
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. This form can be used to apply for Products Liability Insurance. 3. 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. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

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. Name of the Proposer (in full)

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Names of the Subsidiaries & Associate Cos. (in full)

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2. Registered Address of the Proposer. City / District / State / Pin code

City

 State

Pin

3. Business address of the Proposer.

4. Location from where distribution is effected.

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5. How long have you been in the business?

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6. CKYC (If applicable) _____

7. Do you manufacture the complete product?

If not, what components/parts are purchased by you? Yes No

8. Can the date of manufacture of each product

be identified by the factory number stamped on it? Yes No

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13. Do you have Research and Development Dept.? Yes No

14. Please specify any products which are inflammable/explosive, dangerous, radioactive, harmful to health, poisonous by themselves or any combination with others. If so, please give full details and state what precautions are taken.	
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15. Please state whether goods sold or supplied subject to disclaimer notice, and if so, please give full text, particulars of such disclaimer notice.	
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16. Please furnish particulars of new products to be marketed during the next 12 months.	
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17. Please furnish details and list of products discontinued or recalled or withdrawn during the last five years.	
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18. Please elaborate complaints, incident/accident reporting system in your organization.	
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19. Please give details of checks or examinations or controls including batch control and testing carried out or effected to discover possible defects or errors in products.	
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20. Do your products comply with standards like ISI or any other standards?	
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21. Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labelling, hazardous contents or safety? If so, please give full details.	
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21. What is the failure rate of each product after hand over?	
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22. Do you issue guarantees and/or warranties to purchasers? If so, for what period do you guarantee and/or warrant your product?	
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<p>23. Particulars regarding directions for use: Is it by printing on container or product? Is it by separate leaflet or brochure? Is the hazard warning clearly shown?</p>	
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<p>24. Please furnish claims history for the last three years in the following format:</p>	Year	19__	19__	20__
	No. of Claims:			
	Total amount paid			
	Bodily injury			
	Property damage			
	Cost of defence action			
	Total amount of pending claim			
	Bodily injury			
	Property damage			
	Cost of defence action			

<p>25. Are you aware of any incidents, conditions, defects, circumstances or suspected defects, which may result in claim?</p>	
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<p>26. Have your proposal or renewal been declined or premium increased, special terms imposed by any Insurer? If so please give particulars</p>	
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<p>27. Please indicate the limit of indemnity required for domestic sales.</p> <ol style="list-style-type: none"> 1. Any one accident: 2. Aggregate during the policy period 	
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<p>28. Please indicate the Voluntary Excess for each claim (in addition to Compulsory Excess) you are willing to bear.</p>	U.S.A	Canada	All other Countries including India

<p>29. Please quantify sales turnover product wise for the last 3 years as under:</p> <ol style="list-style-type: none"> a. Domestic b. USA/Canada c. OECD countries (to list) d. Other countries including non-OECD countries. 	
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<p>30. How long have you been exporting to the following countries and do you require cover for exports to these countries?</p> <ol style="list-style-type: none"> e. USA and Canada: f. OECD countries: 	
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g. Other countries including non-OECD countries (Cover for exports will be granted only if domestic turnover is covered).	
31. Do you require "Limited Vendor's Endorsement"? (Please enclose a copy of the contract with the vendor/s and give the names to each product of export to such countries)	
32. Do you comply with USA/Canadian State/Federal laws/Standards applicable to each product of export to such countries?	
33. Please give details of any power of attorney on Assets in USA/Canada.	
34. Policy period:	35. From 12.00 midnight of _____ to 12.00 midnight of _____

Payment 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/-

The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

Declarations:

- 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)

<input type="checkbox"/> High Net Worth Individual/s	<input type="checkbox"/> Non-Residential Indian/s	<input type="checkbox"/> Politically Exposed Person/s
<input type="checkbox"/> Jeweller/s	<input type="checkbox"/> Non-Governmental Organization	<input type="checkbox"/> Film Actor/s
<input type="checkbox"/> 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/ or 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:** _____

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, 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

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 _____

ANTI MONEY LAUNDERING

FGIICL adheres to 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 FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

SECTION 41. OF INSURANCE ACT, 1938-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 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 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.



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 | Website: <https://general.futuregenerali.in> | Email: fgicare@futuregenerali.in