

Business Suraksha Plus - Variant 2 - Proposal Form

(Please answer all questions in BLOCK letters)

- Note:
- Liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the Company.
 - If you not find sufficient space in any of the below columns please use additional sheets for giving full details

GENERAL INFORMATION

1	a.	Name of the Insured	
		Correspondence address of the Insured	
		Phone No	
		Email ID	
		PAN	
	b.	Occupation	Salaried / Professional / Self Employed / Student / Housewife / Retired / Other (Please specify) _____
	c.	Industry Type	Jewelry/ import-export/mining / shipping / scrap dealing/real estate / agriculture / stock broking / BFSI / manufacturing / Others - (Please specify) _____
	d.	Risk Occupancy	
	e.	Risk Location Addresses of all major locations	
	f.	Income (Annual)	0-2.5 lakh/ 2.5 - 5 lakh/ 5 - 15 lakh/ 20-30 lakh/ 30 lakh and above
g.	Income proof		
h.	Name, Address of the Financial Institution/s or any bank/ person (if any financial interest is involved)		
i.	Paid up capital of the firm		
2		Period of Insurance	From To
3	a.	Source of Business	Agent/ Broker/ Direct
	b.	Intermediary Name	
	c.	Intermediary Code	
	d.	Contact No.	
4.		Claims Details for past three years	Claims paid + Outstanding (Rs) + No of claims in an year + Loss Mitigation Factors in case of any major claim

RISK INFORMATION – MATERIAL DAMAGE

1. Risk Details		
a.	Type of Construction	Pucca/Kutchra
b.	Does any location proposed for insurance has basement occupancy? If yes, what is stored inside and approximate value out of total SI?	
c.	Age of the Buildings	
d.	Is the building part of Industrial Area or Commercial Complex?	Industrial Area/Commercial Complex/ Stand-alone
e.	What are the surrounding occupancies and their distance from the facility?	
f.	Any other occupancy in same building belonging to Insured or others	
g.	Approximate distance from the nearest water body (River, Lake, Canal, Sea, nala etc.)	
h.	What are the Fire Protection Systems at the Facility? (Extinguishers, Hydrants, Sprinkler, Hose Reel etc.)	
i.	How far is the nearest Public Fire Brigade and what is the response time?	
j.	What are the security arrangements?	
k.	Voluntary Higher Deductible opted	

2.	Sum Insured Details (Attach separate sheet for more than one location)	
Sr.No.	Description of property to be insured	Sum Insured (Rs.)
a.	Building	
b.	Plinth & Foundation	
c.	Plant & Machinery	
d.	Stocks & Stocks in Process	
e.	Furniture, Fixture & Fittings	
f.	Other Contents	
3.	Additional extensions	
1.	Earthquake	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2.	Terrorism cover	Yes <input type="checkbox"/> / No <input type="checkbox"/>
3.	Under Insurance Opted	Yes <input type="checkbox"/> / No <input type="checkbox"/>
4.	Others... Please specify	
4.	Basis of Sum Insured	
1.	Reinstatement Value Basis	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2.	Loss limit Basis for P&M and Stocks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
3.	Saleable value basis for Commercial Building.	Yes <input type="checkbox"/> / No <input type="checkbox"/>

ANNEXURE – OPTIONAL SECTIONS

RISK INFORMATION – BUSINESS INTERRUPTION

1.		Year of incorporation of insured's firm/company	
2.		Which Chartered Accountant (Name and Address) audits insured's accounts and at what interval?	
3.		What type of repair work can be carried out without external help?	
4.		Please indicate external repair/ procurement facilities available in India	
5.		Normal working hours of the works to be insured	
	a.	Hours per day	
	b.	No. of shifts	
	c.	days of Week	
6.		Number of employees in the works to be insured?	
7.		Are there any seasonal production or sales fluctuations more than 20%, in the works to be insured?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
8.		Is there a stock of semi finished or finished products? If Yes, state the no. of weeks of supply this stock can cover	Yes <input type="checkbox"/> / No <input type="checkbox"/>
9.		State Indemnity Period desired (Months)	
10.		State the time deductible desired (Days)	
11.		Sum Insured	
	a.	On Net Profit	
	b.	No. of shifts	
	c.	On Increased Cost of Working	
12.		Index of Business Activity	Turnover/Output/Throughput/Revenue/Difference Basis
13.		Details of Previous Interruption	
	a.	Period of Interruption	
	b.	Nature of interruption with causes	
	c.	Loss in Gross Profit /Turnover during the Interruption	
14.		Extensions opted:	Professional accountants _____ Customers, suppliers extension _____ Utilities extension _____ Additional increase in cost of working _____ Others – Pls specify _____
15.		Details of other insurance	
		Have any other insurer ever cancelled or refused to issue or to continue any insurance for you?	

	Have you previously been insured?	
	If YES, Please state with whom, risks covered, and for what amount and please attach copy of the policy.	
16.	Important Notice:-	
	Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance?	
	If YES, please specify:	
17.	Basis of Insurance	1. In respect of reduction in turnover Yes <input type="checkbox"/> / No <input type="checkbox"/> 2. In respect of Increase in cost of working Yes <input type="checkbox"/> / No <input type="checkbox"/> 3. Loss of Wages on Dual Basis Yes <input type="checkbox"/> / No <input type="checkbox"/>
18.	Under Insurance Opted	Yes <input type="checkbox"/> / No <input type="checkbox"/>

RISK INFORMATION – BREAKDOWN OF ELECTRICAL AND MECHANICAL APPLIANCE Yes / No

1.	Has your machinery sustained any damage from breakdown or other cause during last three years	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2.	Are regular periodical inspections of the machinery carried out	Yes <input type="checkbox"/> / No <input type="checkbox"/>
3.	If so, by whom and at what intervals.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
4.	Schedule of machinery to be insured- a) Each machinery should be entered separately with necessary specification. b) The sum insured must be calculated on the present day new replacement value of the machinery to be insured including provision for packing, freight and also value of erection costs, customs duty, etc to afford full protection under the policy c) Please declare only installed machines not portable ones. d) Separate value for foundations masonry and brickwork or Oil in transformers and other electrical equipments are to be specified if cover is required for them.	

Sr. No.	Quantity	Descriptions, type, model, capacity of machines/ sr nos, HO/ KVA/ Volts, Amps, Rpm	Maker's Name and country of origin	Year of Make	Sum Insured (Rs.)
1.					
2.					

Supplementary Clauses & Conditions:

Sr. No.	Supplementary Clauses & Conditions	Required – Yes / No (strike out whichever not applicable)	Limit of Liability
1	Expense for loss minimization	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Un repairable Equipment Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Escalation Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Express Freight	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	Air Freight	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6	Owners Surrounding Property	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
7	Third Party Liability	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
8	Additional Customs Duty	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
9	Modification cost/Incompatibility expenses	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
10	Un Repaired damages	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
11	Waiver of improvement/Betterment clause for replacement of selected machinery	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

4.	Basis of Sum Insured	
1.	Reinstatement Basis	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2.	Loss limit Basis	Yes <input type="checkbox"/> / No <input type="checkbox"/>

RISK INFORMATION – ELECTRONIC EQUIPMENT Yes / No

1.	Is the equipment maintained in accordance with manufacturer's instructions?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2.	Have operators been trained by manufacture?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
3.	Is there any Annual Maintenance Contract (AMC) in force	Yes <input type="checkbox"/> / No <input type="checkbox"/>
4.	Please provide the details of the claims (if any) made by you for the last three years. If, yes please provide details	Yes <input type="checkbox"/> / No <input type="checkbox"/>
5.	Schedule of machinery to be insured-	

Sr. No.	Quantity	Descriptions of Items	Year of Make	Value (Rs.)	Serial No.
1.					
2.					

Sub Total (a) Rs. _____

Please note that the value of electronic equipment should be replacement value by new one of same kind inclusive of freight, customer duty and other charges and cost of erection

Supplementary Clauses & Conditions:			
Sr. No.	Supplementary Clauses & Conditions	Required – Yes / No (strike out whichever not applicable)	Limit of Liability
1	Endorsement For Exclusion of Damage Caused By Fire And Allied Perils	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Medical Equipment Using X-Rays Tubes	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Escalation Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Express Freight	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	Air Freight	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6	Owners Surrounding Property	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
7	Third Party Liability	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
8	Additional Customs Duty	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
9	Software Endorsement	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
10	Floater Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
11	Omission to Insure additions	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
12	Removal of Debris	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
13	Professional Fee	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
14	Clean Up and Decontamination Cost	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
15	Modification cost/Incompatibility expenses	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
16	Waiver of improvement/Betterment clause for replacement of selected machinery	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
17	Un Repaired damages	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
18	Terrorism Cover Inclusion	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

RISK INFORMATION – PORTABLE ELECTRONIC EQUIPMENT Yes / No

1.	Is there any Annual Maintenance Contract (AMC) in force	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2.	Territorial Limit required	India or Worldwide
3.	Have you suffered any loss of or damage to any equipments or had a breakdown or failure during the last three years and shows any sign of repair. If so, give details thereof	
4.	Schedule of machinery to be insured-	

Sr. No.	Quantity	Descriptions of Items	Year of Make	Value (Rs.)	Serial No.
1.					
2.					

Supplementary Clauses & Conditions:			
Sr. No.	Supplementary Clauses & Conditions	Required – Yes / No (strike out whichever not applicable)	Limit of Liability
1	Un repairable Equipment Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Expense for loss minimization	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Reinstatement value clause for portable items	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Omission to Insure additions or extensions	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	Internal Breakdown	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6	Worldwide geographical limit	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
7	Un Repaired damages	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
8	Waiver of improvement/Betterment clause for replacement of selected machinery	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
9	Escalation Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
10	Terrorism cover Inclusion	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

RISK INFORMATION – ELECTRONIC EQUIPMENT Yes / No

1.	Boiler & Pressure plant details :			
Sr. No.	Location	Description – Maker’s Name, Maker’s No., Capacity	Registration Number & Yr. of Make	Sum Insured
1.				
2.				
3.				
2.	Limit for Surrounding Property of the Insured including property held in trust or commission			
3.	Limits for Legal Liabilities to the Third parties		i) Any one Accident ii) Any one Year	
4.	Add-on Covers: If any of the below mentioned add-on covers are required : a) Express freight (excluding airfreight), Overtime and Holiday rates of wages. b) Airfreight. c) Owner’s Surrounding Property. d) Additional Customs Duty.			
5.	a) In case of Boiler, state if it is Water tube type? b) If so, what is the evaporative capacity per hour		Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6.	State how Boiler is fired, e.g. Oil, Gas Coal or Pulverized fuel :			
7.	a) Are all the items in good condition? b) Give particulars of any defects.		Yes <input type="checkbox"/> / No <input type="checkbox"/>	
8.	a) Which items of Plant are subject to periodical inspection? b) By whom are they inspected, and at what intervals? c) Date of last inspection, working pressure approved, and period of such approval (attach copy of last report).			
9.	a) What is the maximum load on safety valve per square inch? b) What is the working pressure?			
10.	a) Are the Boiler Attendant solely employed on the Boiler Plant? b) What are their qualifications? c) What proportion of their time is given to other duties, if not solely employed on the Boiler Plant?		Yes <input type="checkbox"/> / No <input type="checkbox"/>	
11.	a) Are any of the Boilers shown in the proposal automatically controlled? b) If so, which ones?		Yes <input type="checkbox"/> / No <input type="checkbox"/>	
12.	a) Is any of the automatically controlled Boilers not under continuous supervision by person competent to operate it? b) If so which ones			
13.	Is Boiler under regular and frequent supervision whilst working?			
14.	a) Have you ever had an accident to your Boiler Plant? b) If so, give full particulars on separate sheet.		Yes <input type="checkbox"/> / No <input type="checkbox"/>	

RISK INFORMATION – MONEY Yes / No

Description of Money to be insured, (If no Insurance is required for any item insert “NIL”)

Item No.	Money	Estimated Annual amount of money in transit, which will be the basis on which the provisional premium will be charged Rs	Highest amount in transit
i.	Money in direct transit from _____ to _____		
ii.	Money in locked safe or strong room during business hrs	---	
iii.	Money in till and/or counter during business hours.	---	
iv.	Money in locked safe or strong room outside business hours	---	
v.	Money in the personal custody of the insured or the authorized employee/s of the insured whilst in transit to he premises or bank within a period not exceeding 48 hours from the time of collection	---	
vi.	Damage to Safe, Cash Box or Strong room in the premises	---	

1.	How is the money carried?	
2.	What is the distance over which the money will be carried? (Km)	
3.	Have you ever sustained any loss of money whilst in transit or whilst on your premises? If so give full particulars	Yes <input type="checkbox"/> / No <input type="checkbox"/>
4.	What means of transport do the persons carrying the money use i.e. own car/public transport etc.?	
5.	Are the persons carrying the money accompanied by an armed guard/s? If not state what protection if any, is provided or them.	

6.	State following particulars of safe/s and/or strong room in which money will be kept outside business hours a) Maker's Name, Weight Dimensions, Identification Number b) Is it fixed to the walls of floor? c) By whom are the keys of the safe(s) and/or strong room held? d) Are all such keys removed from the premises outside business hours? e) Will the premises are guarded whilst they are closed for business? If so, by whom?	
7.	Have you ever sustained any loss of money whilst in transit or whilst on your premises? If so, give full particulars	

Supplementary Clauses & Conditions:

Sr. No.	Supplementary Clauses & Conditions	Required – Yes / No (strike out whichever not applicable)	Limit of Liability
1	Adjustment of Premium	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Automatic Reinstatement	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Business/ Working Hours extended	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Claim Preparation Costs	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	Damage to clothing/ personal effects (assault) clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6	Definition of Money	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
7	Infidelity cover clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
8	Loss or Damage to Safes, Strong rooms & Money Receptacles (including damage to property and landlords fixtures and fittings)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
9	Money in overnight custody clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
10	Replacement of Keys & Locks, recoding of locking devices (including repair)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
11	Temporary Safe Rental (and the insurance thereof)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
12	Theft by use of Duplicate Key	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
13	Worldwide travel	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
14	Terrorism Inclusion	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
15	Riot & Strike Damage Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

RISK INFORMATION – BAGGAGE Yes / No

1.	Territorial Limit required	India or worldwide
2.	Limit of Indemnity	
a.	Any one event per person	Rs.
b.	Any one year for all persons	Rs.
3.	Terrorism cover Inclusion	Yes <input type="checkbox"/> / No <input type="checkbox"/>

RISK INFORMATION – INFIDELITY/ DISHONESTY OF EMPLOYEES Yes / No

1 (I)	Details of Employees to be guaranteed (Named/ Designation cover option)				
Sr. No.	Name	Designation	Place of Employment	Amount to be guaranteed per person	Any other security taken
a.					
b.					
Please attached separate sheet if the space is insufficient					
Total Annual Aggregate Limit of Guarantee			Rs.		

1 (II)	Details of Employees to be guaranteed (Floating cover option)				
Sr. No.	Category of employees to be covered	No. of employees to be covered	Place of Employment	Amount to be guaranteed per person	Any other security taken
a.					
b.					
Please attached separate sheet if the space is insufficient					
Total Annual Aggregate Limit of Guarantee			Rs.		

2.	Is there a system to obtain reference from previous employees? If not, specify practice followed	
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3.	State the estimate of maximum amount held by any employee at any one time and for how long a. Money: Amount Period b. Stocks: Amount Period	
4.	a. How often are the employees required to account for money? b. What Independent system is there to check that all sums received by employees are accounted for?	
5.	a. Do employees pay out money or draw cash from Employer's account? b. System of operation of Bank account and precaution taken c. Whether such payments/ withdrawals are authorized by a senior employee and compared with supporting documents?	
6.	How often the cash back is balanced, the entries checked with vouchers, Bank's passbook and with counterfoils of receipt books	
7.	How often are the Proposer's books balanced?	
8.	a. System followed for purchase of goods and recording deliveries b. System followed for authorized dispatch of goods and ensuring that dispatch is recorded and changed to the customer	
9.	How often and by whom stock verification is done?	
10.	System for collecting outstanding accounts	
11.	How often will statements of account be furnished by the Proposed direct to Customer?	
12.	What is the extent and frequency of audit?	
13.	Details of losses suffered on account of infidelity of any employees during last 5 years and steps taken to prevent recurrence.	

Supplementary Clauses & Conditions:

Sr. No.	Supplementary Clauses & Conditions	Required – Yes / No (strike out whichever not applicable)	Limit of Liability
1	Extended cover for past employees	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Accountants & auditors	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Alteration of systems	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Automatic reinstatement	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	Claims preparation costs & audit fees (including computer system certification)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6	Costs of recovery following subrogation to the company (by the company)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
7	Costs of recovery (by the insured for loss in excess of the sum insured)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
8	Cost of rectifying accounting & computer records & programmes	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
9	Credit/ debit card (fraudulent use of)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
10	Discretion in reporting to police (period of grace and successful recovery)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
11	Subrogation waiver (contracting parties)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
12	Unidentifiable employees (loss as a result of)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
13	Contractual/Off Roll Employee Cover	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

1	a.	Projected Annual Revenue	
	b.	Number of employees	
	c.	Projected Annual salaries	
	d.	Occupied floor area in sq meter	
	e.	Type of construction	
	f.	Age of the building	
	g.	No of floors and height if the building and which floors are occupied by you	
	h.	Details of other occupants	
	i.	Details of lifts, elevators, escalators etc. please specify make and capacity.	
2		Activities being carried on in the premises	
3		Details of surrounding areas/ property	
4		Please indicate the limits of indemnity required	
	a.	Any one accident	
	b.	Any one year	
5		Do you handle or use or store gases/ hazardous/ toxic/ radio active material and/ or equipments in the premises. If yeas, please give details of maximum capacity stored/ used/ handled at the time.	

RISK INFORMATION – EMPLOYEE COMPENSATION Yes / No

1.	Employee Details					
Description of Employees	Estimated Number of Employees	Full details of work subject (Specify exact, nature of work)	Cash (annual)	Living/ other allowances if any (annual)	Total Estimated Annual Earnings	Insurance required State Table A or B of prospectus
Clerical Staff						
Commercial Travellers						
Any other employee (pl provide category and details as provided in first two categories)						

2. The total amount of wages salaries and other earnings paid by me during the past twelve months was Rs.

3.	Does the above, schedule include: (a) All persons in your service? (b) All your subcontractors?	
4.	If Not, then kindly confirm which categories of employees are not covered?	
5.	Do you provide specific training to your employees on how to perform their respective job?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Does all employees are acquitted with standard safety procedures?	
	Are your premises a Factory within the meaning of the Factories Act?	
	Does the insured instruct all workers in proper lifting techniques? Are they provided with materials-handling aids and encouraged to obtain help where moving extremely heavy objects?	

OTHER INFORMATION

Do you wish to opt for Arbitration?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Venue for Arbitration (If Arbitration is opted)	

FRAUD WARNING

This policy shall be voidable at the option of the HDFC ERGO in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Applicant. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

ANTI REBATING WARNING

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy 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, 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 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 Lakhs rupees.

DATA PROTECTION REQUIREMENT (BELOW DECLARATION SHOULD BE MENTIONED IN INSURED DECLARATION)

I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance

ANTI - MONEY LAUNDERING

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

SHARING OF INFORMATION CLAUSE

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

PAYMENT DETAILS

Amount (INR) _____

GST (INR) _____

Premium including tax (INR) _____

Rupees in words _____

MODE OF PAYMENTS

Cheque NEFT

Instrument No. _____

Instrument Date: _____

Bank Account No. _____

Account Type: Savings / Current / Other. If others, please specify _____

Branch Name & Address: _____

IFSC Code _____ MICR Code _____

Bank details for refund of premium in case of cancellation to be considered as above Yes / No

If NO, please provide additional bank details in below provided space:

Bank Account No. _____

Account Type: Savings / Current / Other. If others, please specify _____

Branch Name & Address: _____

IFSC Code _____ MICR Code _____

Nationality: Indian Non – Indian

If Non-Indian, please specify Country: _____

Beneficial Owner: Yes / No

Name of the Beneficiary: _____

Are you a PEP or family member or close relative / associate of PEPs: Yes/No (appropriate tick) If Yes, give details _____

Type of Organization

Corporation: _____

Governments: _____

Society: _____

Private Organizations: _____

International Organization: _____

Partnership: _____

Trust: _____

Others: _____

Sources of Fund:

Salary _____

Business _____

Other _____

I/We wish:

Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.

Note:

1. Please provide a cancelled copy of cheque of your bank account.
2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

DECLARATION

(To be signed by a partner or director of the Main Applicant)

I/We, the undersigned, declare and acknowledge:

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy.
- I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"
- 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.

- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.

Signed: _____

Print Name: _____

Title: _____

Dated: _____

TERMS AND CONDITIONS

Note: The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Applicant agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Applicant by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this Policy (Your proposal form will be considered after HDFCERGO General Insurance Company Limited receives premium payment.)