



TERRORISM SURAKSHA CLASSIC-REVISION - PROPOSAL FORM

1 Insured and all subsidiary companies to be insured under the policy

a Insured:

Subsidiaries:

b Insured's correspondence address:

Telephone: Mobile No.: Landline:

2 Period of Insurance From: To:

3 a. Source of Business Agent/ Broker/ Direct/Others (Pls. Specify) _____

b. Intermediary Name

c. Intermediary Code

d. Contact Nos. Mobile No.: Landline:

4 Claims Details for past three years (Claims paid + Outstanding (Rs) + No. of claims in an year + Loss Mitigation Factors in case of any major claim)

5 Limits of liability requested for building and contents

a BUILDING

b CONTENTS

6 Policy in which currency to be issued

a Currency 1

b Currency 2

c Currency 3

7 a Description of applicant's business operations at the location to be insured/Occupancy

b **Status of applicant** Private Company Public Company Government owner

c How important to operation are computer and data processing?

8 Building and Contents values at the locations to be insured

Location

Value Building

Contents

9 Physical description of location(s) to be insured: (include if possible plan showing electricity and other Utility supplies, delivery/dispatch areas, computer/EDP facilities, authorized entry points, guard posts, restricted areas, construction details):

10 Description of area surrounding location(s) to be insured

a Describe occupants of surrounding buildings

b Is it an area known to suffer from an above average crime rate?

c Distance from nearest police station or army post.

11 Description of employees and operations at location(s) to be insured

- a Number of employees and operating hours at each location
- b Details of ethnic minorities, labour relations and unions at each location
- c Number and location of employees in building (s) outside normal working hours.
- d Are cleaning staff in-house or contract and what are their hours
- e What business occupy other parts of the building to be insured
- f Do these other business attract press/public attention

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- a Description of security at location(s) to be insured:
 - b Details of guard force, number, reports to whom recruitment, training, duties.
 - c Details of alarm system, CCTV etc.
 - d Details of loss system and control
 - e Details of perimeter fence and gates
 - f Details of access control procedures and equipment
 - g How is the building lit (inside and outside)?
 - h Details of car parking arrangement

- 13 Description of past history at location(s) to be insured:**
- a Give full particulars of any incidents or threats in the past 5 years
 - b Describe steps taken to deal with them and to prevent recurrence
 - c List all property loss for last 5 years

14 Does the applicant, its directors and officers or any other known person have knowledge

OR

Information of any specific fact, which may reasonably give rise to a claim under the proposed policy?

15 Other covers opted: -

Please tick whichever is required	Yes	No	Limit
Business Interruption			
Advance Loss of Profit			
Riots, Strikes and Civil Commotions			Not Applicable
Malicious Damage			Not Applicable
Political Violence & Political Intimidation			Not Applicable
Civil War			Not Applicable
War			Not Applicable
Mutiny			Not Applicable
Debris Removal			
Expert Fees			
Fines Arts			
Lawns, Plants, Trees and shrubs			
Others, please specify with limits....			

16 Details of other insurance

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

Have you previously been insured?

If YES, Please state with whom, risks covered, and for what amount and please attach copy of the policy.

17 Important Notice:-

Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance?

[Grid of 30 empty boxes for response]

If YES, please specify:

[Grid of 30 empty boxes for response]

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/We hereby declared 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][M][M][Y][Y][Y][Y]

Signature and Name of the Proposer

PREMIUM DETAILS

Amount (Rs.) _____ GST (Rs.) _____
Premium including tax (Rs.) _____ Rupees in words _____

PAYMENT DETAILS

Cheque [Grid] NEFT [Grid]
Instrument No. [Grid] Instrument Date : [D][D][M][M][Y][Y][Y][Y]
Bank Account No [Grid]
Branch Name & Address : [Grid]
IFSC Code [Grid] MICT Code [Grid]

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, as amended

- (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.

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.

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 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.

Sign:

Name:

Capacity of Signatory:

Date: