



PROPOSAL FORM – PROPERTY INSURANCE

CUSTOMER INFORMATION

Customer PAN No:

Name of the Insured (Full Registered Name):

Address of the Insured (Registration address):

Building Name / Block No:

Street Name:

Locality:

Floor No: City:

Pin code: State:

Tel No:

Mobile No:

Fax No:

E-mail address :

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 Partnership Others

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 Yes No Value:
- 2) Removal of Debris Yes No Value:
- 3) Spontaneous Combustion Yes No Value:
- 4) Additional Rent Yes No Value:
- 5) Impact Damage Yes No Value:
- 6) Earthquake Yes No
- 7) Terrorism Yes No
- 8) Other Covers required _____ Value: _____
- 9) Other Covers required _____ Value: _____
- 10) Other Covers required _____ Value: _____
- 11) Other Covers required _____ Value: _____

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: (Pls use additional sheet for more than 1 locations)

Building Name / Block No:

Street Name :

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 General Insurance Company Limited.

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.

Date: _____

Place: _____

Signature of Proposer

ANNEXURE TO BE ATTACHED IF MORE THAN 1 LOCATION IS INSURED

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	