Commercial General Liability Insurance

Proposal form

1. Name of Proposer	
2. Postal Address	
3. Contact details:	Tel No. Contact Person: E-mail: Website:
4. Period of Insurance	From: To:
5. Detailed Description of Business Operations	
6. Year Established	
7. Location(s) & Countries of Operations	
8. Estimated Turnover (current year)	
9. Actual Turnover (Last Year)	
10. No of Rooms	
11. No of Employees	
12. Details of adjoining properties & their occupancy	
13. Territory	
14. Jurisdiction	
15. Limit of Liability	Per Occurrence: For the year & in the aggregate:
16. Claims Experience for the past three years	
17. Has any Insurer ever declined to insure you or refused to renew any of your insurances?	☐ Yes ☐ No *If "YES" please provide full details*
18. Other Information	

Marketing Consent

Do you give your consent to use your personal information for future marketing activities or cross selling activities (if any)?

☐ Yes ☐ No

Politically Exposed Person (PEP) Declaration

Are you, or any beneficial owner, director, authorised signatory, or person acting on behalf of the proposer, a Politically Exposed Person (PEP), or a close associate or immediate family member of a PEP?

☐ Yes ☐ No

If "Yes", please provide full details:

Declaration

I/We hereby declare and warrant that the statements and particulars given in this Proposal Form are true, complete, and accurate to the best of my/our knowledge and belief, and that no material facts have been withheld or misrepresented.

I/We understand and agree that this Proposal Form, together with any supplementary information provided, shall form the basis of and be incorporated into the contract of insurance between myself/ourselves and the Insurer.

I/We further undertake to notify the Insurer immediately of any material alteration to the information provided before the commencement of the insurance or during the currency of the policy.

I/We acknowledge that any non-disclosure, misrepresentation, or fraudulent statement may render the policy voidable and may result in denial of claims.

I/We consent to the Insurer collecting, obtaining, verifying, and sharing relevant information and documents from or with reinsurers, loss adjusters, brokers, regulatory authorities, other insurers, or any other relevant parties for underwriting, risk assessment, claims handling, fraud prevention, recovery proceedings, and policy administration purposes.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: Date:	Signature of proposer: Company Stamp:

Completing the Proposal Form

1. This proposal must be fully complete including all the required documents.
2. It is the duty of the proposer to disclose all material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assures that the Personal or Sensitive Information that we collect from the proposer is secured. Without such information, Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain information from government offices and third parties to assess a claim in the event of loss or damage.