

## PROPOSAL FORM

### LIBERTY TITLE INSURANCE

(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 Limited Policy Wordings)

#### COMPANY OFFICE DETAILS (To be filled by insurer)

1. Office Code: \_\_\_\_\_
2. Office Address: \_\_\_\_\_  
 City \_\_\_\_\_ District \_\_\_\_\_  
 State \_\_\_\_\_ Pin Code \_\_\_\_\_

#### INTERMEDIARY DETAILS

1. Agent/ Broker Name: \_\_\_\_\_
2. Agent/ Broker License Code: \_\_\_\_\_
3. Agent/ Broker Contact Number: \_\_\_\_\_

#### PROPOSER DETAILS

1. Name of Proposer/ Company \_\_\_\_\_
2. Address of proposer: \_\_\_\_\_  
 Road \_\_\_\_\_ Area \_\_\_\_\_  
 City \_\_\_\_\_ District \_\_\_\_\_  
 State \_\_\_\_\_ Pin Code \_\_\_\_\_

#### RISK DETAILS

1. Project Name \_\_\_\_\_
2. Description of project  
☐ Existing Property ☐ Land acquisition ☐ Development ☐ others (Specify)  
 If others please provide the details \_\_\_\_\_
3. Address \_\_\_\_\_
4. Cadastral No \_\_\_\_\_
5. Size ha \_\_\_\_\_ or Square meter \_\_\_\_\_
6. Type –  
 a. Office      b. Retail      c. Logistics      d. Residential  
 e. Mixed use      f. Land only      g. hotel      h. Other (Specify)
7. Land Type  
 a. Free hold      b. Leasehold      c. Easement Rights and License      d. Development Rights
8. Value  
 a. Purchase price Rs \_\_\_\_\_

OR

Liberty Title Insurance Policy - Proposal Form

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](mailto:care@libertyinsurance.in)

Call Toll Free No : 1800 266 5844, website : [www.libertyinsurance.in](http://www.libertyinsurance.in)

IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656

UIN No: IRDAN150CP0006V01201819

b. Acquisition costs Rs \_\_\_\_\_ Plus Improvement costs Rs \_\_\_\_\_

9. Documents

Are you owner of Property Yes \_\_\_\_\_ NO \_\_\_\_\_

If Yes, Do you have an authentic original copy of the Legal Title Report of the developed/ to be developed land?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please share the same with us.

If No, Do you have the proposed details of the consent of the land owner, copy of collaboration agreement between promoter and land owner, and the copy of title report reflecting the title of the owner? Yes No If Yes, please share the same with us.

10. Encumbrances:

Please list down encumbrances if any, with respect to the land where the project is proposed to be undertaken

\_\_\_\_\_

\_\_\_\_\_

**POLICY DETAILS**

11. Limit of indemnity sought (if different from "Value"): Rs.

Why is it different from "Value"?:

12. Type of transaction:

a) Asset purchase b) Share transaction c) Financing

d) Other (Specify): \_\_\_\_\_

13. Target closing date: \_\_\_\_\_

Inception date (if different from "Target closing date"): \_\_\_\_\_

Inception date (if different from "Target closing date"):

Why is it different from "Target closing date"?:

14. Assured (if different from "Client"):

Name:

Address:

Registered in: Under registration N°:

Will Policy be assigned to a mortgage lender?: Yes \_\_\_\_\_ No \_\_\_\_\_

**PAYMENT DETAILS**

1. PAN card number (10 character number): \_\_\_\_\_

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2. Sources of funds: Please tick appropriate box

☐ Salary ☐ Business ☐ Investments ☐ Others (please specify) \_\_\_\_\_

Declaration:

1. 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.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. The insurance company has 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 BY INSURED

I/We hereby declare that the statements made by me / us in this Proposal Form and annexures if any 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 the "Liberty General Insurance Limited

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.

Date:

Place:

Signature of Proposer

Recommendations of Officer/ Agent / Broker

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

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 published prospectuses or tables of the Insurer.

Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to ten lakh rupees.

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