

WARRANTY AND INDEMNITY INSURANCE <u>PROPOSAL FORM</u>

1.	Name of Insured:
2.	Corporate Mailing Address:
3.	Type of Industry:
4.	Nature of Business activities:
5.	Name of Seller / Buyer:
6.	Corporate Address of Seller / Buyer:
7.	Please provide details, if any Financial Institution is involved :
	Toll Free: 1-800-103-5499; SMS "claim" to 56161

GSTIN: 06AACI7573H7ZG; SAC Code: 9971 Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017 Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106 Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi



- 8. Tentative Transactional value of the deal:
- Please provide Deal Structure Limits: Seller / Buyer's Capacity: Claims Threshold: De minimis:

10. Please provide Deal Time Period:

General:

Tax:

Other:

11. Policy Period:

Inception date:

Expiry Date:

- a) General : _____ years after Completion.
- b) Tax:_____ years after Completion
- c) Others: ______ years after Completion for Title and Authority
- 12. Are you interested in New Breach Cover:

Estimated Value:

De minimis:

Retention in :

Option A:	
Option B:	
Option C:	

Limit in :

Option A:_____ Option B:_____

- 13. Agreement Law and Jurisdiction: Indian Laws and New Delhi
- 14. Do you have any other subsisting Insurance? If yes, provide the details:
- 15. Has any other insurer decline this proposal? If yes, please provide reason:



16. Please provide the list of Transaction documents enclosed herewith:

Signatory's Declaration:

To the best of my/our knowledge and belief and after due enquiries, the statements and information contained in, and attached to, this Proposal Form are true and no material fact has been withheld.

I/we understand a material fact is one likely to influence acceptance or assessment of the risk by the Insurer (<u>NB:</u> in case of doubt or any changes in the information on this application form between the date of this declaration and the inception date of the policy). I/we agree that such statements and information shall form the basis of the insurance contract to be effected.

The person signing this Proposal Form should be duly authorised to sign on behalf of the Proposal and should make all necessary enquiries of his/her fellow directors, officers and employees to enable the questions to be answered and on whose behalf he/she signs.

Important notice: False or incomplete information or the omitting of information may lead to a complete, retroactive deprivation of the insurance coverage. Already paid insurance indemnities may be claimed back (violation of duty to disclosure).

Name and Title:

Date

Signature: _____

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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 renew or continue an insurance in respect of any kind of risks 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 our or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published 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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