

**DETAILS REQUIRED BY HO LIABILITY DEPT FOR DISPOSAL OF
UNDERWRITING PROPOSALS**

Name of the Insured	
Business Description	
Type of Policy	
Policy Period	
Retroactive Date with Limit of Indemnity (In case of more than one LOI different dates are to be furnished)	
Claims Made Basis	
Right to Defend	
Limit Of Indemnity (AOA: AOY)	
Territory	
Jurisdiction	
Turnover (CGL/Public Liability/Product Liability)	Domestic: OECD: USA/CANADA: ROW:
Professional Fee (for Errors and omission/PI Policy)	
Financial Position (i.e. Balance Sheet) for D & O Policy	
Claims Experience in this Policy	
Overall claims experience in this policy	
Add on Coverages / Extensions Offered with sub limits (Add more if there are more extensions)	1. 2. 3. 4. 5.
Deductible	INDIA: USA/CANADA: ROW:
Rate & Premium charged (Rate to be charged on AOY)	
Rate of Commission/Rate of Brokerage	
Special Conditions Imposed	
Length of Past Coverage	
UI Renewal/Past Insurer/Fresh	
Previous Policies details (SI, Premium, and claims ratio)	
Approved by HO in the past? If Yes give details, if No reasons for the same	
Business of the client from other Portfolios	
Other information if any related to the proposal	