

PROPOSAL FORM

LIBERTY TERRORISM AND SABOTAGE INSURANCE POLICY

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

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

The Policy shall become void at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, mis-declaration, misdescription or non-description, fraud, failure to disclose or suppression of any material facts in response to the questions in the Proposal form or on non-disclosure of any material particular.

INSTRUCTIONS FOR FILLING THE PROPOSAL FORM

- Please fill the Proposal form legibly.
- Some sections of the application will not apply to You. Please mark Not Applicable (N/A) in such cases.
- Please attach a separate sheet if space indicated in the Proposal form is not sufficient

• INTERMEDIARY DETAILS

1. Agent / Broker Name: _____
2. Agent / Broker Licence Code: _____
3. Agent / Broker Contact Number : _____

• PROPOSER DETAILS

1. Proposer Name: _____
2. Proposer Contact Number : _____ Proposer Email ID : _____
3. Nominations: _____
4. Office Address: _____
 Road _____ Area _____
 City _____ District _____
5. GSTIN _____

• LOCATION OF RISK TO BE COVERED _____

• POLICY TENURE : From _____ To _____

• DETAILS OF BUSINESS ACTIVITY CARRIED OUT BY THE INSURED IN THE INSURED LOCATIONS _____

• COVERAGE REQUIRED FOR TERRORISM:

Please tick (✓) the coverage required

Sabotage ☐

Strike, Riot, Civil Commotion" ☐

Malicious Damage ☐

Insurrection, Revolution and Rebellion ☐

Mutiny and/or Coup d'état ☐

Liberty Terrorism and Sabotage Insurance Policy

Liberty General Insurance Limited, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013.

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: care@libertyinsurance.in Call Toll Free No : 1800 266 5844, website :

www.libertyinsurance.in

IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656

Terrorism and Sabotage Insurance – Proposal form

UIN: IRDAN150CPPR0026V01202425

War and/or Civil War ☐

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SUM INSURED : Material Damage (INR)
 Business Interruption (INR)
 Indemnity Period
Total Sum Insured (INR)

- **LOSS LIMIT (INR) :**
- **DEDUCTIBLE FOR COVERS OPTED :**
- **LIMIT FOR TERRORISM LIABILITY (INR) :**
- **LIMIT FOR ANY OTHER COVERS (INR) :**
- **DETAILS OF PREVIOUS INSURANCE POLICY (IF APPLICABLE) :**
 - 1) Premium
 - 2) Sum Insured (INR)
 - 3) Loss Limit
 - 4) Coinsurance Pattern
- **MENTION SPECIFIC ADD-ONS/ EXTENSIONS REQUIRED :** _____
- **ADDITIONAL INFORMATION :** _____
- **PLEASE INDICATE IF THERE ARE ANY OF THE FOLLOWING IN THE VICINITY OF THE PROPOSER'S PREMISES**
 - a) Government premises/sites e.g. Embassies, Consular Facilities, Army/Air Force base etc YES/NO
 - b) Major economic centres YES/NO
 - c) Major tourist attractions YES/NO
 - d) Major sporting stadium YES/NO
 - e) International airports YES/NO
- **SECURITY INFORMATION**
 - i. Details of Security Agency (list location wise) _____
 - ii. Details of Security Guards (list location wise, number) _____
 - iii. Whether Security Guards are Armed? If yes, please enter the number of Armed guards (location wise) _____
 - iv. Whether Property is surrounded by Boundary Walls, Perimeter Fences? (If yes, please enter height and other details location wise.) _____
 - v. Location wise details of Entry / Exit Points for Vehicles (please enter number of points, whether manned, mode of regulation and checking, searching, etc.,) _____
 - vi. Location wise details of Entry / Exit Points for Workers and Visitors (please enter number of points, whether manned, mode of regulation and checking, scanning, frisking etc.,) _____
 - vii. Location wise details of Watch Towers, Surveillance Systems (including CCTV's etc.,) _____
 - viii. Details of any Army / Police or Security Establishment Post nearby (location wise) _____
 - ix. Whether Vehicles are parked inside the insured premises? If yes, please enter whether vehicles are checked, searched _____
- **DISCLOSURE OF ANY OTHER INFORMATION MATERIAL FOR THE COMPANY TO CONSIDER THE PROPOSAL:** _____
- **PAST CLAIMS RECORDS:**
 - f) Have you ever sustained losses in past? ☐ Yes ☐ No
 - g) If yes, please give details of such losses during past 5 years (Whether covered under any insurance policy or not). Please mention the type of losses and the causes also.

PAYMENT DETAILS

- PAN card number (10 character number):
- Sources of funds (Please tick appropriate box):
☐ Salary ☐ Business ☐ Investments ☐ Others (please specify)
- Bank account details of prospect and the nominee : _____

DECLARATION:

- 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 sources 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 of the statutes, directly or indirectly governing the Prevention of Money Laundering in India.

DECLARATION IN CASE THE PROPOSER IS ILLITERATE OR PROPOSAL FORM IS IN LANGUAGE OTHER THAN UNDERSTOOD BY PROPOSER

(To be signed by person who has explained the contents of the proposal form to the Proposer)

I, the declarant/proposer hereby declare and confirm that I have explained/understood the contents of the proposal form in _____ language understood by proposer/me and proposer have affixed his/her signature/thumb impression on the proposal form only after understanding the contents thereof.

Declarant's Name:

Proposer Name:

Signature:

Signature/thumb impression

DECLARATION IN CASE THE PROPOSER IS A PERSON WITH DISABILITY REQUIRING ASSISTANCE IN COMPLETION OF PROPOSAL FORM

(To be signed by person who has explained the contents of the proposal form to the Proposer)

I, the declarant/proposer hereby declare and confirm that, I have physical disabilities therefore unable to complete/mention the required details in proposal form hence authorizing Mr/Mrs. _____ for fill up the Proposal form & share required details/information to insurer, Authority letter & disability certificate for the same is attached herewith.

Declarant's Name:

Proposer Name:

Signature:

Signature/thumb impression

DECLARATION BY PROPOSER

I/We hereby declare that the statements made by me / us in this Proposal Form are true, accurate and complete to the best of my / our knowledge and belief and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein which is relevant to my/our application for Insurance under this Proposal Form and I/ We hereby agree that this declaration shall form the basis of the contract between me/ us and the “ Liberty General Insurance Limited”. Hence, I/We accept the Policy subject to the Policy terms and conditions prescribed by the Company.

If any additions or alterations are carried out in the risk proposed after the submission of this Proposal Form then the same will be conveyed by me to the Insurers immediately.

Date:

Place:

Signature of Proposer

Recommendations of Officer/ Agent / Broker.....

Prohibition of Rebates (Section 41) of the Insurance Act 1938

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

Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

Date: □□/□□/□□□□

Signature: _____

INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION

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