

# HDFC ERGO General Insurance Company Limited

## STANDARD FIRE AND SPECIAL PERILS INSURANCE (COMMERCIAL)



### PROPOSAL FORM

Application No \_\_\_\_\_

These are the minimum requirements to be furnished by a You. We may seek any other information as desired for underwriting purposes

1. Please fill the form in BLOCK LETTERS.
2. Please answer all the questions fully and correctly. If a particular question is not applicable to you, please mark that question as not applicable "N/A".

Our liability does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by You.

For Office Use Only	
Intermediary Code	
Intermediary Name	
Mobile Number	

#### INSURED/PROPOSER DETAILS

1. Name of the Insured : \_\_\_\_\_
2. Broker/AgentName : \_\_\_\_\_ 3. Broker/Agent Code : \_\_\_\_\_
4. Name of Insured/Proposer : \_\_\_\_\_
5. Mailing address of the Insured : \_\_\_\_\_
6. PAN No. : \_\_\_\_\_ 7. Business : \_\_\_\_\_
8. Period of Insurance : From 00:01hours To 24:00hours: \_\_\_\_\_
9. Occupancy : \_\_\_\_\_ 10. Risk Location : \_\_\_\_\_
11. Construction Details : \_\_\_\_\_
12. Fire Protection features / equipment details : \_\_\_\_\_
13. Is Annual Maintenance contract of fire safety equipment's in place: \_\_\_\_\_
14. Availability of 24 by 7 security : \_\_\_\_\_ 15. Any Basement Exposure : \_\_\_\_\_
16. Type of Stocks used in manufacturing : \_\_\_\_\_
17. Any Stocks kept in open : \_\_\_\_\_ 18. Voluntary Deductible : \_\_\_\_\_
19. Property Damage Cover

Risk Location	Building details and its age	Plant & machinery	Furniture, Fixtures and fittings	Stocks and Stocks in process	Others Specify	Stocks Sum Insured	Total Sum Insured

#### 20. Premium and claims for last 5 years

Sr. No.	Details of Loss	Premium Paid	Claim Amount	Current Status

21. Clauses required to be specified: (Please attach a list if more than one)
22. Please confirm whether this proposal was declined/rejected by any other insurers? \_\_\_\_\_
23. Additional information to be filled in case of Individual customers:
  - a. Are you as an individual involved in any kind of political activity – Yes / No

## 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 \_\_\_\_\_

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 \_\_\_\_\_

## PAYMENT DETAILS

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, CONSENT & WARRANTY BY INSURED/PROPOSER

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.
- 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

Name: \_\_\_\_\_

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

## DECLARATION & WARRANTY ON BEHALF OF INSURANCE COMPANY

### 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.

**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.



## 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.

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature Intermediary: \_\_\_\_\_



## ACKNOWLEDGEMENT CUSTOMER COPY

Received from Mr. / Ms. / Mrs. \_\_\_\_\_ Cheque No: \_\_\_\_\_  
Dated \_\_\_\_\_ Drawn on \_\_\_\_\_ Bank for a sum of ₹ \_\_\_\_\_ towards payment of premium on behalf of  
HDFC ERGO General Insurance Company Ltd.

Date Signature & seal

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 15 days.