



(Please answer all questions in BLOCK letters)

The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

Information given herein will be treated in strict confidence.

GENERAL INFORMATION

A. Personal Details of Proposer/ Owner:

1.	Name of Proposer	
2.	Present Address of Proposer Address (In capital letters, with pin code)	
	Is your present address same as your permanent address?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No If no, please state your permanent address along with pin code:
	Address proof (document & number)	
3.	Phone No. a. Mobile b. Landline	
4.	Email	
5.	Identity proof (document & number)	
6.	Occupation	Salaried/ Professional/ Self Employed/ Student/ Housewife/ Retired/ Other (Please specify)_____
7.	Industry Type	Jewellery/ import-export/ mining / shipping / scrap dealing/real estate / agriculture / stock broking / BFSI / manufacturing / Others - (Please specify)_____
8.	Income (Annual)	0-2.5 lakh/ 2.5 - 5 lakh/ 5 - 20 lakh/ 20-30 lakh/ 30 lakh and above
9.	Income proof	
10.	PAN (document & number)	
11.	Existing KYC Number, if any	
12.	Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions	
13.	Policy Tenure	Annual <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/>
14.	Required Period of Insurance	Risk Inception Date: _____ Risk End Date: _____

B. Risk Details of Proposer/ Owner:

PUT A (✓) TICK MARK WHEREVER APPLICABLE AND ANSWER IN FULL, NO ABBREVIATIONS SHOULD BE USED.

1. SECTION I - (BASE COVER) – PROPERTY DAMAGE:

Coverage Option required

Named Peril Basis _____

All Risk Basis _____

In case of 'Named Perils' basis, please tick if you require the following covers. Note that Fire and Allied Perils are already covered when Building and Content is chosen on Peril basis.

- i. Earthquake, Volcanic eruption or other Convulsions of nature:
- ii. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation:

SUM INSURED:

Select Sum Insured basis as required (Tick whichever is applicable):

- For Building: Reinstatement Value Basis Saleable Value Basis; Loss Limit Basis
 Specify percentage opted for Loss Limit _____
- For Plant & Machinery: Reinstatement Value Basis Loss Limit Basis Specify percentage opted for Loss Limit _____

Property Location	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify Basis and SI)	Total Sum Insured
	<In INR>	<In INR>	<In INR>	<In INR>	<In INR>	<In INR>	SI Basis: Content: SI: INR____	₹
	<In INR>	<In INR>	<In INR>	<In INR>	<In INR>	<In INR>	SI Basis: Content: SI: INR____	₹
	<In INR>	<In INR>	<In INR>	<In INR>	<In INR>	<In INR>	SI Basis: Content: SI: INR____	₹

Do You want to opt for Floater Cover? Yes/No (strike off what is not applicable). If yes, give details below:

Floater Cover (for stocks at various locations)	Location (Postal address with pincode)	Sum Insured (In ₹)
Maximum value at any one location: ₹		

Do You want to opt for Declaration Policy? Yes/No (strike off what is not applicable). If yes, give details below:

Mode of Declaration (Please tick on chosen option)

- i. Average of the value at risk on each day of the month, or
- ii. Highest value at risk during the month

Provisional Amount for Insurance (₹):

For all Manufacturing/ Trading/ Storage. Service locations. please provide information in Table below – Please add an Annexure in case of column constraint)

Particulars	Location#1	Location#2	Location#3
Occupancy			
Type of construction Kutcha or Pucca/ Class-I/ Complete RCC			
Basement exposure Present or Absent			
Is the building part of Industrial Area or Commercial Complex? Yes or No			
Floor situated on: (Indicate number) Is Storage done above floor level?			

<p>Fire Protection Systems installed</p>	<ul style="list-style-type: none"> • Portable Extinguishers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smoke Detectors: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Small bore hose reels: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Trailer Pumps/ Fireengines: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Hydrant System: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Sprinkler System: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Fixed Water Spray System, Foam System: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Fire Alarm System: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Gas Flooding System: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Others (please specify _____ 	<ul style="list-style-type: none"> • Portable Extinguishers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smoke Detectors: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Small bore hose reels: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Trailer Pumps/ Fireengines: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Hydrant System: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Sprinkler System: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Fixed Water Spray System, Foam System: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Fire Alarm System: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Gas Flooding System: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Others (please specify _____ 	<ul style="list-style-type: none"> • Portable Extinguishers: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Smoke Detectors: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Small bore hose reels: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Trailer Pumps/ Fireengines: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Hydrant System: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Sprinkler System: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Fixed Water Spray System, Foam System: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Fire Alarm System: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Gas Flooding System: <input type="checkbox"/> Yes/ <input type="checkbox"/> No • Others (please specify _____
<p>Distance from Nearest Fire Station 0-5 km 5-10 km 10-5 Kms Above 15 Kms</p>			
<p>Distance from the nearest water body 0-5 km 5-10 km 10-5 Kms Above 15 Kms</p>			
<p>Type of Electrical Installation Concealed or exposed</p>			
<p>24 x 7 Security personnel available Yes/ No</p>			
<p>CCTV installed Yes/No</p>			
<p>Business/ Operating Hours</p>			
<p>Whether AMC (Annual Maintenance contract) for the Fire Protection/ Detection Appliances is in force Yes/No</p>			
<p>In case the answer to above question is 'No', please mention if there is a dedicated person/official responsible for maintenance of Fire Protection/ Detection installations Yes/No</p>			

For all Storage locations, please provide additional information asked below. Please add an Annexure in case of column constraint

Particulars	Location#1	Location#2	Location#3
Storage done above floor level? Yes/ No			
Storage done on Racks/Pellets Yes/ No			
Is the plinth level higher/raised than the ground level Yes/ No			
Are stock and sales book maintained by you? Yes/ No			
Is the premise situated alongside a Public Road? Yes/ No			
Please specify the width of approach road to the premise 0-5 Feet 5-10 Feet Above 10 Feet			
Whether stocks stored in open Yes/ No			
In case the answer to above question is 'Yes', please indicate approx. percentage Yes/ No			

• Sum Insured and Other details of Insured Property

(In case of multiple locations, please specify for each Building/ Location. Attach Annexure if needed)

LIMITS FOR IN-BUILT COVERS Start-Up Expenses_____

ADD-ONS under Section-1 (Please indicate required Add-ons by mentioning Yes or No beside the cover item on the list below –

Named Perils Add-on			All-Risk Add-ons		
Add On Name	Yes/No	Indemnity Limits	Add On Name	Yes/No	Indemnity Limits
Terrorism			Terrorism		
Loss minimization			Loss minimization		
Extra Expenses		_____(Max upto Rs 25 lacs)	Extra Expenses		_____(Max upto Rs 25 lacs)
Involuntary Betterment		_____(Max upto 50% of Total Sum Insured excl Stocks)	Involuntary Betterment		_____(Max upto 50% of Total Sum Insured excl Stocks)
Additional Expense of Rent for and Alternative Premises		No. of months ___	Additional Expense for Rent for and Alternative Premises		No. of months ___
Contract Works		Sum Insured Limit_____	Contract Works		Sum Insured Limit_____
Escalation		_____(Max upto 25% of Base SI)	Escalation		_____(Max upto 25% of Base SI)
Brand and Label clause			Brand and Label clause		
Deterioration of stocks in cold storage premises due to accidental power failure consequent to damage at the premises of Power station due to an Insured Peril		NA	Deterioration of stocks in cold storage premises due to accidental power failure consequent to damage at the premises of Power station due to an Insured Peril		NA

Deterioration of stocks in cold storage premises due to change in temperature arising out of loss of damage to cold storage machinery (ies) in the Insured premises due to operation of an insured peril		NA	Deterioration of stocks in cold storage premises due to change in temperature arising out of loss of damage to cold storage machinery(ies) in the Insured premises due to operation of an insured peril		NA
Omission to Insure additions or extensions		____(Max upto 5% of SI excl Stocks)	Omission to Insure additions or extensions		____(Max upto 5% of SI excl Stocks)
Escalation – i. For Building ii. For Plant and Machineries		____(Max upto 25% of base SI) ____(Max upto 25% of base SI)	Escalation – i. For Building ii. Escalation – For Plant and Machineries		____(Max upto 25% of base SI) ____(Max upto 25% of base SI)
Temporary removal of stocks and/or contents to exhibition site			Temporary removal of stocks and/or contents to exhibition site		
Deterioration of stocks due to change in temperature arising out of loss or damage to Refrigeration Machinery or warehouse structure following an accident at the cold storage facility rented by the insured		NA	Deterioration of stocks due to change in temperature arising out of loss or damage to Refrigeration Machinery or warehouse structure following an accident at the cold storage facility rented by the insured		NA
Loss of Business Income- Benefit Cover (Not applicable if Section-7 is selected)			Loss of Business Income-Benefit Cover (Not applicable if Section-7 is selected)		
Claim Preparation Cost			Claim Preparation Cost		
Temporary Repair Clause			Temporary Repair Clause		
On Account Payment clause		NA	On Account Payment clause		NA
Crane Hiring charges			Crane Hiring charges		
Accidental Damage					
Leakage and Overflowing					
Contamination and Co-mingling clause					
Impact Damage due to Insured's own rail road vehicle, forklifts, cranes, stackers and the like and articles dropped therefrom		NA			
Molten Metal spillage		NA			
Broad water damage		NA			

OPTIONAL SECTIONS: The following Sections are optional and must be opted-in for consideration under the policy:

SECTION. No.	SECTION DESCRIPTION	Tick if Required
I	PROPERTY DAMAGE	
II	BURGLARY AND HOUSE BREAKING	
III	BREAKDOWN OF ELECTRICAL AND MECHANICAL APPLIANCE	
IV	ELECTRONIC EQUIPMENT INSURANCE	
V	PORTABLE ELECTRONIC EQUIPMENT	
VI	BOILER AND PRESSURE PLANT	
VII	BUSINESS INTERRUPTION (Other than Machinery Loss of Profit)	
VIII	BUSINESS INTERRUPTION (MACHINERY LOSS OF PROFIT)	
IX	PLATE GLASS AND SANITARY FITTINGS	
X	NEON SIGN/ GLOW SIGN/ HOARDING	
XI	MONEY	
XII	BAGGAGE	
XIII	MARINE TRANSIT	
XIV	CYBER RISK	
XV	PUBLIC LIABILITY	
XVI	EVENT LIABILITY	
XVII	INFIDELITY/DISHONESTY OF EMPLOYEES	
XVIII	WORKMEN'S COMPENSATION	
XIX	AGRI PUMP SET	
XX	AGRICULTURAL EQUIPMENT	
XXI	PEDAL CYCLE	

SECTION II - BURGLARY AND HOUSEBREAKING

Please select Basis of Sum Insured, as required along with the Sum Insured required (Please tick wherever applicable):

Market Value: Sum Insured: INR _____ Reinstatement Value Sum Insured: INR _____

Loss Limit Basis

If Insurance is required on Loss Limit Basis, please indicate required percentage limit- _____

1	a.	Are all the premises installed with CCTV/ Burglary alarm?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	b.	Are entry / exits of all premises secured with iron grills and locking system.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
2		Are stock and sales book maintained by you for individual risk locations?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
3		Operating Hours of your Business a. Will the premise at any time be left unoccupied? b. If so, then how many and during what time?	

Please tick box below if Multiple locations are required to be covered under this section on Floater Basis (single SI for multiple locations)

Floater Cover _____

Please select required add-ons under this section by ticking the box placed alongside the Add-on and specify the limit wherever applicable -

- Riot & Strike Damage Clause
- Theft Extension Clause
- Cost of Debris removal _____ (Max upto Rs 10000)
- Cost of restoring documents _____ (Max upto Rs 10000)

- Employee personal property cover_____ (Max upto Rs 5000)
- Replacement of locks including repair to Insured premises_____ (Max upto 10% of SI)
- Omission to Insure_____ (Max upto 5% of SI)
- Temporary removal of stocks and/or contents to exhibition site
- Declaration Clause

SECTION III - BREAKDOWN OF ELECTRICAL AND MECHANICAL APPLIANCE

Please select Basis of Sum Insured, as required along with the Sum Insured required (Please tick wherever applicable):

Replacement Value Sum Insured: INR _____

Note: Schedule of machinery to be insured.

- 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
- Please consider only installed machines not portable ones.

Loss Limit Basis Specify percentage opted_____

1	Has your machinery sustained any damage from breakdown or other cause during last three years for which claim was reported to any insurance company If Answer to above question is 'Yes', please mention the following - Amount claimed - Amount for which claim was settled - Machinery damaged - Cause of loss	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
2	Are regular periodical inspections of the machinery carried out	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

Add-on Covers: If below mentioned add-on covers are required. Please tick the boxes placed alongside and specify the limit wherever applicable

- Escalation Clause _____Specify percentage opted
- Express Freight
- Air Freight
- Owners Surrounding Property
- Third Party Liability AOA_____ AOY_____
- Additional Customs Duty
- Unrepaired damages Anyone Event_____ Aggregate_____
- Waiver of improvement/ Betterment clause for replacement of selected machinery

SECTION IV - ELECTRONIC EQUIPMENT INSURANCE

Replacement Value Sum Insured: INR _____

Loss Limit Basis Specify percentage opted_____

SECTION V - PORTABLE ELECTRONIC EQUIPMENT

1	Is there any Annual Maintenance Contract (AMC) in force	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
2	Has your equipment sustained any damage from breakdown or other cause during last three years for which claim was reported to any insurance company If Answer to above question is 'Yes', please mention the following - Amount claimed - Amount for which claim was settled - Equipment damaged - Cause of loss	

Add-on Covers: If any of the below mentioned add-on covers are required, please tick adjoining box and specify the limit wherever applicable

- Omission to Insure additions or extensions
- Escalation Clause _____ Specify percentage opted
- Express Freight _____
- Air Freight _____
- Owners Surrounding Property AOA_____ AOY_____
- Additional Customs Duty _____
- Third Party Liability AOA_____ AOY_____ (Higher of;10% of SI or 10 crs per location)
- Software Endorsement
- Modification Cost/ Incompatibility Expenses Anyone Event_____ Aggregate_____

SECTION VI - BOILER AND PRESSURE PLANT

Sr. No.	Location	Description of Items, including Maker's name, Number, and Capacity	Registration Number	Year of Make	Sum Insured

1. In case of Boiler, state if it is Water tube type? If so, what is the evaporative capacity per hour:
2. State how Boiler is fired, e.g. Oil, Gas Coal or Pulverized fuel.
3. Do you wish to include the main steam piping? If so, state whether cover require within 20 meters or 100 meters radius of the Boiler:
4. Are all the items in good condition? Give particulars of any defects
5. Which items of Plant are subject to periodical inspection? By whom are they inspected, and at what intervals?

Date of last inspection, working pressure approved, and period of such approval (attach copy of last report):
6. What is the maximum load on safety valve per square inch? What is the working pressure?
7. Are the Boiler Attendant solely employed on the Boiler Plant?
8. Have you ever had an accident to your Boiler Plant? If 'Yes' please provide details below –
 - Date of Loss: _____
 - Amount claimed from insurance company/ Amount of final damages: _____
9. Are any of the Boilers shown in the proposal automatically controlled? If so, which ones?
10. Is any of the automatically controlled Boilers not under continuous supervision by person competent to operate it? If so which ones
11. Is Boiler under regular and frequent supervision whilst working?

Note -

- i. The term `Boiler' where used in the above schedule includes fittings, integral super heaters and integral economisers but does not include steam or feed water piping, separate super heaters, separate economisers, such items being covered by the Policy only if specifically listed in the schedule.
- ii. Value of the Boiler and/ or Pressure Plant older than 20 years must be indicated separately.

SECTION VII - BUSINESS INTERRUPTION (Other than Machinery Loss of Profit)

Gross Profit to be insured _____ Period of Indemnity required _____

Specification Basis (Indicate using a tick mark)

Turnover Output Difference Revenue Wages

Amount of Standing charges insured _____

Standing charges list _____ (Please provide list of entries)

For Prevention of Access; Please specify the period of Indemnity required _____

Optional extensions –

Please tick the extension required under this section –

- Property of the Insured Stored anywhere other than insured premises _____ specify %
- Supplier’s premises
- Customer’s premises
- Premises where a contract is being carried out
- Professional Insured
- Spoilage consequential Loss cover
- Electricity Station, Gas Works and Water Works

SECTION VIII - BUSINESS INTERRUPTION (MACHINERY LOSS OF PROFIT)

Gross Profit to be insured _____ Amount of Standing charges insured _____

Standing charges list _____ Period of Indemnity _____

1	Do you wish to cover the risk of Loss of Profits arising from Breakdown of Machinery in your premises. Please fill in data in annexure	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
2	Do you wish to cover the risk of Loss of Profits arising from Explosion of Boiler and Pressure Plant in your premises? Please fill in data in annexure	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
3	Time Exclusion opted	<input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 45 Days

SECTION IX - PLATE GLASS AND SANITARY FITTINGS

1	Please furnish value of the glass with dimension and of framework and any tinted embossed, ornamental, or painted glass		
	Sr No	Location (In case multiple locations are covered under the policy)	Value (Rs.)
2	Do you wish to cover the risk of Loss of Profits arising from Explosion of Boiler and Pressure Plant in your premises? Please fill in data in annexure		
	Sr No	Location (In case multiple locations are covered under the policy)	Value (Rs.)

Please tick the box adjacent to the add-on in case the same is required

Damage to frame and framework of any description following breakage of glass subject to a maximum of INR 5,000/-

SECTION X - NEON SIGN/ GLOW SIGN/ HOARDING

Please furnish value of neon sign/glow sign/hoarding with dimension and of framework and any tinted embossed, ornamental, or painted glass

Sr No	Location (In case multiple locations are covered under the policy)	Value (Rs.)

SECTION XI - MONEY

A. Money in Premises:

	Insured Premises and Location	Particulars in each safe	Limit of Liability (any one occurrence)	Details of Safe/ Out of Safe Container
In Safe		< Cash, bank drafts, currency notes, treasury notes, cheques, postal order, money orders or current postage stamps >	INR _____	<<Make, Dimension, Weight>
Out of Safe during business hours		< Cash, bank drafts, currency notes, treasury notes, cheques, postal order, money orders or current postage stamps >	INR _____	<Specify Details of out of safe container>
Cash in till/ counter				

B. Money in Transit:

	Location	Transit between		Limit of Liability (any one occurrence)
		From	To	
	Single carrying limit	(Bank)	(Insured's Premises)	INR _____
	Single carrying limit	(Insured's Premises)	(Bank)	INR _____
	Single carrying limit	Any other place / Insured's premises	Insured's Premises/ Any other place	INR _____

With reference to the Limit of Liability, any one occurrence shall mean one claim or a series of claims under one or more coverages for loss or damage arising out of one fortuitous event.

The following information is solely for the computation of Deposit Premium under Money in Transit coverage(s)

- Estimated Annual Carrying of Money: INR _____
- Estimated number of Transits as described during the policy period: INR _____
- Estimated number of transits on a month _____
- Distance of Bank from premises where Money is kept _____

Please provide the following information:

- How is the money normally carried? (i.e) whether in bags, trunks etc.?
- What means of transport do the persons carrying the money normally use i.e own car/public transport etc.?
- Are the persons carrying the money accompanied by armed guards? If not, state what protection if any, is provided for them.
- Is there any other material information relevant to the acceptance of this proposal which must be known by the Company?
- State following particulars of safe(s) and/or strong room in which money will be kept outside of business hours

a.	Maker's Name	Dimensions & Weight	Identification Number
b.	Addresses of premises where safe is kept?		
c.	Is it fixed to the walls or floor?		

d.	Who holds the keys of the safe(s) and/or the strong room?	
e.	Are all such keys removed from the premises outside business hours?	
f.	Will the Premises be guarded whilst they are closed for business? If so, by whom?	

Have you ever sustained any loss of money whilst in transit or whilst on your premises? If so, give full particulars.

Year	Premium	Claim
	₹	₹
	₹	₹
	₹	₹
	₹	₹
TOTAL	₹	₹

SECTION XII - BAGGAGE

- Please mention the Sum Insured required for this section _____
- How frequently do you travel for business purposes? _____
- Do you want to opt for Worldwide Geographical Extension?

SECTION XIII - MARINE TRANSIT

Subject matter/ Cargo/ Merchandise to be insured: _____	
Insuring Terms required on: <input type="checkbox"/> All Risks <input type="checkbox"/> Named Perils/ Basic Cover <input type="checkbox"/> SRCC	
Any special agreement with the Carriers that may limit liability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe. _____	
Estimated Annual Turnover to be Insured Estimated value of Capital Items shipment	
Limits of Indemnity	
Any one conveyance:	Any one Location:
Estimated shipment values: For Imports:	For Inland movement: For Exports:
Do you export to/Import from Gulf countries: _____	
In the past 5 years, has your Policy been cancelled by any Insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details. _____	
Please tick appropriate boxes, if you wish to get insurance for War-SRCC risks for transits through-	
a. Middle East High-Risk Area (HRA) viz. - Arab Emirates, Bahrain, Iraq, Kuwait, Oman, Qatar and Saudi Arabia. Additional minimum rate of 0.025% over and above base rate <input type="checkbox"/>	
b. Indian Ocean, Gulf of Aden and Southern Red Sea - Additional minimum rate of 0.15% over and above base rate <input type="checkbox"/>	

SECTION XIV - CYBER RISK

The insured hereby declares the following in relation to the cover opted vide this section

- Anti-virus software is maintained on any device that is part of insured's computer system and it is routinely update
- Firewalls are maintained on any device that is part of Insured's computer system and same is connected to the internet
- Insured's data assets are subjected to monthly back up procedures, and these back-ups are stored in a cloud environment or at an offsite location disconnected from insured's computer system

Limit for this Section

AOA Limit required under this section: INR_____

AOY/ Aggregate Limit required under this section: INR_____

SECTION XV - PUBLIC LIABILITY

1	Number of employees	
2	Is there a dedicated customer and visitor waiting area inside the premises? Please mention the maximum capacity of waiting/reception area of your premises	
3	No. of dedicated housekeeping staff employed	
4	Is there a dedicated lift for your premises? Y/N If answer to above question is 'Yes', please mention if appropriate license to operate is in place. Is AMC in place for the lifts installed?	
	Please indicate the limits of indemnity required	Sum Insured
5	a. Any one accident	
	b. Any one year	
6	Do you handle or use or store gases/ hazardous/ toxic/ radio active material and/ or equipments in the premises. If yes, please give details of maximum capacity stored/ used/ handled at the time.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Are you required to be insured under Public Liability Insurance Act?	
8	Do you serve food and beverages at insured premises to customers/visitors?	
9	Is there any armed security personnel at your premises during business hours?	
10	Do you provide parking space to Visitors?	
11	a. Has any lawsuit been brought against you in the past?	
	b. Is there any pending claim or litigation against the business ?	

SECTION XVI - EVENT LIABILITY

Estimated No. of Events expected during the policy period	
Maximum duration of any single event	
Maximum expected footfall in a single event	

AOA Limit required under this section: INR _____

AOY/ Aggregate Limit required under this section: INR _____

SECTION XVII - INFIDELITY/ DISHONESTY OF EMPLOYEES

1.	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.	
2.	Is there a system to obtain reference from previous employer? If not, specify practice followed				
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.	Do you collect copies of govt. issued IDs before appointment of your employees?				
5.	How often are the Proposer's books balanced? i. Cash Book _____ ii. Passbook _____ iii. Purchase receipts _____ iv. Payment receipts _____ v. Stock register _____				

6.	Details of losses suffered on account of infidelity of any employees during last 5 years and steps taken to prevent recurrence.	
7.	<p>Add-on Covers: If any of the below mentioned add-on covers are required, please tick on adjoining box and specify the limit wherever applicable</p> <p><input type="checkbox"/> Extended cover for past employees</p> <p><input type="checkbox"/> Accountants & auditors</p> <p><input type="checkbox"/> Alteration of systems</p> <p><input type="checkbox"/> Automatic reinstatement</p> <p><input type="checkbox"/> Claims preparation costs & audit fees (including computer system certification)____(Max 10% of Claims Paid/ Payable)</p> <p><input type="checkbox"/> Costs of recovery following subrogation to the company (by the company)</p> <p><input type="checkbox"/> Costs of recovery (by the insured for loss in excess of the sum insured____)____(Max 10% of Claims Paid)</p> <p><input type="checkbox"/> Cost of rectifying accounting & computer records & programmes ____)(Max 15% of Claims Paid)</p> <p><input type="checkbox"/> Credit/ debit card (fraudulent use of)____(Upto 10% of SI)</p> <p><input type="checkbox"/> Discretion in reporting to police (period of grace and successful recovery)</p>	
	<p><input type="checkbox"/> Subrogation waiver (contracting parties)</p> <p><input type="checkbox"/> Unidentifiable employees</p> <p><input type="checkbox"/> Contractual/ Off Roll Employee Cover</p>	

SECTION XVIII - WORKMEN'S COMPENSATION

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 Travelers						
Any other Employee (please 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?						<input type="checkbox"/> Yes <input type="checkbox"/> No
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?						<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does all employees are provided with standard safety equipments?						
7. Are regular safety drills and training conducted for the workers/employees?						<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION XIX - AGRI PUMP SET

(Specify for each location in case multiple locations are covered under the policy. Add Annexure if needed):

	Location#1	Location#2
1. Make:		
2. Serial No.:		
3. Year of Make:		
4. Type of Engine: Electrical / Diesel/ Others (Please specify, if Others)		
5. HP/ RPM:		
6. Sum Insured:		

SECTION XX - AGRICULTURAL EQUIPMENT

Sr No.	Type of Equipment	Location Address	Make	Year of Manufacture	Equipment Serial Number	Type of Engine*	Engine Number*	Chasis No.*	RTO**	Whether Equipment is limited to own premises	Sum Insured
										<input type="checkbox"/> Yes <input type="checkbox"/> No	

* If Applicable

**If registered under the Indian Motor Vehicles Act or any Amendment thereof

SECTION XXI - PEDAL CYCLE

1. Make and Model	
2. Year of Purchase	
3. Serial No. (if any)/ Purchase Bill No.	
4. Sum Insured	

OTHER INFORMATIONS

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.

DATA PROTECTION REQUIREMENT: 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.

NOMINATION DETAILS

Nominee Name	Nominee Relation	Nominee DOB	Age	Nomination %	Appointee Name if in case of Minor Nominee	Appointee Relationship, if Nominee is minor

EXISTING/ PREVIOUS INSURANCE POLICY DETAILS

Please provide details of your existing Insurance policies (if any):

Policy No. / Application No.	Insurer Name	Period of Insurance		Sum Insured	Claims lodged during the preceding years
		From	To		
		DD/MM/YYYY	DD/MM/YYYY		

A. Premium Details

PREMIUM DETAILS:

Amount (INR) _____ GST (INR) _____
 Premium including tax (INR) _____ Rupees in words _____

PAYMENT DETAILS:

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: _____

Are you a Political Exposed Person or related to Political Exposed Person: Yes/ No

(appropriate tick) If Yes, give details _____

Note: Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions domestically/in an international organization in a foreign country. This would include individuals who have or had positions of Heads of States or Government, Senior Politicians, Senior Government or Judicial or Military officers, Senior Executives of State-Owned Corporations and important Political Party Officials.

Type of Organization

Corporation: _____ Governments: _____ Society: _____ Private Organizations: _____

International Organization: _____ Partnership: _____ Trust: _____ Others: _____

Sources of Fund: _____

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.

If you require physical copy of your policy in future, please visit “Help” section on www.hdfcergo.com or contact our customer care.

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer 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).

Insurance is the subject matter of the solicitation

B. Declaration by Insured/ Representative (in case proposer is disabled)

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 as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof. I understand that the Company has the right to call for documents to establish sources of funds.
- I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.
- 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.
- I/ We authorize the Company to process my/ our Personal as well as Sensitive information for profiling purposes and to contact me/ us for renewal of my/our policy. I/We also authorise the Company to contact me/us (including overriding my/our registration on NDNC under the extant TRAI Regulations) to promote products and to notify me/us about the services being rendered by the Company.
- We hereby authorise the Company to share/ verify the information provided by me/us pertaining to my proposal with third party, rating agencies or service provider for the purpose of underwriting the proposal, issuance of a policy or settling of a claim under the policy.

Date: _____ Place: _____

Signature of the Proposer/Representative

VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / proposer is not familiar with the language printed here/ proposer is illiterate (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator

Place

Date

Signature of the Translator

Name of the Proposer

Place

Date

Signature of the Proposer

INTERMEDIARY DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Intermediary/Authorized employee of the Broker/ Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, Including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought here in will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/ response(s) is/are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Date: _____ Time: _____ Place: _____

Signature of Intermediary

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 or renew or continue an insurance 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 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.