

TEA CROP INSURANCE PROPOSAL FORM

IMPORTANT GUIDELINES:

1. **Insurance is the contract of utmost good faith requiring of the Proposer and 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.**
2. **Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.**
3. **Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.**
4. **It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.**
5. **Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.**

FOR OFFICE USE

Intermediary Name: _____ Intermediary Code: _____

Business Channel: Agency Banca Corporate/Broking Direct

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No: _____ GSTN: If applicable _____

POSP PAN (if applicable) _____

POLICY PERIOD: FROM TO.....

1. NAME	
PRESENT ADDRESS OF THE PROPOSER	
PERMANENT ADDRESS OF THE PROPOSER (if left blank, will be construed as being same as Present Address)	
CKYC No. (if available)	

Email ID	
Contact Details	
2. PARTICULARS OF TEA ESTATE PROPOSED FOR INSURANCE a. Name of the Tea Estate b. Location and Address (including name of the State) c. Total Crop area in Hectares (excluding Nursery Crop Area) :	
3. PARTICULARS OF PRODUCTION a. Made Tea produced during the last 3 years excluding the expiring year b. Estimated quantity of Made Tea during the period to (Green leaf converted into Made Tea at the ratio of 4:1)	<u>Year Production</u> 1. Kgs. (Actual) 2. Kgs. (Actual) 3. Kgs. (Actual) (i) Made Tea from own produce: Kgs. (ii) Made Tea from tea leaf purchased from other Garden(s) :Kgs. Total :Kgs.

4. DISPOSAL PARTICULARS OF MADE TEA AND STORAGE COVER REQUIREMENTS, WHEREVER APPLICABLE:

**(A) INLAND DISPOSALS:
TEA TO BE SENT TO AUCTION CENTRES**

AUCTION CENTRES						
	(1)	(2)	(3)	(4)	(5)	(6)
a. Name						
b. Distance involved from the Estate						
c. Estimated Quantity						
d. Storage cover required (in days)						

TEA TO BE SENT TO DESTINATIONS OTHER THAN AUCTION CENTRES

	Transits upto 80 Kms. from the Garden (1)	Transits beyond 80 Kms. upto 300 Kms. from the Garden (2)	Transits beyond 300 Kms. upto 750 Kms. from the Garden (3)	
a. Estimated Quantity				
b. Storage cover required (in days)				
	Transits beyond 750 Kms. from the Garden (4)	FOB/C & F Shipments (5)	Tea Waste (6)	Tea otherwise disposed of at the Garden (7)
a. Estimated Quantity				
b. Storage cover required (in days)			Not Applicable	Not Applicable

(B) DISPOSALS ABROAD:

	OVERSEAS AUCTION CENTRES	C I F SALES	
		Afghanistan & C.I.S. (1)	All other Countries (2)
a. Estimated Quantity			
b. Storage cover required (in days)			

5. BASIS OF VALUATION OF MADE TEA:

		Rs. per kg.
A. OPTION I	Inland (Agreed Value) Overseas (Provisional Value)	
B. OPTION II	1. Inland & Overseas (Agreed Value other than C. I. F. Sales) 2. C. I. F. Sales (Provisional Value)	
C. OPTION III	Inland & Overseas (Provisional Value)	
D. -----	Tea Waste (Agreed Value)	

NOTES:

- (i) Any one of the three options provided above (i.e. 'A' or 'B' or 'C') is to be selected.
- (ii) For arriving at the Provisional Value, average realised value for three completed and adjusted years immediately preceding the expiring year should be taken into account.
- (iii) Agreed/Provisional Value opted above shall remain unchanged throughout the period of insurance.
- (iv) For CIF Sales, Sum Insured should not be more than CIF value (+) 10%

6. ESTIMATED QUANTITY OF TEA DESPATCHED THROUGH CONTAINERS Kgs.
7. STATE MAXIMUM VALUE OF ANYONE SENDING PER ANY ONE CONVEYANCE	Rs. _____
8. PROPOSED QUANTITY OF GREEN LEAF TO BE SENT TO NEIGHBOURING TEA ESTATE FOR MANUFACTURE	a) One Way: Kgs. b) Both Ways: Kgs.
9. IS COVER REQUIRED FOR TEA LYING IN THE ESTATE BEYOND 15% OF THE ESTIMATED ANNUAL CROP? IF SO, THE SURPLUS QUANTITY AND MONTH (S) FOR WHICH COVER IS REQUIRED	Surplus Quantity: Kgs. Period: Months

10. IS COVER REQUIRED FOR TEA HELD BACK RELATING TO THE PREVIOUS PERIOD?

IF SO, SPECIFY QUANTITY AND DISPOSAL PARTICULARS OF THE SAME

	DISPOSAL PARTICULARS				
	1	2	3	4	5
QUANTITY (in Kgs.)					

11. IS COVER REQUIRED AGAINST

- a) Strikes, Riots & Civil Commotion: Yes / No
- b) War & SRCC (for Overseas shipments): Yes / No

12. IS STORAGE EXTENSION OF 15 DAYS FROM THE DATE OF 'PROMPT' * REQUIRED
(For auctions within India only): Yes / No

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- PROMPT DATE IS THE DATE SPECIFIED IN RESPECTIVE ACCOUNT SALES WITHIN WHICH THE BUYER IS REQUIRED TO TAKE DELIVERY OF THE CONSIGNMENTS FROM THE SELLER'S WAREHOUSE AT AUCTION CENTRES.

13. INSURANCE DETAILS OF THE GARDEN FOR THE 3 YEARS IMMEDIATELY PRECEDING THE EXPIRING YEAR:

Period of Insurance	Insurer's Name with Full Address	Premium (Excluding War & SRCC Premium)	Claims (Excluding War & SRCC Claim)		
			Paid	Outstanding	Total

14. IN THE PAST, HAS ANY INSURER DECLINED TO ACCEPT OR RENEW AND/OR CANCELLED AND/OR IMPOSED ANY SPECIAL RESTRICTIVE CONDITIONS FOR SIMILAR INSURANCES? : Yes / No

IF SO, PLEASE GIVE DETAILS:

PAYMENT DETAILS

Mode of Payment	
Payment Details	
Amount in (Rs.)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Please fill up the request for authorization form attached with this proposal form to receive claim/refund payments if any, directly into your bank account through NEFT if the premium amount is more than Rs.10,000/-

Note: The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.



Bank details of proposer for refund or claim purpose:

Name of bank account holder (*mention specifically, if different from name of policyholder*):

Bank Name & Branch:

Bank Account Number:

IFS Code:

NOMINEE DETAILS

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number:

E-Mail ID:

Address of Nominee:

Present address:

Permanent address: (*if left blank, will be construed as being same as Present Address*):

Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:

Bank Account Number:

IFS Code:

Authorized person details (in case nominee is a minor):

DECLARATION OF PROPOSER

- i. I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and GENERALI CENTRAL INSURANCE CO. LTD. (GCICL). If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same shall be conveyed to GCICL immediately, in writing.

- ii. I/We understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.
- iii. I/We declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our/proposer's income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002, and rules framed thereunder. I/We understand that GCICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We/Proposer am/are found to be named in any recognized sanctions list/happen to have violated any provisions of law.

OR

I/We confirm that the premium payment has been made by _____, who is having an insurable interest in my/our/proposer's policy under this application form. In case of any refund, please process the same in proposer's bank account mentioned above.

- iv. I/We am/are (please tick all that are applicable)
 - High Net Worth Individual/s
 - Non-Residential Indian/s
 - Politically Exposed Person/s
 - Non-Governmental Organization
- v. I/We agree to receive service-related information from GCICL and its service providers, from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me/us.
- vi. I/We am/are aware and agree that the information/data provided by me/us, through this application, to GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my/our/proposer's relationship with GCICL, and used for the purposes relating to my/our/proposer's proposal for insurance cover and/or servicing policies issued in my/our/proposer's favour, whether by GCICL or its authorized partners. I/We/Proposer also understand that the said storage is necessary for my/our/proposer's consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I/We/Proposer consent to the fact that GCICL may download my/our/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/our/proposer's KYC records as part of this proposal. I/We/Proposer understand(s) that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I/We/Proposer, also, consent to receive information from the Central KYC Records Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Records Registry are current and valid, as on the date of this proposal, and can be used by GCICL hereafter. In case of any modification, the applicable information will be provided to GCICL for updating the CKYC Registry Records.



viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/>

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box.

Date:

Place:

Signature of the Proposer(s)
(Affix stamp, where proposer is a juridical person)

FOR INTERMEDIARY USE ONLY

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: _____
Intermediary's Signature _____

ANTI MONEY LAUNDERING

GCICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

SECTION 41. OF INSURANCE ACT, 1938-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 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 published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

*******END*******

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800