

**ERRORS AND OMISSIONS INSURANCE POLICY
PROPOSAL FORM**

IMPORTANT: This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured for our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance adviser or agent. If there is insufficient space in this proposal form for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal form and return it to us.

For Office Use

Intermediary Name: _____ Intermediary Code: _____

Business Channel: Agency Banca Corporate/Broking Direct

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No: _____ GSTN: If applicable _____

POSP PAN (if applicable) _____

1.	Policy Period	From	To
2.	Name of Firm		
3.	Correspondence address of office		
4.	Address of all other offices		
5.	CKYC (if available)		
6.	State nature of the profession/ business including full details of activities undertaken and any intended change in these		
7.	When was Firm established		
8.	Give details of partners/directors/sole practitioner		
	<u>Name</u>	<u>Qualifications</u>	<u>Date Qualified</u>
			<u>Number of years in this capacity with Proposer</u>
9.	State number of permanent staff	Technical Staff	:
		Non-Technical Staff	:
10.	Does the proposer or any partner / director act on behalf of or undertake for work for any company or business?		
	a) which forms part of the same group of companies or	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	businesses as the Proposer (e.g. subsidiary, associate, parent) or b) in which the Proposer or any partner/ director has a financial interest and is able to take or influence major policy decisions in such company or business If 'Yes' in either case, please give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	State the dates of the financial year		
12.	State the gross fees for the last and current financial year (including those paid to sub-contractors) payable by clients. If the business is newly established, state the estimated gross fees for the forthcoming year. For any non-fee earning business / practice, state total turnover.		
	i) In territory where domiciled ii) In the USA/Canada or elsewhere for clients whose address is in the USA/Canada iii) Elsewhere Total	<u>Last Financial Year</u>	<u>Current Financial Year (Estimate)</u>
13.	Is the Proposer represented in any way in the USA or Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If 'Yes', state how (e.g. by subsidiary company, local office, local representative or by any other person or concern holding a power of attorney on behalf of the Proposer)		
14.	State a) gross fees paid to sub-contractors b) largest fee earned from any client	<u>Last Financial Year</u>	<u>Current Financial Year (Estimate)</u>
15.	Does the Proposer currently hold any Professional Indemnity Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If 'Yes' state	Renewal Date Limit of Indemnity Retroactive Date	: : :
16.	a) Is cover required for Partners' Previous Business? If 'Yes', state	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<u>Name of Partner</u>	<u>Title of Previous Business</u>	<u>Dates with Previous Business</u>
	b) Please indicate if the following covers are required		
	i) Loss of Documents. If 'Yes', does the Proposer keep documents in fire proof cabinets? ii) Libel and Slander iii) Dishonesty of Employees	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
17.	Has any insurer in respect of the risks to which this proposal relates ever		
	a) declined a proposal, refused renewal or terminated an	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	insurance? b) required an increased premium or imposed special conditions? If 'Yes' in either case, please give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18.	a) Has any claim been made against the Proposer or any partner, director, consultant or employee for neglect, error or omission in relation to professional duties? b) Has the Proposer or any partner, director, consultant or employee incurred any other loss or expense which might be within the terms of the cover?	Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes' in either case, please give details separately of the circumstances of each incident including any amounts paid and the estimated potential cost of the incident.		
19.	Is the Proposer of any principal, consultant or employee, after enquiry, aware of any circumstances which might		
	a) give rise to a claim against the Proposer or his predecessors in business or any of the present or former partners or principals? b) result in the Proposer or his predecessors in business or any of the present or former partners or principals incurring any losses or expenses which might be within the terms of the cover? c) otherwise affect the Insurer's consideration of this insurance?	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', please give details separately		
20.	What is the amount of Indemnity required? Please state any alternative amounts for which a quotation is required	AOA: AOY:	
21.	Please state the amount the Proposer wish to contribute towards each and every claim Please state any alternative amounts for which a quotation is required		

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.