



ICICI LOMBARD GENERAL INSURANCE CO. LTD.

Address: ICICI Lombard General Insurance Company Ltd., 2nd floor, Zenith House, Keshav Rao Khadye Marg,
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Website: www.icicilombard.com

CLAIMS MADE POLICY FORM

CGL PROPOSAL FORM (GENERAL PUBLIC & PRODUCTS LIABILITY)

1. GENERAL INFORMATION:

Name & Address of Insured:

.....

Business of Insured:

.....

Insured is ☐ Individual ☐ Partnership ☐ Corporation;

Length of time in business?:

2. COVERAGE INFORMATION:

Commercial Liability Insurance:

Desired Limit of Liability: Coverage

..... AOA (Bodily Injury or Property Damage)

..... AOY

Territory/Jurisdiction: India ☐ Worldwide excluding North America ☐ Worldwide ☐

Is the Insured currently covered under any ICICI Lombard policies? YES/NO

If so, please list policies #

.....

Please state in respect of each product manufactured/distributed:

Domestic Annual Gross Sales (Present Year)

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Expected Domestic Annual Gross Sales (Coming Year)

Overseas Annual Gross Sales (Present Year)

Expected Overseas Annual Gross Sales (Coming Year)

Gross Annual PayrollPresent Year

Please list all of the Insureds' overseas divisions or affiliates

Does Insured have any Overseas divisions or affiliates not to be insured hereunder? YES/NO

If yes, please describe:

Is General and Public Liability insurance held by such divisions or affiliates? If so, please provide details:-

.....

Does Insured conduct or engage in any Foreign business other than that described above?
YES/NO If yes, please describe:

.....

Has Insured purchased another company in the last two years? YES/NO

Is Insured now in the process of acquiring another company? YES/NO

3. Do you want your products to be covered: YES/NO

4. PRODUCTS: If yes to (3) above, Please furnish Products Information:

Specifically, what products to be covered (attach any brochures)?

Product	1	2
Name Principal component		
End User		
Annual units produced		
Annual turnover		
How long has it been in use in the market		
Expected life of use		
Technical collaboration, if any. Please provide details		

Sales turnover of products to be covered (for proposed period of insurance):

Region	Countries	Turnover (Rs.)	%age of total	No. of years selling in this market
Domestic	India			
North America				
OECD countries*				
Non-OECD countries				

Have you ever recalled your products? YES/NO (if yes, please provide details)

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5. EXPORTS:

List estimated turnover by product and country both for products exported from India and products exported from any other country:

.....

How long has the applicant been exporting the product?

.....

Does the applicant's contract of sale agree to hold distributors harmless or contain FOB conditions? YES/NO

Does the applicant require the name of vendor to be included as a Named Insured? YES/NO

Does the vendor undertake final preparation of product? YES/NO

Are any products manufactured and sold under someone else's label or trademark? YES/NO
If yes, please describe

Does the applicant sell or distribute any items that he does not manufacture? YES/NO

If yes, please describe:

What new products does the applicant have planned?

6. QUALITY CONTROL:

Is there a Quality Control program, inspection or test procedure? YES/NO

Please provide copies of the relevant documentation (quality control manual).

Attach details of quality assurance system followed by your company.

7. LABELS, INSTRUCTION MANUALS, ADVERTISING LITERATURE:

Do labels and instruction manuals describe potential hazards and misuse? YES/NO

Is advertising literature reviewed for technical accuracy and conformance with applicable statutes? YES/NO

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8. HAZARDOUS OPERATIONS/POLLUTION:

List all hazardous operations or processes involving the manufacture, distribution, storage, disposal or transportation of toxic liquids and/or hazardous substances.

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9. PROFESSIONAL:

List all professional, design, technical, consultancy or similar services provided by the applicant

.....

.....

10. CONTRACTUAL LIABILITY:

List all contractual liabilities assumed by the applicant (other than leases of real property) including hold harmless or indemnification agreements

.....

11. EMPLOYEES INFORMATION:

TOTAL NUMBER OF THE EMPLOYEES IN YOUR COMPANY:.....

SPLIT-UP OF ABOVE:

IN INDIA:

IN USA/ CANADA:

IN EUROPE:

IN OTHER COUNTRIES:

OVERSEAS TRAVEL INFORMATION:

Number of Salespersons and Employees that Travel Overseas Annually?

Number of Employee/Days of Travel Per Year?

Purpose of Trips?

Destinations?

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12. PREMISES INFORMATION:

Specifically, what premises to be covered hereunder this policy?

Type of premises:.....

Total No. of Locations:.....

Location Information (to be insured):

Attach plans/lay outs

Number of locations

- within India

-Manufacturing:

.....
.....

-Distribution:

.....
.....

-Other:

.....
.....

- outside India

-Manufacturing:

.....
.....

-Distribution:

.....
.....

-Other:

.....
.....

- Details of your premises in USA and Canada:

PROPERTY OWNERS

List all property owned by the applicant.

Location

Occupancy

Estimated Value

.....

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LEASED PREMISES

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List all non-owned property where the value of the premises leased to the applicant exceeds INR 10 lakh.

Location	Occupancy	Estimated Value
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List all hospital, medical or first aid facilities (including number of medical persons employed) provided by the applicant

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13. PRIOR INSURANCE:

- 13.1. Has any Insurer declined to Insure, cancelled or refused to renew or imposed any special term to Insure the applicant? YES/NO If so, give details.
- 13.2. Do you have Product liability insurance in place for your company or any of your subsidiaries for any of your products? Yes / No. If yes, reply following:-
- 13.3. Period of insurance: From date to
- 13.4. Limit of liability: AOY Rs. AOA: Rs.
- 13.5. Deductible/ Excess:
- 13.6. Jurisdiction/ Scope of cover: India / worldwide/ Worldwide excluding USA/Canada
- 13.7. Retroactive date:
- 13.8. Insurance Company:
- 13.9. Premium paid: Rs.

14. LOSS/CLAIMS INFORMATION (LOSS HISTORY):

Give details of losses/claims incurred over past 5 years.

Year of Loss	No. of Claims	Amount Paid	Amount Outstanding
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15. Are you aware of any incidents, conditions, defects, circumstances or suspected defects, which may result in a CGL claim? Yes / No

(in case yes to 15 above, please provide full details)

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16. **ADDITIONAL INFORMATION:**

Any additional information relevant to the Policy can be provided by using additional sheets

Declaration by proposer

I/We authorise the Company and all other group companies of ICICI Bank Group and their agents to exchange, share or part with all the information relating to my personal and financial details and information to other ICICI Bank Group companies/ Banks/ Financial Institutions/ Credit Bureau/ Agencies/ Statutory Bodies as may be required and I/We will not hold the Company and all other group companies of ICICI Bank Group and their agents liable for use of this information.

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

Place:
Stamp: _____

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Signature: _____ Company

Date: _____ Name: _____ Designation: _____
(DD-MM-YYYY)

STATUTORY WARNING
PROHIBITION OF REBATES

(Under Section 41 of Insurance Act 1938)

- 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 the 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.