HDFC ERGO General Insurance Company Limited



CONSEQUENTIAL LOSS (FIRE) INSURANCE - PROPOSAL FORM

(Please	Please fill in CAPITALS only) Application No:						
1.	Name of the Proposer (in full)						
2.	Postal Address						
	#Mobile No.:						
3.	Nature or business						
4.	Names & Addresses of all Premises from where you transact Business						
5.	Names & Addresses of all Premises to be insured						
6.	Do you have any other Business interruption/Loss of Profit Insurance in force?						
	,						
7.	Which Insurer(s) currently cover these risks?						
	Fire:						
	Fire Loss of Profits:						
8.	Has any insurer refused to insure your property or imposed additional terms for any peril?						
9.	If your answers to questions 6 & 8 are YES please give details						
10.	Details of Previous Interruption						
	Period of Interruption Nature of interruption with causes						
	Loss in Gross Profit /Turnover during the Interruption						
11.	Previous Years Premium and Claims Paid	Premium	Claim Paid	Claim Outstanding	Total		
	Current Year						
	Previous Year 2 years before						
12.	Which Chartered Accountant (Name and Address) audits your accounts and at what interval?						
13.	When was your firm established?						
14.	Since when has the works to be insured came into existence?						
15.	Since when has the present production method used in the works to be insured						
16.	Please give a brief description of the production process and attach a Process flow diagram						
17.	What type of repair work can be carried out without external help?						
18.	Please indicate external repair/ procurement facilities available in India						
19.	Normal working hours of the works to be insured						
	Per day hours in shifts						
	Per week hours in shifts						
	Per year days in shifts						
20.	Number of employees in the works to be insured?						
	Total number						
	Number employed for maintenance purposes						
	Fluctuation (in %)						
21.	Are there any seasonal production or sales fluctuations more than 20%, in the works to be insured?						
22.	If YES, please indicate monthly figures of Turnover.						
	Is there a stock of semi finished or finished products?						
	If yes, state the number of weeks of supply this stock can cover						
23.	State the Period of Insurance desired						

*Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

24.	Indemnity Period desired							
	On Gross Profit First							
			% for the remaining indemnity period					
	2) On Wages,	Weeks to the extent of	% of the Total Wages					
25.	Choose the Time Excess	(Minimum 7days for Petro Chemical Risks	s)					
26.	Sum Insured (Rs.) 1) Net Profit							
	2) Annual Specified Standing Charges							
		nment Compensation payable under I.D Acts Fees (cost incurred in preparation of the						
27.								
	If on "OUTPUT Basis" answer a & b a) The Nature of the OUT PUT							
	b) The Unit of Product							
28.	Additional Covers Requir	ed						
28.1	Supplier's Extension							
	Number of suppliers to b							
	Name of the Supplier Situation of Premises							
	Selected %age Limit of S	um Insured						
28.2	Customer's Extension							
	Number of Customers to	be Covered						
	Name of the Customers							
	Selected %age Limit of S							
28.3	Failure of Public Electrici	ty/ Gas/ Water Supply						
			PREMIUM DETAILS					
Amount F	Rs.	Rupees						
			SOURCES OF FUND					
Salary	Business C	ther (Please Specify)						
			DANK ACCOUNT DETAILS					
BANK ACCOUNT DETAILS Name of the Bank Account Holder								
Bank Acc			7		Account: Savings Current			
Name of				Bran				
		ber of the bank and branch appearing on	the cheque issued by the bank)					
IFSC Cod	de (11 character code appe	earing on your cheque leaf)						
I wish:	Any refund due on th	e premium payment / any payment/claims	will be directly credited to my aforesaid Bank Accor	unt *				
i wion.		ndatory that all payments made to the insu	·	unt.				
		DECLARATION & V	VARRANTY ON BEHALF OF ALL PERSONS PRO	POSED TO BE INSURED				
I/ we do hereby declared that the above statements and answers are true and that I/we have not withheld any information whatsoever regarding the Proposal. I / We agree that this Proposal and Declaration shall be the basis of the contract between me/us and HDFC ERGO General Insurance Company Ltd (also referred to as the Company) and shall be deemed to be incorporated in such contract. I / We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.								
Note: The	e liability of the Company do	es not commence until this Proposal has be	en accepted by the Company and the Premium quote	d by the Company is received b	y the Company.			
I/We hereby understand, declare, consent and authorize the Company to use financial information, as provided to the Company for underwriting the risk. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.								
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								
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 of the commission payable or any rebate of the premium shown in 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 prospectuses 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 ₹ 10 Lakhs.								
Place								
Date	Date DDMMYYYYY							
					Signature of Proposer			