HDFC ERGO General Insurance Company Limited





a)	Proposer's Details																																				
	Proposer's Name				irst N	ame)										(Mic	Idle	Nam	ne)										ast	Nam							
	Proposer's Address		П	T.	1		Т	Т	Τ	Т	Τ	Т	Т	Т	Τ	T	T	T	T	Т	Т	Π	Г					T .	T	T	T	Т	Т	Г			
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	Contact Details		$\overline{\Box}$	Ť	Ť	П	Ť	Ť	1	- ax	No	o.: [Ť	T	T	Ť	T	Ť	T	T	T	7	We	bs	ite:			T		T	T	T	T	$\overline{\Box}$			$\overline{\Box}$
	E-mail:		$\overline{\Box}$	Ť	Ť	П	Ť	Ť	_	Т	Т	T	T	Ť	Ť	Ť	T	Ť	Ť	Ť	Ī	_	Π					Ī	Γ	T	T	T	Т	T			$\overline{\Box}$
b)	Business Information																																				
-,	Risk Address (es)		П	Т	Т	П	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Г			Г			Т	Т	Т	Т	Т	Т	П			
	RISK Address (es)		$\overline{\Box}$	Ť	T	П	Ť	Ť	Ť	T	Ť	Ť	Ť	Ť	Ť	Ť	T	Ť	T	T	T	Γ		P	in (Cod	 e:		Ė	Ė			$\overline{}$				$\overline{\Box}$
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	How long have you can	rried o	n bus	ines	s?																	,															
	In these premises?		П	Y	'ears									El	sev	whe	re?	,		Т	Т	Т	Ye	ars	;												
	Address where proper	tv is de	nosit	ed?				Т	Т	Т	Т	Т	Т		Т	Т	Т	Т	T	T			_					Т	Г	Т	Т	Т	Т	П			
	Name and Address of E						$\overline{}$	Ť	Ť	T	T	Ť	Ť	_	T	Ť	T	_	T	T									Т	T	$\overline{}$	Т	$\overline{}$	$\overline{}$			
	Name and Address of		Г	5/ Va	uits:	П	\pm	Ť	T	<u> </u>	T	Ť	T	$\frac{\perp}{\perp}$	T	T	Т	\perp	H	Γ										T	H		\vdash				
	Name and Address of	Carrier	S? ∟	+			\pm	\pm			_	T	T	\pm		\pm														\vdash						\exists	\exists
																															Ш			_			
	Address of premises where the Insured's		Ш	\perp		Ш																								L	L		L	L			
	business is carried on																							P	in (Cod	e:										
c)	Financier Interest / De	etails o	f Hyp	oth	ecat	ion																															
	Whether the policy is to	o be hy	ypoth	eca	ted?																											Υ	⁄es		١	No	
	Name of the Bank																													L							
d)	Nature of your Busine	ss																																			
	Manufacturing:			\perp					9	ó																											
	Wholesale:			\perp					9	ó																											
	Retail:								9	ó																											
	Pawn Broking:		ТТ	Т	Т		T	Т	9	ó																											
e)	Employees																																				
·	 How many employ 	ees do	you	hav	e?																													П			
	2 What is the minimu	ım nun	nber (of er	nplo	vees	inc	l. pr	inci	pals	s in	the	e sa	ales	se	ctio	า																	$\overline{\Box}$			\Box
	of your premises a					-				-																											
f)	Valuation Basis																																				
	On what basis do you	require	clain	ns to	be	settl	ed?																														
				\perp	Ш	\perp		L				L				L				Ш										Ш	Ш		\perp	\perp			\Box
	N.B. Unless otherwise it is not possible to der	_			-																																
	per cent; in case of Go	old it sl	hall b	e La	ande	d Co	st +	Lab	oou	r + :	ten	ре	r c	ent	as	on	dat	e o	f lo	ss a	and	in (case	9 0	f Fι	ırni	ure	e, F	ixtu	ıres							
	Reinstatement Cost. Th	ne Bası	s of v	/alua	ation	of ir	ıewı	'd ai	nd d	outv	var	d e	ntr	ustn	ner	its t	o b	e ba	ase	d u	oon	rel	eva	nt I	000	ks i	anc	l re	cor	ds							
g)	Stock Values i) What was the AVE	RAGE +	total v	ساه/	ء طب	rina t	he I	ast	two	lve	(12) m	n+	ths c	of.																						
	ii) your own stock and				- uu	illig	ille i	ası	LVVC	IVC	(12	,	JIII	1113	/1.														Π	Т	Т	Т	Т	Г			
	iii) goods in trust (othe				custo	ody),	god	ds (on a	app	rov	al, ۱	rep	airs	an	d th	e li	ke?												Ī							
	TOTAL:																																				
	iv) What was the MAX				-				-			tru	st ((oth	er t	han	for	r sat	fe c	ust	ody)															

	What will be the MAXIMUM VALUE of all watches, jewellery, gold, bullion and platinum Outside Business Hours	During	a To	mno	ran	,
	goods, precious stones and pearls (including those in windows) OUT OF LOCKED SAFE OR		Clos		пагу	
	STRONG ROOM?	`	5100	9		
	Premises					
	Has a Security Survey been conducted concerning the Premises?					
	If YES, Please specify the date (dd/mm/yy) of the Security Survey:	`	Yes		N	0
	If YES, have the recommendations complied with?	`	Yes		N	0
)	Is the building protected by employment of exclusive watchman/watchmen all 24 hours of the day	`	Yes		N	0 [
i)	Is the building, protected by employment of common watchman/watchmen for the whole building or night watchman/watchmen	1	Yes		N	0
	Cellar/Basement					
	Are there any openings leading to a cellar or a basement from outside the shop? If YES, please give details and protections:	`	Yes		N	٥ [
				\overline{T}	Т	T
	Doors, Windows, and Openings, Area					
	Give details of the following and how they are protected:					
	Each outer door					
	Each inner door					
	All windows other than display windows					
	Covered Area of Premises		Т		Т	\neg
	Burglar Alarms					
	Is there a burglar alarm?	,	Yes		N	o [
	If YES, state name and forward copy of maker's specifications to the underwriters (or if not available give full details):		100			_
			П	Т		Т
)	Are hold-up/panic buttons incorporated in the system?		Yes		N	 o [
	Is the system maintained under contract?		Yes		N	
	Safes					- L
	Give the maker's name of safe, cost when purchased (state whether new or second hand), and give details of any descriptive m	arkinç	gs o	n the	e do	or:
						I
)	Approximate size and weight (please state measures) size:					
•	weight:					_
i۱	Approximate age years:					
					NI.	
	Whether illuminated and visible from the street at night		Yes		N	ے ر
	Strong Rooms Is there a strong room?	,	Voc		NI.	_ [
	If YES, give full details:		Yes		N	ے ر
				Т		Т
	Keys					
	Are all keys (including your alarm, safe and strong room keys) removed from the premises outside business hours?	,	Yes		N	0
	Special Protection		-			L
	Is there a 'Closed Circuit T.V.' (c.c.t.v.)?	,	Yes		N	0 [
	How many Days of back up is stored ?				. •	. [
	Is the premises protected by Armed Guards on 24 hr basis	,	Yes		N	0

q) Stock Records

- i) When was your last annual stocktaking?
- ii) Do you keep proper records of all sales purchases and transactions?

)	If YE	S, give statement covering the past 3 years with pa	rticulars, in	cludi	ing the	amo	our	nt of e	each	ı los	s, ar	nd,	if in	sui	red	wh	eth	er p	oaic	l in	full	l or	oth	ıer	wise	e:
			Year	r 1				Yea	r 2						Yea	ır 3	3					Re	ema	ırks	5	
	1.	No. of Claims																								
	2.	Claim Amount																								
	3.	Insurance Company																								
)	Rec	eipts																								
		your practice to give receipts for goods left with you					for	repa	irs,																	
		ation, sale, or any other purpose and to require surr ore goods are returned to the customer?	ender of st	ucn r	eceipt	S															`	Yes	, [7	No	
)	Doy	- ou use entrustment/approbation notes in respect o	f all entrust	tmen	its?																`	Yes	, _	7	No	$\overline{\Box}$
)	Hon	ne Risk (Private Dwelling House)																						_		
	Doe	s any Partner, Director take stock to his private resid	dence for a	ny p	urpose	?															`	Yes	, [7	No	
	If YE	S, please give following information:																						_		
	Add	ress and details of any protective devices																			\mathbb{L}					
	Add	ress and details of any protective devices																			I		\perp	I		
	Add	ress and details of any protective devices																			L		\perp	Ι		
	Max	imum value taken:																					_	_		
	Is th	e property ever left unattended at the private dwell	ing house?)	Yes	L		No	
)	Sum	Insured / Loss Limit										,														
		Stock In Insured Premises													Α	nnı	ual	Agg	gre	gate	e A	mo	oun	t		
														Sur	m Ir	ısu	red					Lo	ss L	.im	it	
	i)	Stock on Premises																								
	ii)	Stock in vaults/ safes and bank lockers																								
	iii)	Stock in display window																								
	iv)	Money on premises																								
	v)	Stock anywhere on premises outside business hou	ırs																							
		Add On Covers																								
	i)	Boiling / Being worked Upon																								
	ii)	Mysterious Disappearence																								
)	Stoc	k In Custody																								
							Lin	nit Pe	r e	vent	:					-	٩nn	ual	Ag	gre		te	Am	ou	nt	
	i)	Stock in the custody of authorised persons of the I	nsured											1							_			_		
	ii)	Stock in the custody of job workers												1							_			_		
	iii)	Money																								
	iv)	Personal Conveyance limit																								
v)	Stoc	k In Transit																								
•							l in	nit Pe	ır ev	vent				Т			Δnn	ual	Δα	are		te	Am	<u></u>	nt	
	i)	Registered Insured Post parcel		+							•			+		_		Jul	~9	9.0	.gu					
	ii)	Airfreight (minimum 1% value declaration to the Airl	ines)	+										+												
	iii)	Angadias		+										+												
	iv)	Couriers / Logistics Providers		+										+												
	v)	Any other carriers and delivery services used in the n	ormal cours	se																						

r)

Losses

Have you ever sustained a loss or losses?

Yes No

()	Oth	er Property of the insured	
			Sum Insured
	i۱	Building Roundary Wall & others	

i)	Building, Boundary Wall & others	
ii)	Furniture, Fixtures, Fittings at the business premises	
iii)	Trade Equipments	

Plate Glass - details with dimensions and description of tinted, embossed ornamental or painted items

Sr. No.	Description	Dimension

ADD ON COVERS REQUIRED

	Exhibition Extension	Limits	No of Exhibitions
i)	Domestic Exhibitions		
ii)	International Exhibitions		

Locations to be declared to the Insurer before commencement of the exhibition

	Infidelity Extension	
i)	Any One Loss	
ii)	Annual Aggregate	
iii)	No of Employees	
iv)	ls Cross Fidelity required If yes, pls provide the name of the company	

Terrorism Cover

le	rrorism cover required	Yes		No _	
If 7	Ferrorism Cover is required then kindly advise				
a.	Whether the risk was insured against terrorism in the previous year/s?	Yes]	No 🗍	٦

b.	If ye	es,	whe	ethe	er p	ren	niur	n wa	as p	aid	as p	per	the	ter	ms	of t	the	Inc	diar	n M	ark	et 1	Гerr	oris	sm	Ris	k In	ısuı	and	ce I	200	o lo	as	ре	th	e te	rm	s q	uot	ed	by (othe	er r	eins	ure	rs
														Т	Т	Т					Г			Τ	Τ	Τ	Τ	T	T	Т	Т	\top			Т											

Other Insurances

Have any other insurer ever cancelled or refused to issue or to continue any insurance for you?

Yes	No	

ii)

Have you previously been insured?		Yes No
If YES, Please state with whom, risks covered, and f	or	
what amount and please attach copy of the policy.		

aa) Important Notices

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:			

I/We hereby declate and warrant that the above statements are true and complete and that I/We have withheld no information whatsoever which is material for the acceptance of this proposal.

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 of the Work of Art 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, 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.

Dated:	D	D	М	М	Υ	Υ	Υ	Υ	

Signature and Name of the Proposer

PREMIUM DETAILS						
Amount (Including Service Tax) ((Rs) Rupees					
MODE OF PAYMENTS						
Bank Account No.						
Branch Name & Address :						
Instrument No.	Instrument Date : D D M M Y Y Y Y					
IFSC Code	MICT Code					
SOURCES OF FUND						
Salary	Business Other					
(Please Specify)						

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.

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.

PROHIBITION OF REBATES

Section 41 of Insurance Act 1938

- (1) 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 or 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 prospectus or tables of the Insurer.
- (2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten lakh rupees.

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

Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. 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. Insurance is the subject matter of the solicitation

SHARING OF INFORMATION

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.