



Comprehensive General Liability (incl No Fault Liability) - Proposal Form

LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN RECEIVED IN ACCORDANCE WITH THE PROVISIONS OF SECTION 64VB OF THE INSURANCE ACT, 1938

GENERAL INFORMATION

- Insured & Address:
- Pan Card / GST Details:
- Subsidiaries to be covered along with address:
- Website Address:
- Description of Business Processes / Activities / Designated Contract (if any):
- Retroactive Date:
- Coverage Territory : (a) India Only (b) Worldwide excluding US Canada (c) Worldwide
- Coverage Jurisdiction : (a) India Only (b) Worldwide excluding US Canada (c) Worldwide
- Limit of Insurance:

SECTION 1) PREMISES AND OPERATIONS LIABILITY

- Number of Premises to be Insured in India & Outside India (if any):

| | Domestic | USA/Canada | ROW |
|-----------------|----------|------------|-----|
| Owned | | | |
| Leased / Rented | | | |

- Annual Sales Revenue (In Crores):

| Location | Prior Year | Current Year | Estimated Next Year |
|-----------|------------|--------------|---------------------|
| Domestic | | | |
| US/Canada | | | |
| ROW | | | |

- Description of surrounding properties, if possible please attached layout plan OR Risk inspection report of manufacturing unit.

- Description of property under custody

- List of Motor Vehicles used in the course of business and are registered in your name

| Make | Model | Registration No. | Name of registered owner |
|------|-------|------------------|--------------------------|
| | | | |
| | | | |
| | | | |

- List of Neon Signs/Sign boards within the premises

| Location | No of Neon signs/Sign boards | Frequency of maintenance |
|-----------|------------------------------|--------------------------|
| Domestic | | |
| US/Canada | | |
| ROW | | |

7. Liability arising out of traveling executives on business visits

Grid for question 7

7. a. Average number of executives that Travel Overseas annually

Grid for question 7.a

7. b. Average Number of employee/days of travel per year

Grid for question 7.b

7. c. Destinations

Grid for question 7.c

8. Advertising Injury / Personal Injury

Grid for question 8

8 a. What percentage of your annual sales are derived directly from your website?

Grid for question 8.a

8. b. Do you use comparative advertising in your advertisements? If "Yes", was an independent organization consulted on how such comparisons were made?

Yes No

Grid for question 8.b

8. c. Is music used in your advertisements? If "Yes", were all the rights secured prior to use?

Yes No

Grid for question 8.c

8. d. Is the likeness of famous people used in your advertisements?

Yes No

Grid for question 8.d

8. e. Have you ever been sued, or have you sued anyone, for copyright or trademark infringement?

Yes No

Grid for question 8.e

8. f. Besides the information related to your goods, products or services, do you produce any other publications for external use?

Yes No

Grid for question 8.f

8. g. Does your legal counsel review your product brochures, promotional and website materials prior to release?

Yes No

Grid for question 8.g

SECTION 2) PRODUCTS AND COMPLETED OPERATIONS

1. Provide detailed description of each product manufactured, supplied, distributed or serviced by you.

Grid for question 1

2. Do you manufacture the complete product? If not, what components/parts are purchased by you?

Grid for question 2

3. Annual units produced (each product separately)

Grid for question 3

4. Do you carry out installation work?

Yes No

Grid for question 4

5. How long has your products been in the market?

Grid for question 5

6. Are you affiliated in any manner with any of your suppliers and distributors?

Yes No

Grid for question 6

7. Who are your customers and what are the primary industries or applications for the products?

Grid for question 7

8. Does all your manufacturing plants meet with basic Quality Assurance/ Quality Control program that meets the standard of ISO 9001-200, QS 9000, ISO/TS 16949 or similar standards?

Yes No

9. Do you have the basic Quality Assurance /Quality Control programme covering all aspects including validation and verification of processes & tests, including equipment calibration, to ensure that the products meet the design and performance requirements and are of consistently good quality? Yes No
10. Do you adhere to regulatory or voluntary best-practice standards in the respective markets? Yes No
11. Do you carry out product safety reviews? Yes No
12. Do you maintain/have adequate documentation and engineering change management procedures where all base and modified designs are subject to proper checks and sign offs, both in-house and by customers? Yes No
13. For custom-made products (if any), do you take sign-offs by customers on designs and prototypes before mass production? Yes No
14. What are the procedures for record keeping and traceability of products, batches, production records and customers?
15. Does your contractual controls include hold harmless clauses, limitation of liability and exclusion of consequential losses, among others? Please provide sample copies of your supply contract. Yes No
16. In your contracts with sub-contractors and suppliers, do you have hold harmless/indemnification clauses in your favor? Yes No
17. Is your marketing and technical literature subject to proper technical (e.g. pressure/temperature ratings, etc) and legal review for accuracy and liability management? Yes No
18. Does your sales staff receive training in product knowledge as well as in liability matters? Yes No
19. Does your instruction manuals and safety labels adhere to regulatory or voluntary best-practice standards in the respective markets? Examples include ANSI Z535.6, ANSI Z 535.6 or CPSC Manufacturer's guide to Developing consumer product instructions, among others. Yes No
21. Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labeling, hazardous contents or safety? If so, please give full details.

SECTION 3 PRODUCT RECALL

1. Coverage desired for all products? or List Specified Products?
2. Estimated Annual Sales of covered products
- | Sales History | Amount |
|---------------|----------------------|
| Current year | <input type="text"/> |
| Prior year | <input type="text"/> |
| 2nd prior | <input type="text"/> |
| 3rd prior | <input type="text"/> |
3. List down the operations details
- a) For Component Manufacturers -
 End Use applications:
 List major customers:
- b) For End Product Manufacturers -
 Type of product : Industrial Commercial Consumer
- c) For Retailers / Distributors
 Approximate number of units/year -
 Sales under own name brand Rs.-
 Sales from foreign vendors Rs. -
4. Do you have an in force written Recall Plan? (If yes, please attach copy) Yes No
5. Is a batch coding system utilized? Yes No
6. Is there traceability back to raw materials/ingredients? Yes No
7. Do you have an in force written Quality Assurance Plan? If yes, please attach copy of the Table of Contents Yes No
8. What steps are taken to assess the quality standards of your suppliers?(Specifications, certificates of analysis, etc.)
9. Do you perform audits of your suppliers' QA activities? Yes No

SHARING OF INFORMATION CLAUSE

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

PREMIUM DETAILS

Amount (In ₹):

Rupees (In word):

DETAILS OF BANK ACCOUNT

Name of Bank Account Holder:

Bank Account No.: Account: Saving Current

Name of Bank:

Branch:

MICR Code: IFSC Code:

I wish : Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.

SOURCES OF FUND

Salary:

Business:

Other:

DECLARATION

(To be signed by a partner or director of the Main Applicant)

I/We, the undersigned, declare and acknowledge:

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that
- if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- "I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"
- I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Print Name:

Title:

Dated:

Signed: _____

TERMS AND CONDITIONS

Note: The liability of the Company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Applicant agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not

result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Applicant by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this Policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.)