or sellers?

Yes □ No □

If 'Yes', please provide copies of the agreement or contract.

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8. Has any product been discontinued during the last 5 years? Yes □ No □

If 'Yes', please provide details.

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9. Has any product been recalled during the last 5 years? Yes □ No □

If 'Yes', please provide details.

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9. Annual Sales Revenue

Country	Prior year	Current year	Estimated Next year
Domestic:			
USA / Canada:			
Europe, Australia, New Zealand			
Rest of the world			

ADVERTISEMENT DETAILS

1. What percentage of your annual sales comes from online marketing?

2. Do you use comparative advertising in your advertisements? Yes □ No □

3. Have you ever been sued, or have you sued anyone for copyright or trademark infringement? Yes □ No □

4. Do you use any celebrities in your advertisements? Yes □ No □

5. Does your legal advisors review your product brochures / services / website information prior to release? Yes □ No □

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OTHER DETAILS REGARDING THIS INSURANCE:

1. Limit of Insurance

   Any one Accident Limit :

   Aggregate Limit :

   Personal & Advertising Injury Limit :

2. Geographical Limits

   India □

   Worldwide excluding USA / Canada □

   Worldwide □

3. Period of Insurance

   From :

   To :

4. Coverage Trigger

   Claims made □ Occurrence □

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CLAIMS AND RELATED DETAILS

1. Have any incidents occurred during the last 5 years resulting in injury (including death, disease or illness) to members of the public or damage to their property arising out of: -

(i) your general operations? Yes □ No □

(ii) products supplied by you? Yes □ No □

If 'Yes' to (i) or (ii), please provide the following information: -

Date of Occurre	Brief Details of Each Incident (whether a claim was made or not)	Claims Paid	Claims Outstanding

2. Are you aware of any other circumstances not mentioned above which might give rise to a claim? Yes □ No □

If 'Yes', please provide details: -

3. Has any insurer in respect of the risks to which this proposal relates: -

(i) declined your proposal, refused renewal or cancelled an insurance? Yes □ No □

(ii) required an increased premium or imposed special conditions? Yes □ No □

If 'Yes' to (i) or (ii), please provide details: -

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4. Have you, or any of your business partners or directors ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence?

☐ Yes ☐ No

If "Yes", please provide full details and dates.

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5. Have you, or any of your business partners or directors ever been convicted of or charged (but not yet tried) with any offence relating to the release, discharge or disposal of pollutants or waste?

☐ Yes ☐ No

If "Yes", please provide details including date(s) and outcome.

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6. Do you wish to opt for voluntary excess (in addition to compulsory excess)?

☐ Yes ☐ No

If "Yes", please specify ____% of Limit of Indemnity required.

Declaration

I/We the undersigned authorised proposed Insured Persons declare that;

i. I am/we are authorised by each of the other Proposers to make this Proposal.
ii. The above statements are true and complete.
iii. No information material to this Proposal has been withheld.
iv. I/we have read the important facts which have been put before me and I/we understand the advice given in relation to the duty of disclosure and the claims made basis of this form of insurance.
v. I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance.

I/We undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance.

Signature	
Title	
Date	

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PREMIUM DETAILS:

	Mode of Payment	
	Payment Details Cheque no. and date Bank name and Branch Bank Account details IFSC Code	
	Amount in (₹)	
	Date of Payment (DD/MM/YY)	
	PAN (If premium is 1 Lac and Above.)	
	GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

BANK DETAILS OF PROPOSER FOR REFUND OR CLAIM PURPOSE:

	Name of bank account holder (mention specifically, if different from name of policyholder)	
	Bank Name & Branch	
	Bank Account Number IFSC Code	

NOMINEE DETAILS:

Name of the Nominee	
Date of Birth	
Relationship with the Proposer	
Mobile Number	
E-mail id	
Address of the Nominee	
Present address	
Permanent address ((if left blank, will be construed as being same as Present Address))	

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Bank Account Details of Nominee	
Name of Account holder	
Bank Name & Branch	
Bank Account Number	
IFS Code	
Authorized person details (in case nominee is a minor)	

ELECTRONIC INSURANCE ACCOUNT DETAILS:

I would like to have ` Commercial General Liability' Policy in Physical format.	YES / NO
I would like to have ` Commercial General Liability' Policy in Electronic format only	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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DECLARATION BY INSURED:

I to the best of my knowledge hereby confirm that the statements contained in this proposal form are true and correct and I have not concealed, misrepresented or mis-stated any material fact. I also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be intimated to the insurer immediately. I hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its Expert(s) / incidence response provider for providing claims services related to this insurance.

I / We hereby agree that this declaration shall form the basis of the contract between me and Royal Sundaram General Insurance Co. Limited.

Signature of the Proposer Place:

Name: Date:

AML GUIDELINES: (Premium Payment Shall Be Made By The Policyholder Of The Policy)

ANTI - MONEY LAUNDERING: The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AMLguidelines/rules.

I 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 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 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 ☐ Non-Indian, please specify Country: _____

Type of Organization:

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

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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.

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:

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AGENT'S DECLARATION:

I, _____(Full Name) in 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 Company and the Proposer, if this Proposal is accepted by the Company 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, the Company 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 the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.: Signature of 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.

Fraud Warning: This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

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Section 41 of Insurance Act, 1938

Prohibition of Rebates

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 in 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 prospectus or table 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 lakh rupees.

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