

Business Suraksha Plus - Proposal Form

Please fill the form in BLOCK LETTERS.

Note:

- 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.
- 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	
	b.	Nature of trade or Business of the Insured	
	c.	Risk Occupancy	
	d.	Risk Location Addresses of all major locations	
2.		Period of Insurance	From To
	e.	Name, Address of the Financial Institution/s or any bank/person (if any financial interest is involved)	
3.	f.	Paid up capital of the firm	
	a.	Source of Business	Agent/ Broker/ Direct
	b.	Intermediary Name	
	c.	Intermediary Code	
4.	d.	Contact No.	
		Claims Details for past three years	Claims paid + Outstanding (₹) + No of claims in an year + Loss Mitigation Factors in case of any major claim
5.		Variant Opted	Variant 4 <input type="checkbox"/> Variant 5 <input type="checkbox"/> Variant 6 <input type="checkbox"/>

SECTION I - PROPERTY DAMAGE

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.	Age of the Buildings	
	d.	Is the building part of Industrial Area or Commercial Complex?	Industrial Area/ Commercial Complex/ Stand-alone
	e.	What are the surrounding occupancies and their distance from the facility?	
	f.	Any other occupancy in same building belonging to Insured or others	
	g.	Approximate distance from the nearest water body (River, Lake, Canal, Sea, nala etc.)	
	h.	What are the Fire Protection Systems at the Facility? (Extinguishers, Hydrants, Sprinkler, Hose Reel etc.)	
	i.	How far is the nearest Public Fire Brigade and what is the response time?	
	j.	What are the security arrangements?	
	k.	Voluntary Higher Deductible opted	

2. Sum Insured Details (Attach separate sheet for more than one location)

Sr. No.	Description of property to be insured	Sum Insured (₹)
	Section I- Property Damage	
a	Building	
b	Plinth & Foundation	
c	Plant & Machinery	
d	Stocks & Stocks in Process	
e	Furniture, Fixture & Fittings	
f	Other Contents	

3. Additional extensions		
1.	Earthquake	Yes <input type="checkbox"/> / No <input type="checkbox"/>
2.	Terrorism cover	Yes <input type="checkbox"/> / No <input type="checkbox"/>
3.	Others... Please specify	

SECTION II - BUSINESS INTERRUPTION/TIME ELEMENT (As applicable for relevant variant)

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/Throughput/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	
14	Extensions opted:	Professional accountants _____ Customers, suppliers extension _____ Utilities extension _____ Additional increase in cost of working _____ Others – Pls specify _____
15	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.	
16	Important Notice:-	
	Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance?	
	If YES, please specify:	

Annexure for Additional questions pertaining to VARIANT - 4

Limits of Liability		
	Section I- Property Damage	
	Section II- Time Element	
	Policy Limit of Liability	
Additional information		
	Annual Gross profit	
	Period of Liability	

SECTION I - PROPERTY DAMAGE – EXTENSIONS & LIMITS

Sr. No.	Extensions	Required - Yes / No (strike out whichever not applicable)	Limit of Liability
1	Accidental Interruption Of Services	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Accounts Receivable	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Automatic Coverage	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Brands And Labels	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	Claims Preparation Costs	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6	Coinsurance Deficiency And Currency Devaluation	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
7	Consequential Reduction In Value	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
8	Control Of Damaged Property	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
9	Data, Programs Or Software	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
10	Debris Removal	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
11	Decontamination Costs	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
12	Demolition And Increased Cost Of Construction	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
13	Errors And Omissions	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
14	Expediting Costs	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
15	Fine Arts And Valuable Papers And Records	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
16	Installment Or Deferred Payments	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
17	Land And Water Contaminant Cleanup, Removal And Disposal	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
18	Loss Payment Increased Tax Liability	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
19	Machinery Or Equipment Startup Option	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
20	Miscellaneous Personal Property	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
21	Off Premises Storage For Property Under Construction	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
22	Operational Testing	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
23	Personal Property Not At A Location	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
24	Protection And Preservation Of Property	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
25	Service Interruption Property Damage	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
26	Temporary Removal Of Property	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
27	Terrorism	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
28	Transportation	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

SECTION II - TIME ELEMENT - EXTENSIONS & LIMITS

Time Element Coverage Extensions			
Sr. No.	Extensions	Required - Yes / No	Limit of Liability
1	Civil Or Military Authority	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Contingent Time Element Extended	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Ingress/Egress	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Logistics Extra Cost	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	Service Interruption Time Element	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Additional Time Element Coverage Extensions			
1	Attraction Property	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Computer Systems Non Physical Damage	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Crisis Management	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Delay In Startup	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	Extended Period Of Liability	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6	On Premises Services	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
7	Protection And Preservation Of Property Time Element	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
8	Related Reported Values	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
9	Research And Development	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
10	Soft Costs	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

Annexure for Additional questions pertaining to VARIANT - 5

Limits of Liability		
	Property Damage and Business Interruption combined	
	Section I-Property Damage	
	Section II- Business Interruption	
Additional information		
	Annual Gross profit	
	Period of Liability	

SECTION I - PROPERTY DAMAGE – EXTENSIONS & LIMITS			
Sr. No.	Extensions	Required - Yes / No (strike out whichever not applicable)	Limit of Liability
1	Accounts Receivable	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Brands And Labels	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Capital Additions at Existing Premises	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Civil or Military Authority	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	Debris Removal	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6	Expediting Costs	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
7	Fine Arts	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
8	Fire Brigade Service Charges	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
9	Land Improvements	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
10	Money in Locked Safe and/or Strong Room	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
11	Money on Insured Premises during Business Hours	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
12	Personal Property of Officers, Employees and Visitors of the Insured	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
13	Professional Fees	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
14	Public Authorities(Increased Cost of Construction)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
15	Temporary Removal	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
16	Tenants and Neighbours Liability<remove if not standard territory requirement>	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
17	Valuable Papers and Records (Reconstruction Costs)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
18	Miscellaneous Personal Property	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
19	Miscellaneous Unnamed Locations	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
20	Off Premises Service Interruption Property Damage and Business Interruption Loss (Public Utilities)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
21	Protection and Preservation of Property	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
22	Machinery Breakdown	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

SECTION II - BUSINESS INTERRUPTION - EXTENSIONS & LIMITS			
Sr. No.	Extensions	Required - Yes / No (strike out whichever not applicable)	Limit of Liability
1	Civil Authority Business Interruption	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Contingent Business Interruption	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Denial of Access (Ingress/Egress)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Loss of Rent (Rental Value)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	Research and Development	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

Additional Business Interruption Coverage Extensions			
1	Miscellaneous Unnamed Locations	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Off Premises Service Interruption Property Damage and Business Interruption Loss (Public Utilities)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Protection and Preservation of Property	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

Annexure for Additional questions pertaining to VARIANT - 6

Limits of Liability		
	Section I-Property Damage	
	Section II -Time Element	
	Policy Limit of Liability	
Additional information		
	Annual Gross profit	
	Period of Liability	

SECTION I - PROPERTY DAMAGE – EXTENSIONS & LIMITS			
Sr. No.	Extensions	Required - Yes / No (strike out whichever not applicable)	Limit of Liability
1	Accidental Interruption Of Services	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Accounts Receivable	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Automatic Coverage	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Brands And Labels	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	Claims Preparation Costs	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6	Consequential Reduction In Value	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
7	Control Of Damaged Property	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
8	Data Restoration	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
9	Debris Removal	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
10	Decontamination Costs	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
11	Errors And Omissions	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
12	Expediting Costs	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
13	Fine Arts And Valuable Papers And Records	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
14	Installment Or Deferred Payments	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
15	Land And Water Contaminant Cleanup, Removal And Disposal	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
16	Law and Ordinance	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
17	Loss Payment Increased Tax Liability	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
18	Machinery Or Equipment Startup Option	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
19	Miscellaneous Property	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
20	Operational Testing	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
21	Protection And Preservation Of Property	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
22	Service Interruption Property Damage	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
23	Temporary Removal Of Property	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
24	Transportation	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

SECTION II - TIME ELEMENT- EXTENSIONS & LIMITS			
Sr. No.	Extensions	Required - Yes / No (strike out whichever not applicable)	Limit of Liability
1	Civil Or Military Authority	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Contingent Time Element Extended	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Ingress/Egress	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Logistics Extra Cost	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	Service Interruption Time Element	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

Additional Time Element Coverage Extensions			
Sr. No.	Extensions	Required - Yes / No (strike out whichever not applicable)	Limit of Liability
1	Attraction Property	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Crisis Management	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Delay In Startup	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Extended Period Of Liability	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	On Premises Services	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6	Owned network interruption	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
7	Protection And Preservation Of Property Time Element	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
8	Related Reported Values	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
9	Research And Development	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
10	Soft Costs	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

OPTIONAL SECTIONS (APPLICABLE AS PER VARIANT COVERED)

SECTION III - PORTABLE ELECTRONIC EQUIPMENTS - YES / NO

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-	

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

Supplementary Clauses & Conditions			
Sr. No.	Supplementary Clauses & Conditions	Required - Yes / No (strike out whichever not applicable)	Limit of Liability
1	Un repairable Equipment Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Expense for loss minimization	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Reinstatement value clause for portable items	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Omission to Insure additions or extensions	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	Internal Breakdown	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6	Worldwide geographical limit	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
7	Un Repaired damages	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
8	Waiver of improvement/Betterment clause for replacement of selected machinery	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
9	Escalation Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
10	Terrorism cover Inclusion	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

SECTION IV - MONEY - YES / NO

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
i.	Money in direct transit from _____ to _____		
ii.	Money in locked safe or strong room during business hours		
lii.	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	
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 or them.	
6	State following particulars of safe/s and/or strong room in which money will be kept outside business hours Maker's Name, Weight Dimensions, Identification Number Is it fixed to the walls of floor? By whom are the keys of the safe(s) and/or strong room held? Are all such keys removed from the premises outside business hours? Will the premises are guarded whilst they are closed for business? If so, by whom?	
7	Have you ever sustained any loss of money whilst in transit or whilst on your premises? If so, give full particulars	

Supplementary Clauses & Conditions			
Sr. No.	Supplementary Clauses & Conditions	Required - Yes / No (strike out whichever not applicable)	Limit of Liability
1	Adjustment of Premium	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Automatic Reinstatement	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Business/ Working Hours extended	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Claim Preparation Costs	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	Damage to clothing/ personal effects (assault) clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6	Definition of Money	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
7	Infidelity cover clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
8	Loss or Damage to Safes, Strong rooms & Money Receptacles (including damage to property and landlords fixtures and fittings)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
9	Money in overnight custody clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
10	Replacement of Keys & Locks, recoding of locking devices (including repair)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
11	Temporary Safe Rental (and the insurance thereof)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
12	Theft by use of Duplicate Key	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
13	Worldwide travel	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
14	Terrorism Inclusion	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
15	Riot & Strike Damage Clause	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

SECTION V - BAGGAGE - YES / NO

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

Total Annual Aggregate Limit of Guarantee ₹

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

Total Annual Aggregate Limit of Guarantee ₹

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.	Supplementary Clauses & Conditions:	

Sr. No.	Supplementary Clauses & Conditions	Required - Yes / No (strike out whichever not applicable)	Limit of Liability
1	Extended cover for past employees	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
2	Accountants & auditors	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
3	Alteration of systems	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
4	Automatic reinstatement	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
5	Claims preparation costs & audit fees (including computer system certification)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
6	Costs of recovery following subrogation to the company (by the company)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
7	Costs of recovery (by the insured for loss in excess of the sum insured)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
8	Cost of rectifying accounting & computer records & programmes	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
9	Credit/ debit card (fraudulent use of)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
10	Discretion in reporting to police (period of grace and successful recovery)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
11	Subrogation waiver (contracting parties)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
12	Unidentifiable employees (loss as a result of)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	
13	Contractual/Off Roll Employee Cover	Yes <input type="checkbox"/> / No <input type="checkbox"/>	

Other Information:

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 Lakh 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.

PREMIUM DETAILS:			
Amount	₹	_____	
GST	₹	_____	
Premium including tax	₹	_____	
Rupees in words	₹	_____	
PAYMENT DETAILS			
Cheque	NEFT	<input type="checkbox"/>	
Instrument No		Instrument Date	
Bank Account No			
Account Type	Savings <input type="checkbox"/>	Current <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>			
If No, please provide additional bank details in below provided space:			
Bank Account No			
Account Type	Savings <input type="checkbox"/> Current <input type="checkbox"/> Other. If others, please specify _____		
Branch Name & Address			
IFSC Code		MICR Code	
Nationality	Indian <input type="checkbox"/> Non - Indian <input type="checkbox"/>		
If Non-Indian, please specify Country			
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 _____		

I/We wish:

Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.

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:

(To be signed by a partner or director of the Main Applicant)

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.

Signed:

Print Name:

Title:

Dated:

Terms and Conditions:

Note: The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured 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.)