

## PROPOSAL FORM

### LARGE RISK INSURANCE

The property proposed for insurance is not covered and the liability of the Company does not commence until the Proposal is accepted by the Company and premium paid in advance and upon full realization of the premium payment by the Company. The Company is under no obligation to accept this Proposal. Receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance.

Coverage is as per the terms and conditions of our Standard Policy Wordings.

The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the Proposal Form or on non-disclosure of any material particular.

- Note: 1) Please complete the Proposal Form in BLOCK LETTERS and tick the boxes whichever are applicable.  
 2) Attach additional sheets if space given is insufficient.

#### COMPANY OFFICE DETAILS (To be filled by Insurer)

1. Office Code: \_\_\_\_\_
2. Office Address: \_\_\_\_\_
- |       |       |          |       |
|-------|-------|----------|-------|
| Road  | _____ | Area     | _____ |
| City  | _____ | District | _____ |
| State | _____ | Pin Code | _____ |

#### INTERMEDIARY DETAILS

1. Agent / Broker Name: \_\_\_\_\_
2. Agent / Broker Licence Code: \_\_\_\_\_
3. Agent / Broker Contact Number : \_\_\_\_\_

#### PROPOSER DETAILS

1. Proposer Name: \_\_\_\_\_
2. Additional Insured: \_\_\_\_\_
3. Office Address: \_\_\_\_\_
- |       |       |          |       |
|-------|-------|----------|-------|
| Road  | _____ | Area     | _____ |
| City  | _____ | District | _____ |
| State | _____ | Pin Code | _____ |
4. Description of Business/ trade: \_\_\_\_\_
5. Period of Insurance (DD/MM/YYYY) From: \_\_\_\_\_ To \_\_\_\_\_
6. Location of Risk: \_\_\_\_\_
- |      |       |      |       |
|------|-------|------|-------|
| Road | _____ | Area | _____ |
|------|-------|------|-------|

City \_\_\_\_\_

District \_\_\_\_\_

State \_\_\_\_\_

Pin Code \_\_\_\_\_

**DETAILS ABOUT SUBJECT MATTER COVERED****1. Sum Insured Details:**

Coverage Section	Particulars of Inured Interest	Total Sum Insured/ limit of Indemnity	
A Material Damage	Buildings	Rs _____	
	Plant and Machinery	Rs _____	
	Furniture, fixtures and fittings	Rs _____	
	Stocks	Rs _____	
	Loss Limits	Flood & Storm Perils	Rs _____
		Earthquake	Rs _____
	Location Limit	Rs _____	
B Machinery Insurance	Sum Insured	Rs _____	
C Business Interruption	Indemnity Period ____ Months	Rs _____	
D Inland Marine Transits	Total Transits during the Policy Period	Rs _____	
	Per sending / per bottom limit	Rs _____	
	Per location limit	Rs _____	
E Liability	Legal Liability for third party death and/or third party bodily injury occurring and claimed during the Period of Insurance	AOA - Rs _____ AOY - Rs _____ Being the combined single indemnity limit (bodily injury and/or property damage) in respect of any one occurrence and in the aggregate of all occurrences during the Period of Insurance	
H Terrorism	Total Sum Insured	Rs _____	
	Limit of Liability	Rs _____	

**2. Premium / Claim details for the past 36 months excluding the expiring Policy Period**

Year	Section	Period of Insurance		Premium without Service tax	Claims Received (Rs.)	Claims Outstanding (Rs.)	Nature of Losses
		From	To				
		DD /MM/YY	DD /MM/YY				

Liberty General Insurance Limited, 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: [care@libertyinsurance.in](mailto:care@libertyinsurance.in)Call Toll Free No : 1800 266 5844, website : [www.libertyinsurance.in](http://www.libertyinsurance.in)

IRDA of India registration number: 150 1 CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0005V01201314



1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
2. I /We understand that the Company has the right to call for documents to establish sources of funds.
3. The Insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the Prevention of Money Laundering in India.

### DECLARATION BY PROPOSER

I/We hereby declare that the statements made by me / us in this Proposal Form are true, accurate and complete to the best of my / our knowledge and belief and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein and I/ We hereby agree that this declaration shall form the basis of the contract between me/ us and the “Liberty General Insurance Limited”

If any additions or alterations are carried out in the risk proposed after the submission of this Proposal Form then the same will be conveyed by me to the Insurers immediately.

Date:

Place:

Signature of Proposer

Recommendations of Officer/ Agent / Broker.....

#### **Prohibition of Rebates (Section 41) of the Insurance Act**

No person shall 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 punishable with fine, which may extend to Five Hundred Rupees.

#### **INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION**