

Relationship With Insured(If Insured Other than proposer)_____

Politically Exposed Person (PEP): Are any of the Ultimate Beneficial Owners, Directors, Partners, Trustees, Authorized Signatories or Controlling Persons Politically Exposed Persons (PEPs) or related to a PEP?

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

1.Coverages

PRODUCT DETAIL

2.Nature and type of Business (detail description)

3. Estimated number of contracts to be covered under the Policy_____

4. Details of the Contract Covered

Sr No	Contract Number	Contract Period		Maximum Limit per Contract	Deductible
		From	To		

5.Limit of Indemnity in aggregate for all Contract(s) insured under this Policy

6.Product Information Proposed to be covered

Serial No	Coverages	Insured Asset Details	Insured Asset Description	Sum Insured

7.Is any of the contracts proposed to be covered subject to any statutory provision or under any Law of the land? Yes ☐ No ☐

(If Yes kindly provide details of Statutory Provision/ Applicable Law and other relevant information if any)

8.Do you have any other insurance covering the liability proposed to be covered under this Policy?

Yes ☐ No ☐

If "Yes" please provide details_____

9.Has any company/Insurer in respect of Insurance

a. Declined your Proposal?

☐ Yes ☐ No

b. Cancelled or refused to renew your policy?

☐ Yes ☐ No

c. Accepted your proposal on special terms and conditions?

☐ Yes ☐ No

Yes No

If answer to a, b, c above is "Yes" please provide details

☐☐**10.Past Claim Experience (If any):**

Name of Insurance Company	Policy Number	Policy Period	No. of Claims	Amt. of Claims

11.Additional relevant details (if any)

PAYMENT DETAILS

Amount in Rs		
Instrument Type	☐ Cheque ☐ Debit Card ☐ Credit Card ☐ Online Payment ☐ Others	
Cheque/DD 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.*

DECLARATIONS

- 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 initio 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 Organization

Full Name	DOB	Nationality	Address	%Share Holding	PAN	PEP Declaration
						☐ Yes ☐ No ☐ Family Members/Close Relatives/Associates to PEP
						☐ Yes ☐ No ☐ Family Members/Close Relatives/Associates to PEP

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