

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113 Regd. Office & Head Office:
Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006 UIN No: IRDAN113RP0001V01200102

IMD code		MARINE HULL PROPOSAL FORM	Local office Details
Sub IMD Code			
IMD Name			
IMD Contact No			
LG/Emp. Code			

In case you are/were in relationship with us, kindly mention your Customer ID: _____

If no, kindly provide the following details:

1. Name of the Proposer: _____

(Title)
(First name)
(Middle Name)
(Last name)
2. Address Line 1 : _____
 Address Line 2 : _____
 Landmark: _____
 City: _____ State _____ Pin Code _____
3. Contact Details: Telephone (Res.) _____ Telephone (office) _____
 Mobile No. _____ E-mail ID _____
4. Are you a member of Customer Loyalty Programme : Yes/No
 If yes, kindly provide you Customer Loyalty number : _____
5. For what period or voyage is the insurance required? From _____ To _____
6. Name of Financial Institution / Bank and address: - _____

Name of Vessel	Type of Vessel	Gross Reg. Tonnage	Registered Length	Registered Breadth	Registered Depth Draft	
Name of Builders	Place where built	Material of which built	Year in which		Year Purchased	Price Paid
			Built	Rebuilt		
If vessel rebuilt or major repairs carried out, please state (1)when (2) details of work done	Port of registry and under which Act	Name of registration Authority	Year Built Certified by the port of registry	Number of Registration Certificate		
<i>(Please attach copy of Registration Certificate)</i>						
Details of Valuation report :		Present Estimated Value		Amount Proposed for Insurance		
Valuation survey done by:		1) Hull: - 2) Machinery: -		Hull: - Machinery: -		

Date of Valuation:	3) Equipment & Accessories: - 4) Net: - _____	Equipment & Accessories: - Net: - _____
Estimated value as per report:	Total: - _____	Total: - _____
<i>Please attach copy of valuation report.</i>		
1. State the reason for the difference between the estimated value and the amount Proposed for insurance, if any		
2. When was the vessel last surveyed and by whom?		
3. Is the vessel licensed or approved by any local authority? If so please give full particulars.		
4. Is the vessel equipped with a) Windlass b) Rubbing Bands c) Fire Fighting Appliances d) Single / Double bottom e) Collision Bulk heads		a) _____ b) _____ c) _____ d) _____ e) _____
5. State the Cruising speed of vessel.		
6. Details of special features if any.		
7. Is the vessel classed with a recognised classification society? If so, please state details / symbols allotted		

PARTICULARS OF ENGINE / MACHINERY

Maker's Name	Type of Engine	Single Engine or Twin	Fuel used & Tank capacity	Is Reversed Gear provided?	No. of Propellers	Horse power	No. of cylinders

PARTICULARS RELATING TO EMPLOYMENT OF THE VESSEL:

1. For what purpose is the vessel used?	
2. For what geographical limits is insurance required? (N.B <i>as the insurance of the vessel will be restricted to the above geographical limits it is important to state your requirement clearly</i>)	
3. Will the vessel be laid up during the south West or North East Monsoon? If so a) Where it will be laid up? b) Period for which it will be laid up.	a) _____ b) _____
4. Does the vessel ever undertake any tow? If yes, please attach form used by you laying down condition on which towage is accepted.	Yes / No

PARTICULARS OF MASTER & CREW:

1. State brief details of the person who will be in – charge of the vessel. a) His qualifications. b) Type of Licence / Certificate held and date of its expiry. c) How long has he been in your employment? d) Will he live aboard the vessel? e) His total experience – no. of years and any accident to any of the vessels he handled	a) _____ b) _____ c) _____ d) _____
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2. What is the total number of crew on board the vessel?	
GENERAL INFORMATION:	
1. a) Do you own any other vessels?	a) _____
b) Give the details of accidents that have occurred in the last four years to these vessels.	b) _____
c) Does any of these accident related to the vessel proposed for insurance?	c) _____
2. Has any company or insurer a) Declined to insure you? b) Refused to renew your insurance? c) Increased your premium on renewal? (A) Whether any premium due to be paid by you to any other Insurer has been defaulted?	a) _____ b) _____ c) _____
3. Details of claims if any on the proposed vessel	No. of Claims: _____ Total Claim amount: _____
4. Was the vessel previously insured with any other insurer? a) If so, name of the Insurer and address of issuing office. b) Previous Policy particulars: i) Policy No.: ii) Insured Value: iii) Conditions: iv) Rate charged: v) Period of Insurance: vi) Whether all instalment premiums were fully paid till expiry of the earlier policy: <i>Please attach last instalment payment receipt.</i> c) If vessel has been previously insured within the past 24 month the name of the Insurer, Period of Cover, Rates, Extent of Cover and special Terms and conditions, if any relating to the insurance cover policy may please be given in brief. <i>Please attach copy of previous policy on proposed vessel.</i>	a) _____ b) _____ i) _____ ii) _____ iii) _____ iv) _____ v) _____ vi) _____
5. State the risks against you wish to insure the vessel.	<input type="checkbox"/> Total loss / Constructive Total / Loss Salvage Charges Sue & Labour Charges. <input type="checkbox"/> Wider Cover <input type="checkbox"/> S.R. C.C. risks.
6. Mode of Payment :	
Cheque <input type="checkbox"/> Cheque Date _____ Cheque No _____ Cash <input type="checkbox"/> Others <input type="checkbox"/>	
<p>I/ We the undersigned hereby declare that the above statement and particulars are true and complete and further declare that I/We have not withheld any information which is calculated to influence the decision of the company in accepting the insurance and agree that this declaration shall be the basis of the contract between me/us and BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.</p> <p>Date: _____ Place: _____</p> <p style="text-align: center;">_____ Proposer's Signature</p> <p>The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Company and the required premium paid.</p> <p>Please refer to the annexure for list of requirements in order to process the proposal form.</p>	

Underwriter's Comments (For Internal Usage)

INSURANCE ACT 1938 SECTION 41- Prohibition or Rebates

No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or 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 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 provision of this Section shall be punishable with fine, which may extend to ten lakh rupees.

Annexure

Requirements of a Proposal:

A) If a brand New Vessel:

- i) Registration Certificate of the vessel, if available
- ii) Condition cum Valuation Report if available or basis of valuation (on what basis the proposer is proposing a particular value)
- iii) Details of other Hull Insurance policies with us / and not with us by the same insured / Company / Fleet
- iv) Claims experience on (iv) above

B) If not a brand new Vessel / old vessel:

- i) Registration Certificate of the vessel
- ii) Copy of existing policy with other insurers (to know existing sum insured, terms, rating, insurer details, etc.)
- iii) Condition cum Valuation Report, if available/if required on case to case basis
- iv) If No existing policy with other insurers, Condition Cum Valuation survey is required to be arranged (at proposer cost) and report submitted along with the proposal
- v) Details of other Hull Insurance policies with us / and not with us by the same insured / Company / Fleet
- vi) Claims experience on (vi) above

C) If it is our Renewal:

- i) Our expiring Policy details
- ii) Details of any changes being proposed
- iii) Claims experience on the expiring policy
- iv) Details of other Hull Insurance policies with us / and not with us by the same insured / Company / Fleet
- v) Claims experience on (iv) above
- vi) Copy of the Proposal / Our quote on expiring Policy (these copies would only help us provide quote immediately)

DECLARATIONS – PHYSICAL PROPOSAL FORM

- Are you or any of the proposal applicants a PEP* or a close relative of PEP*?

If yes, please share the 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.” Yes / No

- I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through CERSAI records or National Securities Depository Limited Portal for the purpose of undertaking KYC verification. Yes / No
- 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. Yes / No
- I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information. Yes / No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.

You can update the same through Caringly yours App – <http://onelink.to/v9zp7c>, WhatsApp Service {Say 'Hi' on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on – 8080945060, SMS “WORRY” to 575758, Email – bagichelp@bajajallianz.co.in, website – <https://www.bajajallianz.com/general-insurance.html>, contact your agent or nearest branch.