



(Please answer all questions in BLOCK letters)

Note: if you not find sufficient space in any of the below columns please use additional sheets for giving full details

## GENERAL INFORMATION

1	a.	Name of the Insured		
		Correspondence address of the Insured		
		Phone No		
		Email ID		
		Address proof (document & number)		
	b.	Group Type (Please tick)	Employer- Employee	<input type="checkbox"/>
			Non Employer- Employee	<input type="checkbox"/>
		Industry Type (Please tick)	Jewellery <input type="checkbox"/> Import-Export <input type="checkbox"/> Mining <input type="checkbox"/> Shipping scrap dealing <input type="checkbox"/> Real estate <input type="checkbox"/> Agriculture <input type="checkbox"/> Stock broking <input type="checkbox"/> BFSI <input type="checkbox"/> Manufacturing <input type="checkbox"/> Others <input type="checkbox"/> If Other, please specify: _____	
	d.	Type of Enrollment (Please tick)	Voluntary <input type="checkbox"/>	Mandatory <input type="checkbox"/>
	d.	Nature of trade or Business of the Insured Organization Type (Please tick)	Government <input type="checkbox"/> Pvt Ltd. <input type="checkbox"/> Public Ltd <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> HUF <input type="checkbox"/> Trust <input type="checkbox"/> Section 25 Company <input type="checkbox"/> Others <input type="checkbox"/> If Other, please specify: _____	
		Name of the designated person		
		Contact of the designated person		
	e.	Income(Annual)	0-2.5 lakh / 2.5 - 5 lakh / 5 - 15 lakh / 20-30 lakh / 30 lakh and above	
	f.	Income proof		
	g.	Risk Occupancy		
h.	Risk Location Addresses of all major locations			
i.	Name, Address of the Financial Institution/s or any bank/ person (if any financial interest is involved)			
	Paid up capital of the firm			
2.	Period of Insurance	From ..... To .....		
	Aadhar Number			
	Permanent Account number (PAN No.)			

3.	a.	Source of Business	Agent/ Broker/ Direct
	b.	Intermediary Name	
	c.	Intermediary Code	
	d.	Contact No.	

#### SECTION I: Fire & Allied Perils

1.	Risk Details		
	a.	Type of Construction	Pucca/ Kutchra
	b.	Does any location proposed for insurance has basement occupancy? If yes, what is stored inside and approximate value out of total SI?	
	c.	Is the building part of Industrial Area or Commercial Complex?	Industrial Area/ Commercial Complex/ Standalone
	d.	What are the surrounding occupancies and their distance from the facility?	
	e.	Any other occupancy in same building belonging to Insured or others	
	f.	Approximate distance from the nearest water body (River, Lake, Canal, Sea, nala etc.)	
	g.	What are the Fire Protection Systems at the Facility? (Extinguishers, Hydrants, Sprinkler, Hose Reel etc.)	
	h.	How far is the nearest Public Fire Brigade and what is the response time?	
	i.	What are the security arrangements?	

#### Details about business covered at the insured location

2.	Details of insured property	Please tick in the space below :	
a.	Offices, Shops, Hotels etc.	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
b.	Industrial / Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
c.	Storage outside Industrial/ Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
d.	Tanks / Gas holders outside Industrial/ Manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
e.	Utilities located outside Industrial/Manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
f.	Boundary wall	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
g.	Basement storage	Yes <input type="checkbox"/> / No <input type="checkbox"/> If, yes value stored SI: ₹	
h.	Others ( please specify)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3.	If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.		
4.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)		
5.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?		
6.	Fire Protection devices installed	Please tick the correct answer in the box below.	
		<input type="checkbox"/>	Portable Extinguishers
		<input type="checkbox"/>	Small bore hose reels
		<input type="checkbox"/>	Trailer Pumps/Fire engines
		<input type="checkbox"/>	Hydrant System
		<input type="checkbox"/>	Sprinkler System
		<input type="checkbox"/>	Fixed Water Spray System
		<input type="checkbox"/>	Foam System
		<input type="checkbox"/>	Fire Alarm System
		<input type="checkbox"/>	Gas Flooding System
		<input type="checkbox"/>	Others, please specify below

7.	Indicate whether AMC( Annual Maintenance contract) for the Fire Protection Appliances is in force	Yes <input type="checkbox"/> / No <input type="checkbox"/>																			
8.	Construction details																				
a.	Please state material used	Please tick the correct answer in the box.																			
i.	Walls	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>																			
ii.	Floor	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>																			
iii.	Roof	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>																			
<p><b>Note:</b></p> <p><b>Kutcha:</b> Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/ tarpaulin and the like are treated as Kutcha Construction.</p> <p><b>Pucca:</b> Buildings other than Kutcha are treated as Pucca constructions</p>																					
b.	Number of Floors																				
c.	Age of the Building	<table border="1"> <tr> <td>Less than 5 years</td> <td></td> </tr> <tr> <td>5 - 10 years</td> <td></td> </tr> <tr> <td>10 - 20 years</td> <td></td> </tr> <tr> <td>Above 20 years</td> <td></td> </tr> </table>		Less than 5 years		5 - 10 years		10 - 20 years		Above 20 years											
Less than 5 years																					
5 - 10 years																					
10 - 20 years																					
Above 20 years																					
9.	Distance between the risk to be covered and nearest Fire Brigade																				
10.	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)																				
11.	Whether Insurance was declined by any other Company (Give details)																				
12.	Premium / Claim details for the past 36 months excluding the expiring policy period	<table border="1"> <tr> <th>Year</th> <th>Premium</th> <th>Claim</th> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td>TOTAL</td> <td>₹</td> <td>₹</td> </tr> </table>		Year	Premium	Claim		₹	₹		₹	₹		₹	₹		₹	₹	TOTAL	₹	₹
Year	Premium	Claim																			
	₹	₹																			
	₹	₹																			
	₹	₹																			
	₹	₹																			
TOTAL	₹	₹																			

#### Sum Insured and Other details of Insured Property

##### Indicate Sum Insured on the following basis:

- For Building and additional structure: **Reinstatement Value Basis or Saleable Value Basis;**
- For Plant and Machinery, Furniture, Fixture and Fittings and other contents: **Reinstatement Value Basis or Market Value Basis or loss limit basis.**

##### For Stocks:

- For raw material: **Landed Cost;**
- For stock in process: **Input cost;**
- For finished stock: **Manufacturing cost** of the finished stock **or the Contract Price\*** of goods sold but not delivered, as applicable.
- Stock on loss limit basis

\* Contract Price is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

- Sum Insured and Other details of Insured Property

(In case of multiple locations, please specify for each Building/ Location. Attach Annexure if needed)

##### Select Sum Insured basis as required (Tick whichever is applicable):

For Building: Reinstatement Value Basis ☐ Saleable Value Basis ☐

##### For Plant and Machinery, Furniture, Fixture and Fittings and other contents:

Reinstatement Value Basis ☐ Market Value Basis ☐ Loss limit Basis ☐

##### For Stock to be opted on loss limit basis (Tick if applicable): ☐

**Reinstatement Value Basis:** This is the amount at which the Insured Property can be reinstated or replaced by a similar property, without deducting depreciation, and to the extent required to bring that Property to a condition substantially the same as, but not superior, better or more extensive than its condition if it were new on the date it is damaged or destroyed.

**Saleable Value Basis:** This is the purchase cost of an insured property or a value which can be realized if the insured property is sold on the inception date of policy.

**Market Value Basis:** It means the new Replacement/Reinstatement Value minus depreciation reckoned as on the date of loss.

**Loss limit Basis:** It is the sum insured of the property declared by the insured that is exposed to loss or damage in a single loss occurrence.

13.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total
									₹
									₹
									₹

#### Inbuilt Covers

##### NOTE:

The below inbuilt cover is not applicable if sum insured opted above is on loss limit basis:

1. Cover for specific content
2. Start-up expenses
3. Cost Compelled by Municipal Regulation
4. Claim Preparation cost
5. Temporary Repair Clause
6. On account payment clause
7. Pair and Set Clause

14.	Floater Cover (for stocks at various locations)	Yes <input type="checkbox"/> / No <input type="checkbox"/>							
	<table> <tr> <th>Location (Postal address with pincode)</th> <th>Sum Insured (In ₹)</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Location (Postal address with pincode)	Sum Insured (In ₹)						
Location (Postal address with pincode)	Sum Insured (In ₹)								
	i) Maximum value at any one location: ₹.....								
	ii) Whether stocks stored in open: Yes/No								
15.	Temporary Repair Clause*	₹							
16.	On Account Of Payment Clause*	₹							
17.	Customers Goods/Consigned Goods And Care/ Custody & Control Clause	₹							
18.	Floater Declaration Clause	₹							
19.	Declaration Policy For Stock	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, give details below</p> <p>Stocks which fluctuate in value to be covered on (monthly) declaration basis:</p> <p>Amount (₹):</p>							

\*Not applicable if sum insured is on loss limit basis.

20.	Do You want to opt for deletion following perils?	
a.	Earthquake	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b.	STFI	Yes <input type="checkbox"/> / No <input type="checkbox"/>

16.	<b>Optional Covers</b> (available on payment of additional premium):	
a.	Accidental Damage	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b.	Dynamo Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c.	Loss Minimization	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d.	Extra Expenses	<p>Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>If Yes, _____% of material damage claim amount</p> <p>*Please provide in the multiples of 5% subject to a maximum of 25%.</p> <p>** Our Maximum liability is limited to Rs.25 lacs</p>

e.	Involuntary betterment	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Limit of Liability/Sum Insured - ₹
f.	i) Loss of rent ii) Additional expense of Rent for Alternative expenses	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Provide rent amount per month - ₹ Indemnity Period _____(in months up to 36 months)
g.	Contract works	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Sum Insured - ₹ _____ (max upto 10% of total sum insured)
h.	Escalation	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, _____% increase per annum (In multiples of 5% upto max 25% excl. stocks)
i.	Brand and Label Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Limit of Liability/Sum Insured – ₹ _____ Up to _____% of Finished Goods Sum Insured (max upto 25% of finished goods sum insured)
j.	Leakage And Overflowing	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Limit of Liability/Sum Insured - ₹
k.	Contamination And Comingling Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Limit of Liability/Sum Insured - ₹
l.	Deterioration Of Stocks In Cold Storage Premises Due To Accidental Power Failure Consequent To Damage At The Premises Of Power Station Due To An Insured Peril	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Sum insured of stock - ₹
m.	Deterioration Of Stocks In Cold Storage Premises Due To Change In Temperature Arising Out Of Loss Or Damage To The Cold Storage Machinery (ies) In The Insured's Premises Due To Operation Of Insured Peril.	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Sum insured of stock - ₹
n.	Impact Damage Due To Insured's Own Rail/Road Vehicles, Fork Lifts, Cranes, Stackers And The Like And Articles Dropped There From	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Limit of Liability/Sum Insured - ₹
o.	Molten Metal Spillage-Property Damage	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Limit of Liability/Sum Insured - ₹
p.	Crane Hiring Charges	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Limit of Liability/Sum Insured - ₹
q.	Omission To Insure Additions Or Extensions	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Limit of Liability/Sum Insured - ₹
r.	Broad Water Damage Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Limit of Liability/Sum Insured - ₹
s.	Terrorism cover	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Limit of Liability/Sum Insured - ₹

## SECTION II: BURGLARY/HOUSEBREAKING

1.	a.	Is your premises guarded by Watchmen/Security Guards 24 hours?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	b.	Is the premises installed with CCTV/ Burglary alarm?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	c.	Are all entry / exits of the premises secured with iron grills and locking system.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2.		Are stock and sales book maintained by you?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
3.	a.	Have any premises occupied by you been subjected to theft or burglary?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
	b.	If so, give full particulars stating when and how access was obtained and the extent of the loss.	
4.		Do you require a policy on 100% sum insured basis or a first loss limit? If on first loss limit, pl. mention the % to the full sum insured?	
5.		Operating Hours of your Business a. Will the premises at any time be left unoccupied? b. If so, how many and during what time?	
6.		Add-on Covers: If any of the below mentioned add-on covers are required. <ul style="list-style-type: none"> <li>Floater Cover</li> <li>Riot &amp; Strike Damage Clause</li> <li>Theft Extension</li> <li>Cost of Debris removal</li> <li>Cost of restoring documents</li> <li>Expense for Loss minimisation</li> <li>Employee personal property cover</li> <li>Replacement of locks including repair to Insured premises</li> <li>Omission to Insure</li> <li>Theft by use of Duplicate Keys</li> <li>Reinstatement Value policies</li> <li>Terrorism cover Inclusion</li> </ul>	

7.	Sum Insured Details-	
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Sr. No	Description of property to be insured	Sum Insured (Rs.)
a.	Plant & Machinery	
b.	Stocks & Stocks in Process	
c.	Furniture, Fixture & Fittings	
d.	Other Contents	

### SECTION III – PLATE GLASS & SANITARY FITTINGS

1	What Type of glass/ sanitary fittings are proposed for insurance? (Exterior building glass, fixed glass on door/ window/ table tops etc)	
2	Does this proposal include all the insurable glass at the premises? (if selection is made, then please Furnish details)	
3	Do you desire to insure lettering or painting	Yes <input type="checkbox"/> / No <input type="checkbox"/>
4	Do you desire to insure Damage to woodwork of showcase or Window- frames	Yes <input type="checkbox"/> / No <input type="checkbox"/>
5	Terrorism cover Inclusion	Yes <input type="checkbox"/> / No <input type="checkbox"/>
6	Please furnish value of the glass with dimension and of framework and any tinted embossed, ornamental, or painted glass	

Sr. No	Description	Dimension	Value (Rs.)
7	Sanitary Fittings	Rs.	

### SECTION IV - NEON SIGN/ GLOW SIGN/ HOARDING

1	Please specify the locations of the premises, where the neon sign/ glow sign/ hoarding is fixed or erected	
2	Does this proposal include all the insurable neon signs at the premises	
3	Is the premises where the neon signs are erected owned or leased by you	
4	Does the proposal include all the insurable neon signs at the premises	
5	Please furnish the description in the following format	

SI No	Description of neon sign/ glow sign/ hoarding	Values (Rs.)
a.		
b.		
c.	Terrorism cover Inclusion	Yes <input type="checkbox"/> / No <input type="checkbox"/>

### SECTION V - BREAKDOWN OF ELECTRICAL AND MECHANICAL APPLIANCES

1	Has your machinery sustained any damage from breakdown or other cause during last three years	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2	Are regular periodical inspections of the machinery carried out If so, by whom and at what intervals.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
3	Schedule of machinery to be insured- a. Each machinery should be entered separately with necessary specification. b. The sum insured must be calculated on the present day new replacement value of the machinery to be insured including provision for packing, freight and also value of erection costs, customs duty, etc to afford full protection under the policy c. Please declare only installed machines not portable ones. d. Separate value for foundations masonry and brickwork or Oil in transformers and other electrical equipments are to be specified if cover is required for them.	

SI No	Quantity	Descriptions, type, model, capacity of machines/ sr nos, HO/ KVA/ Volts, Amps, Rpm	Maker's Name and country of origin	Year of Make	Sum Insured (Rs.)
1					
2					

4	Add-on Coves: If any of the below mentioned add-on covers are required. <ul style="list-style-type: none"> <li>Escalation Clause</li> <li>Express Freight</li> <li>Air Freight</li> <li>Owners Surrounding Property</li> <li>Third Party Liability</li> <li>Additional Customs Duty</li> <li>Modification cost/Incompatibility expenses</li> <li>Un Repaired damages</li> <li>Waiver of improvement/Betterment clause for replacement of selected machinery</li> <li>Expense for loss minimization</li> <li>Capital addition</li> <li>Claim Preparation Costs</li> <li>Un repairable Equipment Clause</li> <li>Serial Losses</li> </ul>
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#### SECTION VI- ELECTRONIC EQUIPMENT INSURANCE

1	Is the equipment maintained in accordance with manufacturer's instructions?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2	Have operators been trained by manufacture?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
3	Is there any Annual Maintenance Contract (AMC) in force	Yes <input type="checkbox"/> / No <input type="checkbox"/>
4	Please provide the details of the claims (if any) made by you for the last three years. If, yes please provide details	Yes <input type="checkbox"/> / No <input type="checkbox"/>
5	Schedule of machinery to be insured-	

Sr. No	Quantity	Descriptions of Items	Year of Make	Value (Rs.)	Serial No.
1					
2					
3					

Sub Total (a) Rs. \_\_\_\_\_

Please note that the value of electronic equipment should be replacement value by new one of same kind inclusive of freight, customer duty and other charges and cost of erection.

5	Add-on Coves: If any of the below mentioned add-on covers are required. <ul style="list-style-type: none"> <li>Endorsement For Exclusion of Damage Caused By Fire And Allied Perils</li> <li>Medical Equipment Using X-Rays Tubes</li> <li>Escalation Clause</li> <li>Express Freight</li> <li>Air Freight</li> <li>Owners Surrounding Property</li> <li>Third Party Liability</li> <li>Additional Customs Duty</li> <li>Software Endorsement</li> <li>Floater Clause</li> <li>Omission to Insure addition</li> <li>Removal of Debris</li> <li>Professional Fee</li> <li>Clean Up and Decontamination Cost</li> <li>Modification cost/Incompatibility expenses</li> <li>Waiver of improvement/Betterment clause for replacement of selected machinery</li> <li>Un Repaired damages</li> <li>Capital addition</li> <li>Claim Preparation Costs</li> <li>Terrorism Cover Inclusion</li> </ul>
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#### SECTION VII- PORTABLE ELECTRONIC EQUIPMENT

1	Is there any Annual Maintenance Contract (AMC) in force	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2	Territorial Limit required	India or Worldwide
3	Have you suffered any loss of or damage to any equipments or had a breakdown or failure during the last three years and shows any sign of repair. If so, give details thereof	
4	Schedule of machinery to be insured-	

SI No.	Quantity	Descriptions of Items	Year of Make	Value (Rs.)	Serial No.
1					
2					

5	Add-on Covers: If any of the below mentioned add-on covers are required. <ul style="list-style-type: none"> <li>Reinstatement value clause for portable items</li> <li>Omission to Insure additions or extensions</li> <li>Internal Breakdown</li> <li>Worldwide geographical limit</li> <li>Capital addition</li> <li>Un Repaired damages</li> <li>Un repairable Equipment Clause</li> <li>Claim Preparation Costs</li> <li>Expense for loss minimization</li> <li>Waiver of improvement/Betterment clause for replacement of selected machinery</li> <li>Escalation Clause</li> <li>Terrorism cover Inclusion</li> </ul>
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## SECTION VIII – MONEY

Description of Money to be insured, (If no Insurance is required for any item insert “NIL”)

Item No.	Money	Estimated Annual amount of money in transit, which will be the basis on which the provisional premium will be charged Rs.	Highest amount in transit
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i.	Money in direct transit from _____ to _____	
ii.	Money in locked safe or strong room during business hrs	
iii.	Money in till and/or counter during business hours	
iv.	Money in locked safe or strong room outside business hours	
v.	Money in the personal custody of the insured or the authorized employee/s of the insured whilst in transit to the premises or bank within a period not exceeding 48 hours from the time of collection	
vi.	Damage to Safe, Cash Box or Strong room in the premises	

1	How is the money carried?	
2	What is the distance over which the money will be carried? (Km)	
3	Have you ever sustained any loss of money whilst in transit or whilst on your premises? If so give full particulars	Yes <input type="checkbox"/> / No <input type="checkbox"/>
4	What means of transport do the persons carrying the money use i.e. own car/public transport etc.?	
5	Are the persons carrying the money accompanied by an armed guard/s? If not state what protection if any, is provided for them.	
6	State following particulars of safe/s and/or strong room in which money will be kept outside business hours <ul style="list-style-type: none"> <li>a. Maker's Name, Weight Dimensions, Identification Number</li> <li>b. Is it fixed to the walls of floor?</li> <li>c. By whom are the keys of the safe(s) and/or strong room held?</li> <li>d. Are all such keys removed from the premises outside business hours?</li> <li>e. Will the premises be guarded whilst they are closed for business? If so, by whom?</li> </ul>	
7	Have you ever sustained any loss of money whilst in transit or whilst on your premises? If so, give full particulars	
8	Add-on Covers: If any of the below mentioned add-on covers are required. <ul style="list-style-type: none"> <li>Automatic Reinstatement</li> <li>Business/ Working Hours extended</li> <li>Claim Preparation Costs</li> <li>Damage to clothing/ personal effects (assault) clause</li> <li>Definition of Money</li> <li>Infidelity cover clause</li> <li>Loss or Damage to Safes, Strong rooms &amp; Money Receptacles (including damage to property and landlords fixtures and fittings)</li> <li>Money in overnight custody clause</li> <li>Replacement of Keys &amp; Locks, recoding of locking devices (including repair)</li> <li>Temporary Safe Rental (and the insurance thereof)</li> <li>Theft by use of Duplicate Key</li> <li>Worldwide travel</li> <li>Theft from Unattended Vehicle</li> <li>Adjustment of Premium</li> <li>Terrorism Inclusion</li> <li>Riot &amp; Strike Damage Clause</li> </ul>	

## SECTION IX - BAGGAGE

1	Territorial Limit required	India or worldwide
2	Limit of Indemnity	
a	Any one event per person	Rs.



b	Any one year for all persons	Rs.
3	Terrorism cover Inclusion	Yes <input type="checkbox"/> / No <input type="checkbox"/>

#### SECTION X - INFIDELITY/ DISHONESTY OF EMPLOYEES

1 (I)	Details of Employees to be guaranteed (Named/ Designation cover option)				
Sr No.	Name	Designation	Place of Employment	Amount to be guaranteed per person	Any other security taken
a.					
b.					
Please attached separate sheet if the space is insufficient					

<b>Total Annual Aggregate Limit of Guarantee</b>	<b>Rs.</b>
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1 (II)	Details of Employees to be guaranteed (Floating cover option)				
Sr No.	Category of employees to be covered	No. of employees to be covered	Place of Employment	Amount to be guaranteed per person	Any other security taken
a.					
b.					
Please attached separate sheet if the space is insufficient					

<b>Total Annual Aggregate Limit of Guarantee</b>	<b>Rs.</b>
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2	Is there a system to obtain reference from previous employees? If not, specify practice followed		
3	State the estimate of maximum amount held by any employee at any one time and for how long a. Money: Amount ..... Period ..... b. Stocks: Amount ..... Period .....		
4	a.	How often are the employees required to account for money?	
	b.	What Independent system is there to check that all sums received by employees are accounted for?	
5	a.	Do employees pay out money or draw cash from Employer's account?	
	b.	System of operation of Bank account and precaution taken	
	c.	Whether such payments/ withdrawals are authorized by a senior employee and compared with supporting documents?	
6	How often the cash back is balanced, the entries checked with vouchers, Bank's passbook and with counterfoils of receipt books		
7	How often are the Proposer's books balanced?		
8	a.	System followed for purchase of goods and recording deliveries	
	b.	System followed for authorized dispatch of goods and ensuring that dispatch is recorded and changed to the customer	
9	How often and by whom stock verification is done?		
10	System for collecting outstanding accounts		
11	How often will statements of account be furnished by the Proposed direct to Customer?		
12	What is the extent and frequency of audit?		
13	Details of losses suffered on account of infidelity of any employees during last 5 years and steps taken to prevent recurrence.		
14	Add-on Covers: If any of the below mentioned add-on covers are required. <ul style="list-style-type: none"><li>Extended cover for past employees</li><li>Accountants &amp; auditors</li><li>Alteration of systems</li><li>Automatic reinstatement</li><li>Claims preparation costs &amp; audit fees (including computer system certification)</li><li>Costs of recovery following subrogation to the company (by the company)</li><li>Costs of recovery (by the insured for loss in excess of the sum insured)</li><li>Cost of rectifying accounting &amp; computer records &amp; programmes</li><li>Credit/ debit card (fraudulent use of)</li><li>Discretion in reporting to police (period of grace and successful recovery)</li><li>Subrogation waiver (contracting parties)</li><li>Unidentifiable employees (loss as a result of)</li><li>Contractual/Off Roll Employee Cover</li></ul>		

**SECTION XI - PUBLIC LIABILITY**

1	a.	Projected Annual Revenue	
	b.	Number of employees	
	c.	Projected Annual salaries	
	d.	Occupied floor area in sq meter	
	e.	Type of construction	
	f.	Age of the building	
	g.	No of floors and height if the building and which floors are occupied by you	
	h.	Details of other occupants	
	i.	Details of lifts, elevators, escalators etc. please specify make and capacity.	
2		Activities being carried on in the premises	
3		Details of surrounding areas/ property	
4		Please indicate the limits of indemnity required	
	a.	Any one accident	
	b.	Any one year	
5		Do you handle or use or store gases/ hazardous/ toxic/ radio active material and/ or equipments in the premises. If yes, please give details of maximum capacity stored/ used/ handled at the time.	

**SECTION XII – BUSINESS INTERRUPTION/ CONSEQUENTIAL LOSS (FIRE)**

1	Year of incorporation of insured's firm/company		
2	Which Chartered Accountant (Name and Address) audits insured's accounts and at what interval?		
3	What type of repair work can be carried out without external help?		
4	Please indicate external repair/ procurement facilities available in India		
5	Normal working hours of the works to be insured		
	a.	Hours per day	
	b.	No. of shifts	
	c.	days of Week	
6	Number of employees in the works to be insured?		
7	Are there any seasonal production or sales fluctuations more than 20%, in the works to be insured?		Yes <input type="checkbox"/> / No <input type="checkbox"/>
8	Is there a stock of semi finished or finished products? If Yes, state the no. of weeks of supply this stock can cover		Yes <input type="checkbox"/> / No <input type="checkbox"/>
9	State Indemnity Period desired (Months)		
10	State the time deductible desired (Days)		
11	Sum Insured		
	a.	On Net Profit	
	b.	No. of shifts	
	c.	On Increased Cost of Working	
12	Index of Business Activity		Turnover/Output/Thruput/Revenue/ Difference Basis
13	Details of Previous Interruption		
	a.	Period of Interruption	
	b.	Nature of interruption with causes	
	c.	Loss in Gross Profit /Turnover during the Interruption	

### SECTION XIII – WORKMEN'S COMPENSATION

1. Employee Details						
Description of Employees	Estimated Number of Employees	Full details of work subject (Specify exact, nature of work)	Cash (annual)	Living/ other allowances if any (annual)	Total Estimated Annual Earnings	Insurance required State Table A or B of prospectus
Clerical Staff						
Commercial Travellers						
Any other employee (please provide category and details as provided in first two categories)						
2. The total amount of wages salaries and other earnings paid by me during the past twelve months was Rs.						
3.	Does the above, schedule include-					Yes <input type="checkbox"/> / No <input type="checkbox"/>
	(a) All persons in your service? (b) All your subcontractors?					
4.	If Not, then kindly confirm which categories of employees are not covered?					
5.	Do you provide specific training to your employees on how to perform their respective job?					Yes <input type="checkbox"/> / No <input type="checkbox"/>
	Does all employees are acquitted with standard safety procedures?					
	Are your premises a Factory within the meaning of the Factories Act?					
	Does the insured instruct all workers in proper lifting techniques? Are they provided with materials-handling aids and encouraged to obtain help where moving extremely heavy objects?					

### EXISTING/PREVIOUS INSURANCE POLICY DETAILS

1. Please provide details of your existing Insurance policies (if any):

Policy No. / Application No.	Insurer Name	Period of Insurance	Sum Insured	Claims lodged during the preceding years
		From: DD/MM/YYYY To: DD/MM/YYYY		

2. Has any Company declined insurance to any of your location(s)?

☐ Yes ☐ No

3. Has any Company declined to renew insurance or increased the premium or imposed special conditions on renewal?

☐ Yes ☐ No

In case the response is "Yes" to any of the questions mentioned above, please provide the details:

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### PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount Rs. _____			
Premium Payment Options - <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Card <input type="checkbox"/> Net-banking <input type="checkbox"/> Payment Wallet			
Reference/Cheque No: _____			Date: DD/MM/YYYY
Bank Name _____		Amount: Rs _____	
Credit Card/ Debit Card No. _____			Expiry Date: DD/MM/YYYY
Relationship with Proposer _____			
Source of Funds	<input type="checkbox"/> Salary:	<input type="checkbox"/> Business:	<input type="checkbox"/> Others (Mention):

**WOULD YOU LIKE YOUR REFUND (EXCESS PREMIUM/PPC REIMBURSEMENT) BY CHEQUE# OR CREDITED DIRECTLY INTO YOUR BANK ACCOUNT?**

Cheque will be issued in the name of the Proposer only.

In case of payment made through credit card there fund amount would be reversed in Credit Card account directly or through cheque. Please provide the following bank details and a copy of a Cancelled Cheque if you opt for direct credit into your bank account: (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly)

<b>Cheque No.</b>		<b>Name as in Bank Account</b>	
<b>Bank Name</b>		<b>Bank Account No.</b>	
<b>Branch Name</b>		<b>IFSC Code</b>	
<b>Cheque Date</b>		<b>MICR Code</b>	
<b>Cheque Amount for ₹</b>			

\*Note: The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details.

If ECS is selected, please submit the standing instruction form available at our branches.

<b>Nationality:</b>	Non – Indian, If Non-Indian, please specify Country: _____		
<b>Beneficial Owner:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of the Beneficiary: _____	
<b>Are you a Political Exposed Person (PEP) or family member or close relative / associate of PEPs:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (appropriate tick) If Yes, give details _____			
<b>Type of Organization</b>	<input type="checkbox"/> Corporation: <input type="checkbox"/> Governments: <input type="checkbox"/> Society: <input type="checkbox"/> Private Organizations <input type="checkbox"/> International Organization:		
<input type="checkbox"/> Partnership: <input type="checkbox"/> Trust: <input type="checkbox"/> Others: _____			

☐ Go Green and Make a difference!!By choosing this option, only soft copy of Policy shall be delivered to your registered mail. The soft copy is valid for lodging claims or any other service needs. (If you require physical copy of your policy in future, please visit "Help" section on [www.hdfcergo.com](http://www.hdfcergo.com) or contact our customer care).

**DECLARATION & WARRANTY**

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.
- that I/We will abide by the provisions of IRDAI Guidelines on Group Insurance Policies dated July 14, 2005 and subsequent amendment made to it and/ or any other regulations/ guidelines issued by the IRDAI for Group Insurance Policies.
- 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: \_\_\_\_\_ Date: \_\_\_\_\_

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

**DECLARATION & WARRANTY ON BEHALF OF INSURANCE COMPANY**

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

We are under no obligation to accept any proposal for insurance. The Proposer 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 Proposer 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).

**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 fraud the Insurance Company or any other person, files a proposal for insurance containing any false information, or conceals or 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-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.

**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-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 to 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. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs. 10 Lakhs.

**Insurance is the subject matter of the solicitation**

**Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature of the Proposer:** \_\_\_\_\_

#### INTERMEDIARY'S DECLARATION

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/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.

**License No. (Intermediary)** \_\_\_\_\_

**Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature of Intermediary:** \_\_\_\_\_

#### FOR OFFICE USE ONLY

Channel Partner Code:	Branch Location:	Signature of Channel Partner:

#### ACKNOWLEDGEMENT CUSTOMER COPY

**Received from Mr. / Ms. / Mrs.** \_\_\_\_\_ **Reference/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 30 days.

#### INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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 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 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.