RAHEJA QBE GENERAL INSURANCE CO. LTD.

TRANSPORT OPERATORS' LIABILITY

PROPOSAL FORM

Intermediary: _____

This is your proposal for insurance. It will be the basis of any subsequent insurance policy that the Company may issue to you. You are obliged to provide the Company with a full and frank disclosure of any and all facts that may be material to the Company's decision to grant a policy or the terms upon which it should be granted. It is therefore important that on behalf of all proposed insured persons you answer fully and accurately all of the questions contained in this proposal, that you provide the Company with any and all information that may be relevant, and you inform the Company in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted.

Your failure to comply with the obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to the Company.

The Company is under no obligation to accept any proposal for insurance. If the Company accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

If there is insufficient space on this form, please use an attachment page.

DETAILS OF APPLICANT

Your company name:	
Communication Company address:	**Tel:** **Fax:**

Permanent Company address:	**Tel:** **Fax:**
E-mail:	**Website:**
Date company established:	

Email id of the Insured
Mobile no. of the Insured
Bank account details : Account no. Account Type(Saving/Current) Name of the Bank & Branch MICR Code(9 digit) IFSC Code (11 character code)

Nomination details:

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Name of Nominee				
Date of Birth of Nominee	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	_____%	_____%	_____%	_____%
Relation with the Insured				
Mobile No.				
Email ID				
Present Address				

Permanent Address					
Details of authorised person in case if the nominee is a minor-					

Bank account details of the nominee

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Account no.:				
Account Type- Saving/Current:				
Name of the Bank & Branch:				
MICR code(9 digit)				
IFSC code(11 character code):				

Note: In case of more than 1 nominee, please attach a separate annexure mentioning all the detail of the nominees with their share in %:

*Do you wish to avail a physical copy of your policy documents? ☐ Yes ☐ No.

Have you obtained quality assurance accreditation from any internationally recognised organisation?
If yes, please specify:

Please detail names of any trade associations to which you are affiliated or are members:

Names and addresses of any subsidiary, affiliated or associated companies which you wish to include in the insurance:

DETAILS OF KEY PERSONNEL

Please list your directors or partners, noting their professional qualifications or number of

years experience:	
Number of Directors, Partners or Senior Managers:	
Number of Clerical Staff:	
Number of Manual Staff:	
Total Number of Employees:	

FINANCIAL DETAILS

Gross Freight Receipts (GFR)

Please declare gross revenue, sales or billings (turnover) in respect of transport services to be insured. This figure should excluding customs duty, sales tax, or similar fiscal charges paid on behalf of Customers.

Please state your GFR for the previous 12 months: Currency = ……	
Please state you GFR forecast for the next 12 months:	

Service	✓	No. of years experience	Approximate % of annual GFR
Multimodal Transport Operator			
Sea / Air freight forwarder			
Customs Agent			
Road haulier			
In-transit warehousing / packing etc			
Agent for overseas NVOCs			
Other (please detail)			

What percentage of your annual GFR is paid to sub-contractors in the following services;					
Road Haulers	**%**	**Ware housekeepers**	**%**	**Consolidators / Packers**	**%**

Do you contract on a back to back basis with sub-contractors?	Yes / No

CARGO DETAILS

What percentage of your annual GFR results from carriage of cargo which is;

Breakbulk	**%**	**Approximate tonnage**	
Containerised	**%**	**Approximate number of TEU's**	
Palletised	**%**	**Approximate tonnage**	

Please estimate the percentage of your annual traffic to or within each of the following areas;

Western Europe	**%**	**Southern Africa**	**%**
Middle East	**%**	**Rest of Africa**	**%**
Australasia	**%**	**Far East**	**%**
Central / South America	**%**	**Indian Sub-Continent**	**%**
USA / Canada	**%**	**Eastern Europe**	**%**

Please indicate what percentage of your annual GFR is represented by:

Refrigerated Cargoes	**%**	**Tobacco Products**	**%**
Tank Containers	**%**	**Project Cargoes**	**%**
		Dangerous Cargoes	**%**

Spirits	**%**		
High Value Goods*	**%**	**General Cargo**	**%**

*(eg. cash, computers, jewellery, cameras, TVs, audio equipment, mobile phones)

Please complete the table below if you operate your own vehicles, warehouse(s) or packing/consolidation facility(ies):		
Warehouse Locations	**Services Provided**	**Security Arrangements**
A)	A)	A)
B)	B)	B)
C)	C)	C)
Vehicles Owned	**Cargo Carried**	**Delivery Radius**
A)	A)	A)
B)	B)	B)
C)	C)	C)

TRANSPORT DOCUMENTS / TRADING CONDITIONS

Please indicate which documents and business conditions you are currently using			
Own MTO B/L	**Y / N**	**House Airway bill**	**Y / N**
FIATA B/L	**Y / N**	**Master Airway bill**	**Y / N**
Haulage Consignment Note	**Y / N**	**In-Transit Warehousing Receipt**	**Y / N**
National Haulage Association Conditions	**Y / N**	**Own Conditions**	**Y / N**
National Forwarding Association Conditions	**Y / N**	**Other**	**Y / N**

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED
HEAD OFFICE - WING-A, 501-502, 5th Floor, Fulcrum, IA Project Rd, Sahar Village, Andheri East, Mumbai, Maharashtra 400059
UIN - IRDAN141RP0003V02201011

INSURANCE DETAILS

Have any claims been made against you, or have there been any circumstances likely to give rise to a claim being made against you, in the last 5 years? If "yes", please provide details on a separate sheet	**Yes / No**

If you require a specific limit and/or deductible to be quoted please provide the values here; LIMIT : DEDUCTIBLE :	
Has any Insurer ever declined to insure you?	**Yes / No**
Has any Insurer ever cancelled your insurance?	**Yes / No**
Has any Insurer refused to renew your insurance?	**Yes / No**
Has any Insurer previously imposed any special terms or penalties?	**Yes / No**

Are you currently insured for liability risks?	**Yes / No**
If "yes", who by and what is your policy renewal date, current limit, deductible and premium?	

DECLARATION FOR COMPLIANCE WITH ANTI MONEY LAUNDERING REGULATIONS

I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

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 personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract proposed between me and the Company.

Are you or any of the proposed applicants/beneficial owner a PEP or a close relative of a PEP*? YES / NO*
If yes, please give details:……..
**Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc*

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate:

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Raheja QBE GIC Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers give by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Data protection requirement

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and 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"

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.

Name of Proposer _____ Name of Witness_____

Signature of Proposer _____ Signature of Witness_____

Date: _____ Place: _____

Relationship with Proposer:_____

Address of Witness:_____

_____

SIGNATURE: **TITLE:**

NAME: **DATE:**

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INSURANCE ACT 1938, SECTION 41 - 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 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 prospectus 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 ten lakh rupees.

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