

**Liberty General Insurance Limited**

Corporate Identity Number: U66000MH2010PLC269656. IRDAI Registration No.150  
 Unit 1501&1502, 15th Floor, Tower 2, One International Center  
 Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,  
 Phone: +91 226700 1313 Fax: +91 226700 1606  
 Website: www.libertyinsurance.in  
 UIN: IRDAN150RP0022V01201920

**For Office Use Only**

Product Code	Office Address	Office Code	Employee/SM Name	Employee/SM Code
IMD / Agent / Broker Code	IMD / Agent / Broker Name		IMD/Agent/Broker Mobile No	

## COMPREHENSIVE EVENT PROTECT INSURANCE POLICY PROPOSAL FORM

The Event proposed for insurance is not covered and the liability of the Company does not commence until the Proposal is accepted by the Company and premium paid in advance and upon full realization of the premium payment by the Company prior to the inception of cover. The Company is under no obligation to accept this Proposal. Receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance.

Coverage is as per the terms and conditions of our/ Liberty General Insurance Limited Standard Policy Wordings.

The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, misdeclaration, non-description, fraud failure to disclose or suppression of any material facts or non-cooperation of the Insured in response to the questions in the Proposal Form or on non-disclosure of any material particular. The Insurer will rely on the details furnished herein in deciding to issue the policy. Should any of the information furnished herein be incorrect or incomplete, you/Insured are/is required to furnish the correct and complete details prior to the issuance of the policy failing which the details contained herein will be construed as being binding on you/Insured.

Note: 1) Please complete the Proposal Form in BLOCK LETTERS and tick the boxes whichever are applicable.

### PROPOSER DETAIL

Full Name of the Proposer/Organisation (Mr./Ms./Dr./M/S)

Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions

Permanent Address / GST Reg Address or Corporate Office Address:

Address			
		District	
City		State	
Pincode		Country	

Present Address:

Is your present address same as permanent address? Yes  No

If no please state your present address along with

Address			
		District	
City		State	
Pincode		Country	

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 General Insurance™

Nature of Business / Work \_\_\_\_\_

Customer Type:  Individual  Government Co  Public Co  Pvt Co  Partnership Firm/LLP  
 HUF  Trust  Section 8 Co  Cooperative Society  
 Others (Please Specify) \_\_\_\_\_

Whether Proposer /insured is a Non-Profit Organization:  Yes  No

If Yes, please provide Darpan Registration No: \_\_\_\_\_

Business Type:  New Business  Rollover  Renewal  Endorsement  
 Others (Please Specify) \_\_\_\_\_

Proposer DOB (Individual)/ Date of Incorporation: DOB:           DOI:

Nationality:  Indian  Others (Please Specify) \_\_\_\_\_

Residential Status:  Resident Indian  Non-Resident Indian  Others (Please Specify) \_\_\_\_\_

Gender:  Male  Female  Others (Please Specify) \_\_\_\_\_

Occupation (Source of Funds):  Salaried  Professional  Self Employed  
 Others (Please specify) \_\_\_\_\_

Annual Income:  Less than 5 Lacs  Between 5-10 Lacs  Between 10 - 20 Lacs  20 Lacs & a above

My CKYC No(if available)

I \_\_\_\_\_, hereby grant explicit consent to Liberty General Insurance Company 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 Liberty General Insurance Company 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

Differently Abled Status \_\_\_\_\_

Type of Impairment \_\_\_\_\_

% of Impairment \_\_\_\_\_

UDID no \_\_\_\_\_

Aadhaar/ Driving License/Election Card/Passport/MNREGA Card No \_\_\_\_\_

Pan No.

Form 60 (If Pan is not available)

GST NO

Mobile Number

E-mail ID

Period of Insurance: From:           to

Relationship With Insured (If Insured Other than proposer) \_\_\_\_\_

Politically Exposed Person (PEP): Are you or any of the proposed applicants a PEP\* or Family member/ Close relatives/Associates of PEPs\*?  Yes  No

If yes, please give details (Nature of relationship and position held by PEP): \_\_\_\_\_

\*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

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**Nomination Details /Appointee Details**

	Nominee 1	Nominee 2	Nominee 3
Name & Relationship			
DOB	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	%	%	%
Mobile No of Nominee			
Email id of Nominee			
Permanent Address of Nominee			
Present Address of Nominee			
Bank Account Details			
Beneficiary Name			
Bank Name			
Bank Account No			
IFSC Code			
MICR NO			
Branch			

**If the Nominee is minor, Name and Address of Appointee and relationship with Minor.**

Appointee Name if in case of Minor Nominee	
Appointee Relationship if in case of Minor Nominee	

**DETAILS ABOUT SUBJECT MATTER COVERED**

- Title or name of performance(s) or event(s) to be insured: \_\_\_\_\_  
\_\_\_\_\_
- Please give brief description of the event(s) proposed to be insured: \_\_\_\_\_  
\_\_\_\_\_
- Has similar performance(s) or event(s) like this been held before?  Yes  No  
If yes, give full details \_\_\_\_\_  
\_\_\_\_\_
- What is the involvement of the Proposer(s) in the performance(s) or event(s)?  
1) Organiser 2) Promoter 3) Manager 4) Artist 5) Sponsor 6) Other  
If yes, give full details \_\_\_\_\_  
\_\_\_\_\_
- What is the extent of the Proposer(s) experience in this capacity? \_\_\_\_\_  
\_\_\_\_\_

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6. Is the performance(s) or event(s) part of a larger production, promotion, series or tour?  Yes  No

7. Details of the event(s)

SN	Event Date	Timing of event	Venue of Event	Any other details of event

8. Please provide the following information about Daily Activities and Estimated Expenses.  
 Attach separate sheet if required for events beyond 5 days or to provide more detail.

9. Will any performance(s) or event(s) be held wholly or partly in the open air, a marquee or a temporary structure?  Yes  No  
 If yes give details \_\_\_\_\_

10. Is the stage or area in which the performers work under cover?  Yes  No  
 If yes give details \_\_\_\_\_

11. Is any venue listed in question 7 exposed to strong wind, flood or waterlogging?  Yes  No  
 If yes give details \_\_\_\_\_

12. Have written contracts been signed for the hire of the venue(s) shown in question 7  Yes  No  
 If yes give details \_\_\_\_\_

13. Have written contracts been signed for the appearance of all the persons in Question 11  Yes  No  
 If No, give details \_\_\_\_\_

14. Have all necessary licences, visas and permits and authorisations been obtained?  Yes  No  
 If No, give details \_\_\_\_\_

15. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation.  
 \_\_\_\_\_

16. Has any company declined or cancelled any insurance coverage for the proposed event or events of similar nature conducted by you in the past?  Yes  No  
 If so, please provide detail. \_\_\_\_\_

**17. Sum Insured Limits**

Insured has to opt for either Section I – Event Cancellation or Section III – Players Loss of Fees under the Policy.

Section	Sum Insured Limits
Section I: Event Cancellation	
Section II: Transmission failure	

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Section III: Player loss of fees (Individual player wise fees to be provided as annexure)	
Section IV: Property Insurance a) Fire b) Burglary	
Section V: Money Insurance	i) Money in Safe Sum Insured / Limit:
	ii) Per Carrying Limit:
	iii) Turnover for period of insurance:
Section VI: Third Party Liability	AOA Aggregate Limit of Indemnity

18. Has the performance(s) or event(s) (under the present or any other management) had any incident that could have resulted or did result in financial loss that would be covered under an Event Insurance Policy?  Yes  No  
 If yes, give full details \_\_\_\_\_

19. Are you aware of any matter, fact or circumstance or incident existing or threatened that could possibly affect the performance(s) or event(s) and might result in a claim under the proposed insurance?  Yes  No  
 If yes, give full details \_\_\_\_\_

## 20. Extensions Required

Extension – Event Cancellation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adverse Weather	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage for National Mourning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-appearance arising out of risk to performer/ Artist/ Key Personality	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non Appearance arising out of risk to Performer/ Artist/ Key personality and Family	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communicable Disease Extension	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epidemics extension	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riots, Strike or Malicious damage, civil commotion and Bandh	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure of Utilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Act of god Perils	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non Appearance Extension – for team events	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage for temporary Structures and alike	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage for fire and allied perils	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Professional Counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Terrorism Extension	<input type="checkbox"/> Yes <input type="checkbox"/> No
Event Photograph	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special attire	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Jewellery	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Extension – Third Party Liability Insurance</b>	
Terrorism Liability Extension	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food and Beverage Extension	<input type="checkbox"/> Yes <input type="checkbox"/> No
Act of God Perils Extension	<input type="checkbox"/> Yes <input type="checkbox"/> No

21. Disclosure of any other information material for the Company to consider the proposal: \_\_\_\_\_  
 \_\_\_\_\_

### Premium Details

<b>Amount in Rs</b>		
Instrument Type		
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Online Payment <input type="checkbox"/> Others	
Cheque/EFT No.	Date:	
Name of the Account holder		
Bank Name		Branch:
Bank Account No:		IFSC Code:
Card Details :	Master / Visa / Rupay	
Credit/Debit Card No.		Expiry Date:

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your Source bank account.

I wish :  Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.

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### Declaration by Insured

- I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and Liberty General Insurance Company
- I the undersigned proposer hereby declare and confirm that I have understood the features, terms and conditions of the policy and questions contained in the proposal form. I also understand that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab intio and the premium paid shall be forfeited to the Company.
- If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.
- Liberty General Insurance (LGI/Liberty") will not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of India, the European Union, United Kingdom, United States of America or other applicable jurisdiction
- 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 as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof I understand that the Company has the right to call for documents to establish sources of funds
- I hereby give my/our consent to Liberty General Insurance to collect, use, process, and share my/our personal information for policy servicing, claim settlement quality, and data analysis purpose, which may be carried out by an empaneled third-party vendors
- I/We hereby extend my/our consent to the Company for sharing my/our personal data with Liberty Insurance Group entities/affiliates for the specific purpose of claim settlement quality, data analysis purpose, reinsurance related services (please strike this clause in case you do not wish to disclose the personal data)
- I wish to avail physical policy document  Yes
- Determination of Beneficial Ownership:

I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

#### For Individual

Sr.No	Name of Ultimate Beneficial Owner	Percentage (%)*	PAN	Remarks, if any

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**For Organization**

Full Name	DOB	Nationality	Address	% Share Holding	PAN	PEP Declaration
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Members/Close Relatives/ Associates to PEP
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Members/Close Relatives/ Associates to PEP

**Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate or disabled**

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Liberty General Insurance Limited to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in \_\_\_\_\_ language, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer:

Name of Witness:

Signature of Proposer:

Signature of Witness:

Date:

Place:

Relationship with Proposer:

Address of Witness:

**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 or 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 prospectuses or tables of the Insurer

Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

Date: \_\_\_\_\_

Signature of the Proposer

Place: \_\_\_\_\_

Name

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