



Proposal Form No.: _____

PROPOSAL FORM FOR EVENT INSURANCE POLICY

For Official Use Only

Agent/ Broker Name: _____ Marketing Officer: _____
 Client ID Number: _____ Group ID Number: _____

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of Utmost Good Faith requiring 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. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at the option of the Insurer, 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 having been withheld by the proposer or any one acting on his behalf.
4. Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the proposal form.

SCOPE OF COVER

The Insurance Policy indemnifies the Insured against loss or damage due to/arising out of

- a) cancellation of the insured event
- b) damage to the property at the insured location due to act of god perils
- c) damage to tapes / negatives
- d) public liability
- e) Insured persons suffering from Personal Accident

SIGNIFICANT EXCLUSIONS: This insurance Policy does not cover any loss due to acts of terrorism, insured persons participating in risky activities, patent violation etc.

CLIENT INFORMATION

Proposer's Name: _____
 Proposer's Mailing Address: _____

 City/Town: _____ State: _____ Pin Code: _____
 Contact No: _____ Fax No. _____ Email ID: _____
 Proposer's trade or business: _____
 Particulars of Work: _____
 Type of Proposer: Individual Partnership firm Company Govt. Others _____
 Constitution of Business: Non Resident Entity Foreign company registered in India Foreign LLP Government Department Hindu Undivided Family
 LLP Partnership Local Authorities Partnership Private Limited Company Proprietorship Public Ltd Co others _____
 Customer Type: General EOU/STP/EHTP Government Overseas Related parties SEZ Others _____
 Annual Income: (In Rupees): _____ Do you file income tax return? Yes No Do you own a bank account? Yes No
 Country: _____ PAN Number: _____
 Paid-up capital of the firm (in ₹ million) : _____ Business Sector: Urban Rural
 *Registered GST : Yes No (One Policy One Invoice)
 If Yes, then please provide GSTIN: _____ Address (Registered under GST): _____

 One Policy Multiple Invoice: Yes No [If yes, it can be taken as an Annexure to Proposal Form as detailed below]
 If Yes, then please provide: _____

State-wise GSTIN	Address Registered under respective GSTIN

Note: In all above cases, complete address of the customer is required to be taken.

CONTACT DETAILS

Contact Person's Name: _____
 Mailing Address: _____

 City/Town: _____ State: _____ Pin Code: _____
 Contact Number (Landline-With STD Code): _____ Mobile Number. _____
 Email ID: _____

RISK DETAILS

Name of the Proposer : _____

Name of the named persons : _____

Mailing Address of the proposer : Please give brief description of the Event proposed to be insured :

City/Town: _____ State: _____ Pin Code: _____

Location of Event : _____

Event timings and Date : Commencement date : / / Expiry Date : / /

Please provide the following information about Daily Activities and Estimated. Attach separate sheet if required for events beyond 5 days or to provide more detail.

Who is providing food and/or drink or other. (Name and other details)

City/Town: _____ State: _____ Pin Code: _____

Will there be alcohol served at any of the activities ? Yes No

Municipal License Permit No. and Capacity applied for (# of patrons) : _____

- Who is designated to handle the following :
- a) Impaired patrons who arrive at your function
 - b) Audience/others who have become visibly impaired at your function
 - c) Patrons who fight
 - d) Patrons who become disruptive and abusive
 - e) Patrons who are obviously impaired who leave your function

What is your experience producing this type of event.

Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation

General Comments

Has any company declined or cancelled any insurance coverage for the proposed event or events of similar nature conducted by you in the past ?
Yes No
If so, please provide detail.

Limits Requested

Benefits	Sum Insured (in Rs)	Deductibles (in Rs)

Loss History (if any)

PAYMENT INFORMATION

MODE OF PAYMENT

Cheque/ DD Cheque No.: _____ Demand Draft No.: _____
Drawn No.: _____ Dated: / /
Bank A/C No.: _____ Amount in Figures: _____
Amount in Words: _____

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: _____ Date: / / _____ Client's Signature and Stamp

Name : _____ Designation : _____

**STATUTORY WARNING
PROHIBITION OF REBATES.**

(Under Section 41 of Insurance Act 1938)

1. 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 prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lac rupees.



ICICI Lombard General Insurance Company Limited

Mailing Address: Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.
Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.
Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com
Toll Free No.: **1800 2666** • Chargable No.: **+91 92236 22666** • Insurance is the subject matter of solicitation.
IRDA Reg. No. 115. • Misc 38 • CIN: U67200MH2000PLC129408.

NEFT/EFT MANDATE FORM

(Payment through EFT Mechanism)

CORPORATE DETAILS

Group/ Network Name: _____
Address: _____
City: _____ Landmark: _____
Pincode: _____ Pan Card No.:** _____ State: _____
PAN Card Holder's Name: _____

ACCOUNT DETAILS

Bank Name: _____
Branch Name: _____
Payee Name: _____
MIRC No.: _____ IFSC Code: _____
Account Type: _____ Full Account No.: _____
Name as per Bank Records: _____
Cancel cheque No. **: _____

(Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)

If customer name/ account no /IFSC code is not available on cancelled Cheque then NEFT mandate form with Bank Sign & seal and customer signature is mandatory.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Signature & Stamp of the Payee

Verified By
(Bank Official Stamp and Authorized Signature)

Terms and Conditions for Payments through RTGS/NEFT

- The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
- The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
- The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
- The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
- ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
- Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
- Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. Website www.icicilombard.com or by sending them by post to the last address of the Customer.
- These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- I/ We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
- I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the Customer.
- Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard.

Signature and Stamp of Customer



ICICI Lombard General Insurance Company Limited

Mailing Address: Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.
Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com

Toll Free No.: 1800 2666 • Chargable No.: +91 92236 22666 • Insurance is the subject matter of solicitation.

IRDA Reg. No. 115. • CIN: U67200MH2000PLC129408.