

14. Please give full description of the following for the last three years:

11.A	Year	20.....	20....	20.....
	goods manufactured – actual turnover			
	goods sold/supplied – actual turnover			
	goods repaired, serviced, tested and processed - actual turnover			

11.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).

15. Please furnish details of products to be considered for insurance which are manufactured and/or designed -

a. Name of the product:	
b. Principal component:	
c. 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:	
h. Warranties as to use:	
i. Technical know-how/collaboration:	

16. 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.	
17. Please furnish details and list of products discontinued or recalled or withdrawn during the last five years.	
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.	
22. What is the failure rate of each product after hand over?	

23. Do you issue guarantees and/or warranties to purchasers? If so, for what period do you guarantee and/or warrant your product?																																																			
24. 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?																																																			
25. Please furnish claims history for the last three years in the following format:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Year</th> <th style="width: 15%;">20__</th> <th style="width: 15%;">20__</th> <th style="width: 15%;">20__</th> <th style="width: 25%;"></th> </tr> <tr> <td>No. of Claims:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total amount paid</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bodily injury</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Property damage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cost of defence action</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total amount of pending claim</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bodily injury</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Property damage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cost of defence action</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Year	20__	20__	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				
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26. Are you aware of any incidents, conditions, defects, circumstances or suspected defects, which may result in claim?																																																			
27. Have your proposal or renewal been declined or premium increased, special terms imposed by any Insurer? If so please give particulars																																																			
28. Please indicate the limit of indemnity required for domestic sales. a. Any one accident: b. Aggregate during the policy period																																																			
29. Please indicate the Voluntary Excess for each claim (in addition to Compulsory Excess) you are willing to bear.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">U.S.A</th> <th style="width: 30%;">Canada</th> <th style="width: 40%;">All other Countries including India</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	U.S.A	Canada	All other Countries including India																																															
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30. Please quantify sales turnover product wise for the last 3 years as under: a. Domestic b. USA/Canada c. OECD countries (to list) d. Other countries including non-OECD countries.	
31. How long have you been exporting to the following countries and do you require cover for exports to these countries? a. USA and Canada: b. OECD countries: c. 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:	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.

Bank details of proposer for refund or claim purpose:

Name of bank account holder (*mention specifically, if different from name of policyholder*):

Bank Name & Branch:

Bank Account Number:

IFS Code:

NOMINEE DETAILS

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number:

E-Mail ID:

Address of Nominee:

Present address:

Permanent address: (*if left blank, will be construed as being same as Present Address*)

Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:

Bank Account Number:

IFS Code:

Authorized person details (in case nominee is a minor): _____

DECLARATIONS

- i. All statements and information provided in this proposal are complete and accurate. No relevant information has been withheld. This proposal and declaration, together, forms the basis of the insurance contract with Generali Central Insurance Co. Ltd. (GCICL), if issued, and I/We agree to accept the corresponding terms and conditions.
- ii. If GCICL finds out that I/We have misrepresented or suppressed any material fact or, committed a fraudulent act relating to this insurance proposal/policy, GCICL may render my insurance policy void ab initio, and forfeit the corresponding premium amount.

- iii. I/We understand that GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. So, I/We confirm that the policyholder(s), beneficiary(s), claimant(s), or nominee(s) will assist GCICL with relevant records/information/assistance, as necessary, to address anti-financial crime practices.
- iv. I/We, or a person having insurable interest in the insured asset, have/has paid/will pay the premium from legitimate source and not from crime proceeds, in line with The Prevention of Money Laundering Act, 2002 and rules thereunder. GCICL can verify the source of funds, call for documents, and reject or terminate the insurance policy and/or forfeit the premium amount, if found otherwise or if I/We are named on any recognized sanctions list or have violated any provision of law. Refund of premium, if any, shall be made to my/our designated bank account(s).
- v. I/We consent to
 - a. receive policy and service communications from GCICL and its authorized service providers, vide electronic and telecom means, including WhatsApp, and understand that no unsolicited information will be sent to me;
 - b. GCICL and its authorized service providers storing and processing my personal data for the purpose of this proposal and corresponding insurance policy as may be issued, throughout the period of necessary retention;
 - c. GCICL accessing my/our CKYC records from Central KYC Records Registry (CKYCR) for verification, and to receive information from the CKYCR through SMS/email on the mobile phone number/email address provided above;
 - d. abide by the obligations under the GCICL Privacy Policy at <https://generalicentralinsurance.com/> ;
 - e. GCICL reserving the right to reject this proposal or to terminate the insurance contract unilaterally and/or freeze the funds, if I/We, or persons associated with me/us, are named in any recognized sanctions list.
- vi. My/our KYC records in CKYCR are current and valid and I/We undertake to inform GCICL in case of change.

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, where available/chosen, your eIA, 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. ☐

Date:

Place:

Signature of the Proposer(s)

(Affix stamp, where proposer is a juridical person)

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 GCICL 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 GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

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

GCICL 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 GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist GCICL 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.

*****END*****

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800