

FIRE AND SPECIAL PERILS INSURANCE - PROPOSAL FORM

(Please fill in CAPITALS only)

CUSTOMER INFORMATION*

Customers PAN No.

Name of the Insured (Full Registered Name)

Address of the Insured : Building Name / Block No.

Street Name Locality

Floor No. City Pincode State

Tel. Mobile Fax No.

STD Code Email

Name of Contact Person

Business of Insured Code

Paid up Capital Up to Rs. 15 Crores Between Rs. 15 and 25 Crores Over Rs. 25 Crores NA

Intermediary Details Broker Agent Dealer Direct Banc assurance

Intermediary Code Intermediary Name

Client Type SME* Corporate* Government PSU Individual Patnership Others

Period of Insurance From To

PREMIUM DETAILS

Amount Rs. Rupees _____

SOURCES OF FUND

Salary Business Other (Please Specify) _____

BANK ACCOUNT DETAILS

Bank Account No. Bank Name _____

Branch Name & Address _____

COVERAGE INFORMATION*

Period of Insurance From To

Financial Interest: Yes No If yes, pls specify Name _____

Basis of Valuation for Building, P&M, Contents: Market Value Reinstatement Value

Details of Add on covers along with their Sum Insured:

1) Architects Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value <input type="text"/>
2) Removal of Debris	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value <input type="text"/>
3) Spontaneous Combustion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value <input type="text"/>
4) Additional Rent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value <input type="text"/>
5) Impact Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value <input type="text"/>
6) Earthquake	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7) Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8) Other Covers required _____		Value <input type="text"/>
9) Other Covers required _____		Value <input type="text"/>
10) Other Covers required _____		Value <input type="text"/>
11) Other Covers required _____		Value <input type="text"/>

Perils to be deleted:

RSMD (Riot, Strike, Malicious Damage group of Perils)

STFI (Storm, Tempest, Flood, Inundation group of Perils)

Escalation Required? Yes No If Yes, Specify %age 5% 10% Other _____ %

Plinth & Foundation to be covered for Fire? Yes No

Special Coverage - Floater Basis Declaration Basis Floater Declaration Basis

Voluntary Deductible Option Yes No

Voluntary deductible will be 5% of Claim Amount Subject to a minimum of Rs.10 Lacs for AOG Perils & Rs 5 Lacs for Other Perils

RISK/OCCUPANCY INFORMATION

LOCATION PARTICULARS: (Please use additional sheet for more than 1 locations)

Address of the Insured : Building Name / Block No.

Street Name Locality

Floor No. City Pincode State

Tel. Mobile Fax No.

STD Code

Email

SUM INSURED PARTICULARS:

Building	Value	<input type="text"/>
Plinth & Foundation	Value	<input type="text"/>
Plant & Machinery	Value	<input type="text"/>
Electrical Installation	Value	<input type="text"/>
Furniture, Fixture and fittings	Value	<input type="text"/>
Stock In Process	Value	<input type="text"/>
Stocks	Value	<input type="text"/>
Stocks in Open	Value	<input type="text"/>
Others (pls specify)	Value	<input type="text"/>
TOTAL SUM INSURED	Value	<input type="text"/>

RISK DETAILS

1. Occupancy Code

2. Construction : Roofs RCC ACC Metallic Combustible
 Walls Brick RCC Others

3. Age of Occupancy Upto 5 years 5 – 10 years More than 10 years

4. Use of Flammable Materials No Yes, If Yes give details _____

5. Fire Protection Yes, No
 If Yes specify: Hand appliances Sprinkler Hydrant Smoke detectors

6. Whether 24 X 7 security is available? Yes, No

7. If Basement exists, specify kind of goods stored therein, percentage of asset value in Basement, No. of Basements _____

8. Is the risk located in a low lying area or is the premises near to any sea, lake, river ? Yes, No
 If yes, pls specify the nearness distance _____

9. History of Past Floods, If any _____

10. Previous Loss / Claims History till date –
 No. of claims in last 3 Yrs Nil 1 to 5 More than 5
 Total claim amount including outstanding claims in past 5 Yrs. _____
 Type of claims Fire STFI RSMD Others, Pls Specify _____

DECLARATION BY INSURED

I/ We hereby declare that 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 Insurer – M/S HDFC ERGO General Insurance Company Ltd.

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.

Place

Date

Signature of Proposer

Sr. No.	Location	Construction		Fire Protection	Occupancy	Description	Sum Insured
		Walls	Roof				
						Building	
						Plant & Machinery	
						Stocks	
						Stocks In Process	
						Others	
						Total	
						Building	
						Plant & Machinery	
						Stocks	
						Stocks In Process	
						Others	
						Total	
						Building	
						Plant & Machinery	
						Stocks	
						Stocks In Process	
						Others	
						Total	
						Building	
						Plant & Machinery	
						Stocks	
						Stocks In Process	
						Others	
						Total	

Insurance is the subject matter of the solicitation. Form No. 302