

**MULTINATIONAL ALL RISKS INSURANCE
PROPOSAL FORM**

IMPORTANT GUIDELINES: 1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. 2. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. 3. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium. 4. In case of change, whether post submission of this proposal or at any time during the course of the insurance cover, in any of the material information, it shall be the duty of the proposer to inform the same, in writing, to us.

Note: Please provide all the details by attaching annexure to this form.

1. Name of the Company			
2. Location of the Risk / Address			
<ul style="list-style-type: none"> • Flat Building • Road/Street/Sector • Area • Taluka/Village/District/City Pin Code • State Country • Phone Mobile • Email 			
CKYC No (Central Know Your Customer Registry No)			
(If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form)			
3. Sum Insured – Section Wise			
Section I: Material Loss Or Damage (Break up as per Annexure A)	Location	Business	Sum Insured
Section II: Consequential Loss	Gross Profit	Standing Charges	Indemnity Period (Months)

4. Voluntary Deductible proposed	(a) Material Loss Or Damage Claims - Section I , _____% of the claim amount subject to minimum of -		
	(b) Consequential Loss Claims - Section II-		
	___ days Gross Profit subject to minimum of Rs.		<input type="text"/>
	___ days Gross Profit subject to minimum of Rs.		<input type="text"/>
	___ days Gross Profit subject to minimum of Rs.		<input type="text"/>
	___ days Gross Profit subject to minimum of Rs.		<input type="text"/>
	___ days Gross Profit subject to minimum of Rs.		<input type="text"/>

5. Additional coverages under Section I – Material Loss Or Damage to be opted:

Sr. No.	Coverages & Clauses Required	Sum Insured/Unit

6. Additional coverages under Section II– Consequential Losses to be opted :

Sr. No.	Coverage's & Clauses Required	Sum Insured/Unit

7. Premium Data	Please furnish details of Sum Insured and Premium paid location wise for the past 5 years (if available for 10 years) in Annexure B.
8. Claims Data	Claims Data for each claim be furnished in the format given in Annexure C

Premium Details:

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note : Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, and you may download and save the digitally signed and authenticated policy document therefrom.

If you still wish for a physical copy, you may tick on this box.

ANTI MONEY LAUNDRING

FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

DECLARATION BY INSURED

i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.

ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.

iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR

"I/We hereby confirm that the premium payment have been paid by _____, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."

iv. I/we am/are (please tick all that are applicable)

High Net Worth Individual/s Non Residential Indian/s Politically Exposed Person/s Jeweller/s Non-Governmental Organization Film Actor/s Producer/s

v. I agree to receive service related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.

vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/o FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address.

Proposer's Signature: _____ Place: _____ Date: _____

FOR INTERMEDIARY USE ONLY

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: _____

Intermediary's Signature: _____

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

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

Annexure A
Multinational All Risks Insurance

Description		Risk Location - 1	Risk Location - 2	Risk Location - 3
Location Address				
Postal Pin code				
Occupancy				
Class of construction				
Section I- Material Loss or Damage Sum Insured	Building			
	Machinery			
	Furniture/ Fixture & Fittings etc.			
	Piping			
	Cabling			
	Stock & Stock in process			
	Stock in Godown			
	Material in open/ Gas holders Tank Farms			
	Others			
Total Sum Insured				
Section II: Consequential Loss Sum Insured	Turnover			
	Gross Profit			
	Standing Charges			
	Indemnity Period (In Months)			
	Other information			

Annexure B
Premium Data

Year	Location/ Premises	Premium Paid	No. of claims	Total amount paid	Total outstanding

Annexure C
Claims Data Sheet

	Material Loss Or Damage	Consequential Loss
Date of Loss		
Policy Period		
Policy / Peril		
Cause of Loss		
Sum Insured		
Amount Assessed by Surveyor		
Amount Paid		
Deductible		

Future Generali India Insurance Company Limited.

IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287.

Regd. and Corp. Office: 801 and 802, 8th Floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 |

Fax No: 022 4097 6900 Website:

<https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in. Trade

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Proposal Form_ Multinational All Risks Insurance

UIN:(IRDAN132CP0016V01202324)

