

### PROPOSAL FORM

**Important:**

1. This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed <sup>1</sup> 5 Crore, against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	

#### A. Details about Proposer and Policy Period

1. Name of Proposer
2. Address of Proposer
3. Telephone No. (Landline No.)  4. Mobile No.
5. Email
6. Contact person details (where proposer is not an individual)
  - a. Name
  - b. Designation
7. Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions
8. Period of Insurance: From :  To :

#### B. Business and Location of Business

9. Business of Proposer
10. Location of risk/business to be covered - full postal address with Pin Code.
 

Sl. No	Address	Pincode	Occupancy	Age of unit	Floor**

Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H).

#### C. Details about business covered at the insured location

11. Details of insured property
 

a. Offices, Shops, Hotels etc.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b. Industrial / Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c. Storage outside Industrial/ Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d. Tanks / Gas holders outside Industrial/ Manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e. Utilities located outside Industrial/Manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f. Boundary wall	Yes <input type="checkbox"/> / No <input type="checkbox"/>
g. Basement storage	Yes <input type="checkbox"/> / No <input type="checkbox"/>
h. Others ( please specify)	Yes <input type="checkbox"/> / No <input type="checkbox"/>

Please tick in the space below :

If, yes value stored SI: ₹

12. If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored. \_\_\_\_\_
13. If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.) \_\_\_\_\_
14. If used as an Industrial Manufacturing unit, please state whether the factory is working or silent? \_\_\_\_\_

15. Fire Protection devices installed

Please tick the correct answer in the box below.

- Portable Extinguishers
- Small bore hose reels
- Trailer Pumps/Fire engines
- Hydrant System
- Sprinkler System
- Fixed Water Spray System
- Foam System
- Fire Alarm System
- Gas Flooding System
- Others, please specify below.

16. Indicate whether AMC( Annual Maintenance contract) for the Fire Protection Appliances is in force Yes  / No

17. Construction details

a. Please state material used

Please tick the correct answer in the box.

- i. Walls Kutcha  / Pucca
- ii. Floor Kutcha  / Pucca
- iii. Roof Kutcha  / Pucca

**Note: Kutcha:** Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like are treated as Kutcha Construction.

**Pucca:** Buildings other than Kutcha are treated as Pucca constructions

b. Number of Floors \_\_\_\_\_

- c. Age of the Building Less than 5 years \_\_\_\_\_ 5 – 10 years \_\_\_\_\_  
10 – 20 years \_\_\_\_\_ Above 20 years \_\_\_\_\_

18. Distance between the risk to be covered and nearest Fire Brigade \_\_\_\_\_

19. Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details) \_\_\_\_\_

20. Whether Insurance was declined by any other Company (Give details) \_\_\_\_\_

21. Premium / Claim details for the past 36 months excluding the expiring policy period

Year	Premium	Claim
	₹ _____	₹ _____
	₹ _____	₹ _____
	₹ _____	₹ _____
	₹ _____	₹ _____
<b>TOTAL</b>	₹ _____	₹ _____

**D. Sum Insured and Other details of Insured Property**

(Indicate Sum Insured on the following basis:

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: Reinstatement Value;
- For raw material: Landed Cost;
- For stock in process: Input cost;
- For finished stock: Manufacturing cost of the finished stock or the Contract Price\* of goods sold but not delivered, as applicable.

\* Contract Price is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

22.	Description of Block	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)	Total
									₹
									₹
									₹

#### E. Details for in-built cover for Floater

23. Floater Cover (for stocks at various locations)

Location (Postal address with pincode)	Sum Insured (In ₹)

- i) Maximum value at any one location: ₹ .....
- ii) Whether stocks stored in open: Yes/No

#### F. Standard Add-on

Do You want to opt for Declaration Policy? — Yes/No (strike off what is not applicable).

If Yes, give details below:

24. Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹): \_\_\_\_\_

#### G. Optional Add On's (Strike off what is not applicable)

S. No.	Add On's	Add On's Selected
1	Accidental Damage	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2	Dynamo Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>
3	Loss Minimization	Yes <input type="checkbox"/> / No <input type="checkbox"/>
4	Extra Expenses	Yes/No If Yes, _____% of material damage claim amount *Please provide in the multiples of 5% subject to a maximum of 25%. ** Our Maximum liability is limited to Rs. 10 lacs
5	Involuntary betterment	Yes <input type="checkbox"/> / No <input type="checkbox"/>
6	Loss of rent and additional expense of Rent for Alternative expenses	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Provide rent amount per month _____ Indemnity Period _____ (in months upto 36 months)
7	Contract works	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Sum Insured _____ (max upto 10% of total sum insured)
8	Escalation	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, _____% increase per annum (In multiples of 5% upto max 25% excl. stocks)
9	Brand and Label Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Limit of Liability/Sum Insured – Up to _____% of Finished Goods Sum Insured (max upto 25% of finished goods sum insured)

#### H. Premium Details

25. Mode of Payment \_\_\_\_\_  
 Payment Details \_\_\_\_\_  
 Amount \_\_\_\_\_

**Other Information:****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:**

"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.

## I. 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 \_\_\_\_\_

**Type of Organization**

Corporation: \_\_\_\_\_ Governments: \_\_\_\_\_ Society: \_\_\_\_\_  
 Private Organizations: \_\_\_\_\_ International Organization: \_\_\_\_\_  
 Partnership: \_\_\_\_\_ Trust: \_\_\_\_\_ Others: \_\_\_\_\_

**Sources of Fund:**

Salary \_\_\_\_\_  
 Business \_\_\_\_\_  
 Other \_\_\_\_\_

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.

Go Green and Make a difference!! By choosing this option, only soft copy of Policy shall be delivered to your registered mail. The soft copy is valid for lodging claims or any other service needs. (If you require physical copy of your policy in future, please visit "Help" section on [www.hdfcergo.com](http://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**

**J. Declaration by Insured**

I/ We hereby declare that the value of insurable assets is less than <sup>1</sup> 5 Crore ( Rupees Five Crore) and 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 the \_\_\_\_\_.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

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.

Date: \_\_\_\_\_

\_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Proposer

**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.