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: IRDAN150CPAV0028V01202526

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

LIBERTY AVIATION HULL WAR & TERRORISM INSURANCE PROPOSAL FORM

Please complete all sections of this proposal.
Liability of the company does not commence until the proposal has been accepted and the premium has been received in accordance with the provisions of section 64VB of the insurance act, 1938

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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Liberty 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: D D M M Y Y Y Y DOI: D D M M Y Y Y Y

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 Turnover: _____

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: D D M M Y Y Y Y to D D M M Y Y Y Y

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 od 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	

AIRCRAFT DETAILS

a) Make and Type Reg No. Year of Mfgr

_____

b) Max Pass Value

_____

c) Seating (including all equipment)

_____

d) Where will the aircraft be kept?

_____

e) Will the aircraft be hangared?

_____

f) Who will undertake the maintenance of the following?
   1. airframe
   2. engines

g) Have you been required to sign any form of indemnity or waiver relating to ownership or operation of the aircraft (i.e. hangarage or maintenance). If "yes" please provide details:

_____

h) Is there a lien/mortgage on any aircraft in the proposal. If "yes" please state: i) Lien amount:

j) Lien holder: _____

Please provide copy of lease/mortgage agreements for analysis.

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PILOTS

(Please attach schedule IF necessary)

a) Name Age Type of Licence held Total logged Flying hours and flying hours Make and Model

b) Accident history: _____

c) If you currently have or require an "open pilot warranty" please state the experience levels required

d) Do the pilots undertake re-currency training at a manufacturer approved school? If "yes" please advise where and when training was last undertaken and when it is next scheduled e) Co Pilots details:

USES / UTILISATION

a) What are the aircraft used for? Please also state estimated annual utilisation (hours) by use.
Est Annual Utilisation

i) Private, Business and Pleasure _____

ii) Industrial Aid _____

iii) Charter/Commercial Passenger Carriage _____

iv) Any other purpose not stated above - please specify below: _____

b) Within which geographical areas will the aircraft fly? (if available state the countries visited in the past 12 months)

(i) Western Europe %

_____

(ii) USA / Canada %

_____

(iii) South America % (state countries)

_____

(iv) Middle East % (state countries / destinations)

_____

(v) Eastern Europe / former CIS % (state countries / destinations)

_____

(vi) Asia Pacific % (state countries)

_____

(vii) South Asia / Indian sub-continent % (state countries / destinations)

_____

(viii) Africa % (state countries / destinations)

_____

c) Please provide copy details of any contractual agreements you have entered into which may effect your insurances - i.e. lien/mortgage agreements as per section 3(g).

INSURANCE

- Has any insurance company or Underwriter ever declined your proposal? If so please provide details below.

_____

LIMITS OF LIABILITY REQUIRED

Please state the limit(s) of liability that you require. Please state the liability limit required under

Applicable to Section – I

Limit of indemnity for Loss of or damage to Aircraft listed above Deductible:

_____

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Applicable to Section-II
Spares and Equipment:

Maximum any one sending US$ ……

Maximum any one occurrence US$ ……...……

Extortion and Hi-jack Expenses:
US$ …….. or currency equivalent any one Occurrence and in the aggregate annually.

Warranted 10% of total claim uninsured.

Applicable to Section-III
The nature of the Insured's business or operation in respect of which the Policy is effected is:
The place(s) in or about which the indemnity granted by the Policy is to apply is (are):
The amount of indemnity shall not exceed:
Section 1. any one accident
Section 2. any one accident
Section 3. any one accident and in the aggregate arising out of all accidents occurring during any one annual period of Insurance.

Applicable to Section-IV
Description of Premises covered _____
Limits of Liability: (where Sections are not insured, the words "Not insured hereunder" to be inserted against such Sections)
Section A any one occurrence Subject to a deductible of:
Section B any one aircraft/ any one occurrence Subject to a deductible of:
Section C any one occurrence and in the annual aggregate in respect of all occurrences arising during the policy period.

Applicable to Section-V
Description of Premises covered-
THE AMOUNT OF INDEMNITY SHALL NOT EXCEED:- …….. any one occurrence and in the aggregate in respect of Products Liability arising out of all accidents occurring during any one annual period of Insurance.

DEDUCTIBLES:- Property Damage : ……..each and every loss but ……. each and every loss in respect of damage to Aircraft.

Applicable to Section-VI Limits of Liability (Ultimate Net Loss)
(a) Primary Limit
A combined single limit (bodily injury/property damage) of USD …… any one occurrence and in the aggregate in respect of all occurrences in any one annual period of insurance.

(b) Total Limits of Liability under this Policy and the Primary Policy Combined
A combined single limit (bodily injury/property damage) of USD …… any one occurrence and in the aggregate in respect of all occurrences in any one annual period of insurance. In the event that the Primary Limit stated in (a) above is reduced or exhausted this Policy shall apply for the difference between the limit stated in (b) and the reduced limit or as primary insurance if exhausted.

Applicable to Section-VII
Insured Persons
NAME Capital Sum Insured Nominee/Relationship

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Law/ Jurisdiction:
Coverages: Death/ Capital Risks/ Mounting Dismounting

Applicable to Section-VIII & IX
Schedule of Insured Persons-
Excess Period:

7. CLAIMS HISTORY
Please provide details of any losses in the last five years.

8. MISCELLANEOUS

a) Please advise what level of hull deductible is required
b) Please advise whether "hull war risks" coverage is required
c) Please advise whether Passenger Voluntary Settlement is required and what limits are needed
d) Please state below any other information that may affect your proposal for insurance.

9. The name and address of person(s) or firm to whom all notices shall be given is:
We declare to the best of my/our knowledge and belief the above statements are true and that no material information has been withheld. Signing this form does not bind the proposer to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

(This form is only indicative in nature and additional information if necessary would be sought from the proposer)

Premium Details

Amount in Rs		
Instrument Type		
	☐ Cash ☐ Cheque ☐ Debit Card ☐ Credit Card ☐ Online Payment ☐ 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
						☐ Yes ☐ No ☐ Family Members/Close Relatives/ Associates to PEP
						☐ Yes ☐ No ☐ 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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