

PRODUCTS LIABILITY 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. 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.

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Inte	Intermediary Name: Intermediary Code:																								
В	Business Channel: ☐ Agency ☐ Banca ☐ Corporate/Broking ☐ Direct																								
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	Names of the Subsidiaries & Associate Cos. (in full)																								
2.	Re	niste	erec	I Adı	dres	s of	the	Pro	nns	er	City	/ Di	stric	et / 9	State	. / P	in co	nde					.1		
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3.	Bus	sine	ss a	addr	ess	of th	ne P	rop	oser		1	1						ı						 7	
4.	. Location from where distribution is effected.																								
_	How long have you been in the business?																								
5.	Ho	w Io	ng I	nave	you	u be	en ı	n th	e bu	ISIN	ess':	, 													
6.	CKYC (If applicable)																								
7.	Do	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 identified by the factory number stamped on it? Yes No 9. Do your have any assets and/or representation and/or activities and/or association (financial, technical or otherwise) in USA/Canada and other foreign countries? If so, please furnish details of association. 10. Are you affiliated in any manner with any of your suppliers and distributors? Yes 11. Please give full description of the following for the last three years: 10A Year 20 20 20 20 goods manufactured - actual turnover goods sold/supplied - actual turnover goods sold/supplied - actual turnover goods repaired, serviced, tested and processed - actual turnover 10.B For the above, please give the projected turnover for the proposed period of insurance as under: 1. Goods manufactured 2. Goods sold or supplied 3. Goods repaired, serviced, tested and processed (Please attach leaflets, brochures and/or any other literature). 12. Please furnish details of products to be considered for insurance which are manufactured and/or designed - actual turnover: a. Name of the product: b. Principal component: c. Annual Units produced: d. Annual Units produced: d. Annual turnover: e. How long has it been in the market? f. Expected life of use: g. Intended customer/ultimate user:	TOTAL	FUTURE GENERALI TAL INSURANCE SOLUTIONS																														
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g. Intended customer/ultimate user:	f.	f. Expected life of use:																														
	g.	g. Intended customer/ultimate user:																														



h. Warranties as to use:	
i. Technical know-how/collaboration:	
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.	
15. Please state whether goods sold or supplied subject to disclaimer notice, and if so, please give full text, particulars of such disclaimer notice.	
16. Please furnish particulars of new products to be marketed during the next 12 months.	d
17. Please furnish details and list of products discontinued o recalled or withdrawn during the last five years.	r
18. Please elaborate complaints, incident/accident reporting system in your organization.	
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.	
20. Do your products comply with standards like ISI or any other standards?	
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.	
21.What is the failure rate of each product after hand over?	



22. Do you issue guarantees and/or warranties to purchasers? If so, for what period do you guarantee and/or warrant your product? 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?				
<u> </u>				
24. Please furnish claims history for the last three years in the following format:	Year No. of Claims: Total amount paid Bodily injury	20	20	20
	Property damage Cost of defence action Total amount opending claim Bodily injury Property damage Cost of	of		
25. Are you aware of any incidents, conditions, defects, circumstances or suspected defects, which may result in claim?	defence action			
26. Have your proposal or renewal been declined or premium increased, special terms imposed by any Insurer? If so please give particulars				
Please indicate the limit of indemnity required for domestic sales. Any one accident: Aggregate during the policy period				
28. Please indicate the Voluntary Excess for each claim (in addition to Compulsory Excess) you are willing to bear.	U.S.A Ca	nada		other ntries Iding



29. Please quantify sales turnover product wis 3 years as under:	e for the last	
-		
a. Domestic		
b. USA/Canada c. OECD countries (to list)		
d. Other countries including non-OE	CD	
countries.		
30. How long have you been exporting to the		
countries and do you require cover for expor	rts to these	
countries?		
e. USA and Canada:		
f. OECD countries:		
g. Other countries including n	on-OECD	
countries		
(Cover for exports will be granted only if dome is covered).	estic turnover	
31. Do you require "Limited Vendor's End	lorsement"?	
31. Do you require Limited Vendor's Lind	iorsement :	
(Please enclose a copy of the contract with the	e vendor/s	
and give the names to each product of export		
countries)		
32. Do you comply with USA/Canadian S		
laws/Standards applicable to each product	of export to	
such countries?		
33. Please give details of any power of attorne	ev on Assets	
in USA/Canada.	,	
34. Policy period:		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.		nation/statement given in the proposal is fo sued, shall be treated as void ab initio and the	und to be untrue by FGIICL, the corresponding premium paid shall be forfeited to FGIICL.
iii.	sources of my/our income and r Act, 2002 and rules framed ther to establish the source of funds	not out of proceeds of crime related to any of reunder. I/We understand that FGIICL reserve as also the right to reject the said proposal of	sal, is paid out of the legally declared and assessed fence under the Prevention of Money Laundering es the right to call for documents and information or to terminate the insurance contract unilaterally recognized sanction list/happen to have violated
			, who is having an insurable interest in my/our me in below mentioned proposer's bank account."
iv.	I/we am/are (please tick all that ☐ High Net Worth Individual/s ☐ Jeweller/s ☐ Producer/s	are applicable) □ Non-Residential Indian/s □ Non-Governmental Organization	☐ Politically Exposed Person/s☐ Film Actor/s
v.		d information from FGIICL and its service pr sApp, and understand that no unsolicited info	roviders from time to time, through electronic and ormation will be sent to me.
vi.	person/ agency, shall be stored be relating to my proposal for insu- partners. I also understand that t	by FGIICL, throughout the currency of my rel cance cover and/or servicing policies issued in	application, to FGIICL and/ or FGIICL authorised ationship with FGIICL, and used for the purposes in my favour, whether by FGIICL or its authorized in of the services and consent to not hold FGIICL of the submitted information/data.
vii.	to the verification of my/prop- documents shall be relied upon the KYC Registry through SMS/en- KYC records available in the C	oser's KYC records as part of this proposation of the said verification of KYC records. I, also and on the abovementioned mobile phone nurkYC Registry are current and valid, as on the	om the Central KYC Records Registry, in relation al. I understand that acceptable officially valid to, consent to receive information from the Central mber/email address. It is, also, confirmed that the dedate of this proposal, and can be used by FGII ovided to FGII for updating the CKYC Registry
Pı	oposer's Signature:	Place:	Date:
pr pł			mobile number, as you've mentioned in this olicy document therefrom. If you still wish for a
Bi in th ex th	roker/IMF, declare that I have exp cluding the nature of the questions a at the details provided herein shall the plained that if any untrue response(lained the product features, including its sund the responses submitted thereto, to the proport the basis of the contract of insurance bets) is/are contained in this proposal form or the	of the Corporate Agent/Authorized Person of the itability, and the contents of this proposal form, poser. It has been, further, informed to the proposer tween FGIICL and the proposer. It has, also, been ere has been any non-disclosure of material facts, I and the premium amount against the policy may
Na	ame of Insurance Agent/POSP/Spec	ified Person of the Corporate Agent/Authoriz	red Person of the Broker/IMF:
In	termediary's Code:		
In	termediary'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: factore@futuregenerali.in | Email: <a href="factore@futur