Business Guard® Small Business Solutions

Business Guard - Agri-Pumpset (Small Business Solutions)



My Business My Choice

Proposal Form

Note: 1) Policy wordings are available on request. 2) Please complete all sections in capitals and tick boxes wherever applicable. 3) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract VOID. 4) Attach separate sheets if space given is insufficient.

Insured / Business Name																												
Contact Person																												
Address for																												
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Company. I/We further agr																												
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Signature of the Proposer	:																											
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AML Guidelines

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. I understand that the Company has the right to call for documents to establish sources of funds. The insurance company has 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. Nationality: Indian Non-Indian If Non-Indian, please specify Country: • Type of Organization Corporations Governments Non Governmental Organizations Society Section 25 Company Trust Partnership International Organization Cooperatives Date:

Agent Declaration:

[Full Name] in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer)							.)														\Box			\perp		
Name of the specified Person and code																			\Box	\prod	\Box	\prod	\Box	\prod	\Box	Ι
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Producer's Name :	_ Producers Code					

Cheque/DD No:			A) TOTAL PREMIUM (ALL Coverage Sections):	
Date:	D D M M Y Y Valid upto: M M	M Y Y	B) Service Tax: ()	
Bank:			A + B Total Amount Payable:	

IMPORTANT

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

- 1. No person shall allow or offer to allow either directly or indirectly as inducement to any Person to take 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, not shall any person taking out or renewing or continuing a Policy accept such a rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- 2. Any Person making default in complying with the provision of this section shall be punishable with fine which may extend to ten Lakh rupees.

Section 64 VB of the Insurance Act 1938

Place:

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale.

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013 24X7 Toll Free No: 1800 266 7780 Fax: 022 6693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425

Signature of Proposer