

# HDFC ERGO General Insurance Company Limited

## Proposal Form

### BUSINESS SURAKSHA PLUS



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 Insured:   |
|                     |   | Correspondence address of the Insured  |
|                     |   | Phone No   |
|                     |   | Email ID   |
|                     |   | PAN  |
|                     | b | Nature of trade or Business of the Insured   |
|                     | c | Risk Occupancy   |
|                     | d | Risk Location Addresses of all major locations   |
|                     | e | Name, Address of the Financial Institution/s or any bank/ person (if any financial interest is involved)   |
|                     | f | Paid up capital of the firm  |
| 2                   |   | Period of Insurance From ..... To .....  |
| 3                   | a | Source of Business Agent/ Broker/ Direct   |
|                     | b | Intermediary Name  |
|                     | c | Intermediary Code  |
|                     | d | Contact No.  |
| 4                   |   | 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                        |                 |

# HDFC ERGO General Insurance Company Limited

## Proposal Form

### BUSINESS SURAKSHA PLUS



|                          |                          |  |
|--------------------------|--------------------------|--|
| 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 | <b>Sum Insured</b>  |   |
|    | 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 _____<br>Customers, suppliers extension _____<br>Utilities extension _____<br>Additional increase in cost of working _____<br>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

|                               |                            |  |
|-------------------------------|----------------------------|--|
| <b>Limits of Liability</b>    |                            |  |
|                               | Section I- Property Damage |  |
|                               | Section II- Time Element   |  |
|                               | Policy Limit of Liability  |  |
| <b>Additional information</b> |                            |  |
|                               | Annual Gross profit        |  |
|                               | Period of Liability        |  |

# HDFC ERGO General Insurance Company Limited

## Proposal Form

### BUSINESS SURAKSHA PLUS



| SECTION I- PROPERTY DAMAGE – EXTENSIONS & LIMITS |  |  |                    |
|--|--|--|--------------------|
| Sr. No.  | Extensions   | Required - Yes / No<br>(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"/> |                    |
|   |  |  |                    |
|   |  |  |                    |

# HDFC ERGO General Insurance Company Limited

## Proposal Form

### BUSINESS SURAKSHA PLUS



#### Annexure for Additional questions pertaining to VARIANT - 5

|                               |  |  |
|-------------------------------|--|--|
| <b>Limits of Liability</b>    |  |  |
|                               | Property Damage and Business Interruption combined |  |
|                               | Section I-Property Damage                          |  |
|                               | Section II- Business Interruption                  |  |
| <b>Additional information</b> |  |  |
|                               | Annual Gross profit                                |  |
|                               | Period of Liability                                |  |

| SECTION I- PROPERTY DAMAGE – EXTENSIONS & LIMITS |   |  |                    |
|--|---|--|--------------------|
| Sr. No.  | Extensions  | Required - Yes / No<br>(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<br>(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"/>     |                    |

|   |   |  |  |
|---|---|--|--|
| <b>Additional Business Interruption Coverage Extensions</b> |   |  |  |
| 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

|                               |                           |  |
|-------------------------------|---------------------------|--|
| <b>Limits of Liability</b>    |                           |  |
|                               | Section I-Property Damage |  |
|                               | Section II -Time Element  |  |
|                               | Policy Limit of Liability |  |
| <b>Additional information</b> |                           |  |
|                               | Annual Gross profit       |  |
|                               | Period of Liability       |  |

# HDFC ERGO General Insurance Company Limited

## Proposal Form

### BUSINESS SURAKSHA PLUS



| SECTION I - PROPERTY DAMAGE – EXTENSIONS & LIMITS |  |  |                    |
|---|--|--|--------------------|
| Sr. No.   | Extensions   | Required - Yes / No<br>(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<br>(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       |  |  |                    |
| 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"/>     |                    |

# HDFC ERGO General Insurance Company Limited

## Proposal Form

### BUSINESS SURAKSHA PLUS



#### OPTIONAL SECTIONS (APPLICABLES 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<br>(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,<br>which will be the basis on which the<br>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   |   |                           |
| 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  |  |
| 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<br>Maker's Name, Weight Dimensions, Identification Number Is it fixed to the walls of floor?<br>By whom are the keys of the safe(s) and/or strong room held?<br>Are all such keys removed from the premises outside business hours?<br>Will the premises be 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   |  |

# HDFC ERGO General Insurance Company Limited

## Proposal Form

### BUSINESS SURAKSHA PLUS



| Supplementary Clauses & Conditions |  |  |                    |
|------------------------------------|--|--|--------------------|
| Sr. No.                            | Supplementary Clauses & Conditions   | Required - Yes / No<br>(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<br>a. Money: Amount ..... Period .....<br>b. Stocks: Amount ..... Period .....   |  |  |  |  |
| 4.  | a. How often are the employees required to account for money?<br>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?<br>b. System of operation of Bank account and precaution taken<br>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<br>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:   |  |  |  |  |

**HDFC ERGO General Insurance Company Limited****Proposal Form****BUSINESS SURAKSHA PLUS**

| Sr. No. | Supplementary Clauses & Conditions  | Required - Yes / No<br>(strike out whichever not applicable) | Limit of Liability |
|---------|---|--|--------------------|
| 1       | Extended cover for past employees   |  |                    |
| 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.



**HDFC ERGO General Insurance Company Limited****Proposal Form****BUSINESS SURAKSHA PLUS**

|   |  |                 |  |
|---|--|-----------------|--|
| <b>PREMIUM DETAILS:</b>   |  |                 |  |
| Amount  | ₹ _____  |                 |  |
| GST   | ₹ _____  |                 |  |
| Premium including tax   | ₹ _____  |                 |  |
| Rupees in words   | ₹ _____  |                 |  |
| <b>PAYMENT DETAILS</b>  |  |                 |  |
| 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: _____<br>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.

Signed:

Print Name

Title

Dated:

## HDFC ERGO General Insurance Company Limited

### Proposal Form

### BUSINESS SURAKSHA PLUS



#### 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.)