

BUSINESS SURAKSHA PLUS **(ESSENTIAL)**

PROPOSAL FORM

Please fill the form in BLOCK LETTERS.

1. Please answer all the questions fully and correctly. If a particular question is not applicable to You please mark that question as not applicable "N/A".
2. Please leave one box blank between two words while writing address.
3. 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.
4. If you not find sufficient space in any of the below columns, please use additional sheets for giving full details.

Policy Issuing Office Address & Code	
Intermediary/Agent Name (if any)	
Intermediary/Agent Code (if any)	
Intermediary/Agent Contact Number/Email ID	Phone no.- Email ID-

GENERAL INFORMATION

1	a	Name of the Insured	
		Present Address of Proposer	
		Is your present address same as your permanent address?	Yes/No If no, please state your permanent address along with pin code:
		Address proof (document & number)	
		Phone No a. Mobile b. Landline	
		Email ID	
		PAN	
2		Identity proof (document & number)	
3		Occupation	Salaried / Professional / Self Employed / Student / Housewife / Retired / Other (Please specify) _____
4		Industry Type	Jewellery/ import-export/mining / shipping / scrap dealing/real estate / agriculture / stock

			broking / BFSI / manufacturing / Others - (Please specify)_____																												
5		Income (Annual)	0-2.5 lakh/ 2.5 - 5 lakh/ 5 - 20 lakh/ 20-30 lakh/ 30 lakh and above																												
6		Income proof																													
7		Existing KYC Number, if any																													
8		Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions																													
9		Period of Insurance	From: To:																												
10		Nomination: Yes/No If yes, please provide the below details: <table border="1" data-bbox="277 905 1430 1129"> <thead> <tr> <th>Nominee Name</th> <th>Nominee Relation</th> <th>Nominee DOB</th> <th>Age</th> <th>Nomination %</th> <th>Appointee Name if in case of Minor Nominee</th> <th>Appointee Relationship, if Nominee is minor</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		Nominee Name	Nominee Relation	Nominee DOB	Age	Nomination %	Appointee Name if in case of Minor Nominee	Appointee Relationship, if Nominee is minor																					
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11	a	Nature of trade or Business of the Insured																													
	b	Risk Occupancy																													
	c	Risk Location Addresses of all major locations																													
	d	Name, Address of the Financial Institution/s or any bank/ person (if any financial interest is involved)																													
	e	Paid up capital of the firm																													
12		Claims Details for past three years	Claims paid + Outstanding (Rs) + No of claims in an year + Loss Mitigation Factors in case of any major claim																												

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 (Rs.)
	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. Terrorism cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Others... Please specify	

SECTION II- BUSINESS INTERRUPTION

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/ No
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/ No
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:	Accounts Receivable _____ Brand Protection _____ Ingress /Egress _____ 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

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

SECTION I- PROPERTY DAMAGE – EXTENSIONS & LIMITS

S No.	Extensions	Required – Yes / No (strike whichever out not applicable)	Limit of Liability
1.	Accounts Receivable	Yes/ No	
2.	Architects, Surveyors and Other Fees	Yes/ No	
3.	Brand Protection	Yes/ No	
4.	Data Restoration	Yes/ No	
5.	Debris Removal	Yes/ No	
6.	Decontamination Costs	Yes/ No	
7.	Demolition and Increased Cost of Construction	Yes/ No	
8.	Earth Movement	Yes/ No	
9.	Errors and Omissions	Yes/ No	
10.	Expediting Expenses	Yes/ No	
11.	Flood	Yes/ No	
12.	Land and Water Clean Up Expense	Yes/ No	
13.	Locks and Keys	Yes/ No	
14.	Minor Works	Yes/ No	

15.	Newly Acquired Property	Yes/ No	
16.	Off-Premises Service Interruption - Property Damage	Yes/ No	
17.	Property Removed from a Location	Yes/ No	
18.	Protection and Preservation of Property - Property Damage	Yes/ No	
19.	Unnamed Property	Yes/ No	
20.	Valuable Papers and Records	Yes/ No	
21.	Professional Fees	Yes/ No	
22.	Designation of Property	Yes/ No	
23.	Escalation	Yes/ No	

SECTION II- BUSINESS INTERRUPTION- EXTENSIONS & LIMITS

Business Interruption Coverage Extensions			
Sr. No.	Extensions	Required – Yes / No (strike out whichever not applicable)	Limit of Liability
1	Civil or Military Authority	Yes/ No	
2	Tax Treatment	Yes/ No	
3	Ingress/Egress	Yes/ No	
4	Off-Premises Service Interruption - Business Interruption	Yes/ No	
5	Protection And Preservation Of Property - Business Interruption	Yes/ No	
6	Supply Chain	Yes/ No	
7	Ingress / Egress Revision	Yes/ No	
8	Supply Chain Revision	Yes/ No	

CO-INSURANCE:

Company Name	Percentage %	Premium (₹)

OTHER INFORMATION

Do you wish to opt for Arbitration?	Yes/ No
/Venue for Arbitration (If Arbitration is opted as 'Yes')	
Any additional information relevant to the Policy	



DECLARATION BY THE COMPANY**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 Lakhs 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

**PREMIUM DETAILS:**

Amount (INR) _____
 GST (INR) _____
 Premium including tax (INR) _____
 Rupees in words _____

PAYMENT DETAILS:

Cheque NEFT
 Instrument No. _____ Instrument Date: _____
 Bank Account No. _____
 Account Type: Savings / Current / 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/No

If NO, please provide additional bank details in below provided space:

Bank Account No. _____
 Account Type: Savings / Current / Other. If others, please specify _____
 Branch Name & Address: _____
 IFSC Code _____ MICR Code _____

Nationality: Indian Non – Indian

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 _____

Note: Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions domestically/in an international organisation/ in a foreign country. This would include individuals who have or had positions of Heads of States or Government, Senior Politicians, Senior Government or Judicial or Military officers, Senior Executives of State-Owned Corporations and important Political Party Officials.

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.

If you require physical copy of your policy in future, please visit "Help" section on www.hdfcergo.com or contact our customer care.

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer 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 HDFC ERGO General Insurance Company Limited receives premium payment).

Insurance is the subject matter of the solicitation

**DECLARATION BY INSURED/REPRESENTATIVE (IN CASE PROPOSER IS DISABLED)
(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 as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof. I understand that the Company has the right to call for documents to establish sources of funds.
- 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.
- 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/ We authorize the Company to process my/ our Personal as well as Sensitive information for profiling purposes and to contact me/ us for renewal of my/our policy. I/We also authorise the Company to contact me/us (including overriding my/our registration on NDNC under the extant TRAI Regulations) to promote products and to notify me/us about the services being rendered by the Company.
- We hereby authorise the Company to share/ verify the information provided by me/us pertaining to my proposal with third party, rating agencies or service provider for the purpose of underwriting the proposal, issuance of a policy or settling of a claim under the policy.

Place:

Date:

Signature of the Insured

VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / proposer is illiterate (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator		Signature of the Translator
Place		
Date		

Name of the Proposer		Signature of the Proposer
Place		
Date		

INTERMEDIARY DECLARATION

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

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statement(s), information and response(s) submitted by him/her in this Proposal Form to questions

Signature of Intermediary	Date
Time	Place

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.

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.