

JEWELLERS COMPREHENSIVE INSURANCE - PROPOSAL FORM

a) Proposer's Details

Proposer's Name (First Name) (Middle Name) (Last Name)

Proposer's Address

Pin Code:

Contact Details Fax No.: Website:

E-mail:

b) Business Information

Risk Address (es)

Pin Code:

Contact Details Fax No.: Website:

E-mail:

How long have you carried on business?

In these premises? Years Elsewhere? Years

Address where property is deposited?

Name and Address of Bank Lockers/Vaults?

Name and Address of Carriers?

Address of premises where the Insured's business is carried on

Pin Code:

c) Financier Interest / Details of Hypothecation

Whether the policy is to be hypothecated? Yes ☐ No ☐

Name of the Bank

d) Nature of your Business

Manufacturing: %

Wholesale: %

Retail: %

Pawn Broking: %

e) Employees

1 How many employees do you have?

2 What is the minimum number of employees incl. principals in the sales section of your premises at any time during business hours, incl. lunchtime?

f) Valuation Basis

On what basis do you require claims to be settled?

N.B. Unless otherwise agreed on the policy, claims will be settled on the basis of Landed Cost plus ten per cent thereof, but in case of diamonds where it is not possible to derive the landed cost it shall be Selling Price less ten per cent; in case of Manufactured Jewellery it shall be Selling Price less ten per cent; in case of Gold it shall be Landed Cost + Labour + ten per cent as on date of loss and in case of Furniture, Fixtures and Fittings it shall be Reinstatement Cost. The Basis of valuation of inward and outward entrustments to be based upon relevant books and records

g) Stock Values

i) What was the AVERAGE total value during the last twelve (12) months of:

ii) your own stock and banknotes?

iii) goods in trust (other than for safe custody), goods on approval, repairs and the like?

TOTAL:

iv) What was the MAXIMUM value of your own stock & goods in trust (other than for safe custody) & bank notes at any time during the last twelve (12) months

r) Losses

- i) Have you ever sustained a loss or losses? Yes ☐ No ☐
- ii) If YES, give statement covering the past 3 years with particulars, including the amount of each loss, and, if insured whether paid in full or otherwise:

	Year 1	Year 2	Year 3	Remarks
1. No. of Claims				
2. Claim Amount				
3. Insurance Company				

s) Receipts

- i) Is it your practice to give receipts for goods left with you by non-trade customers, for repairs, valuation, sale, or any other purpose and to require surrender of such receipts before goods are returned to the customer? Yes ☐ No ☐
- ii) Do you use entrustment/approbation notes in respect of all entrustments? Yes ☐ No ☐

t) Home Risk (Private Dwelling House)

Does any Partner, Director take stock to his private residence for any purpose? Yes ☐ No ☐

If YES, please give following information:

Address and details of any protective devices

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Maximum value taken:

Is the property ever left unattended at the private dwelling house? Yes ☐ No ☐

u) Sum Insured / Loss Limit

	Stock In Insured Premises	Annual Aggregate Amount	
		Sum Insured	Loss Limit
i)	Stock on Premises		
ii)	Stock in vaults/ safes and bank lockers		
iii)	Stock in display window		
iv)	Money on premises		
v)	Stock anywhere on premises outside business hours		
	Add On Covers		
i)	Boiling / Being worked Upon		
ii)	Mysterious Disappearance		

v) Stock In Custody

	Limit Per event	Annual Aggregate Amount
i) Stock in the custody of authorised persons of the Insured		
ii) Stock in the custody of job workers		
iii) Money		
iv) Personal Conveyance limit		

w) Stock In Transit

	Limit Per event	Annual Aggregate Amount
i) Registered Insured Post parcel		
ii) Airfreight (minimum 1% value declaration to the Airlines)		
iii) Angadias		
iv) Couriers / Logistics Providers		
v) Any other carriers and delivery services used in the normal course of Insured's business		

x) Other Property of the Insured

		Sum Insured
i)	Building, Boundary Wall & others	
ii)	Furniture, Fixtures, Fittings at the business premises	
iii)	Trade Equipments	

Plate Glass - details with dimensions and description of tinted, embossed ornamental or painted items

Sr. No.	Description	Dimension

v) ADD ON COVERS REQUIRED

	Exhibition Extension	Limits	No of Exhibitions
i)	Domestic Exhibitions		
ii)	International Exhibitions		

Locations to be declared to the Insurer before commencement of the exhibition

	Infidelity Extension	
i)	Any One Loss	
ii)	Annual Aggregate	
iii)	No of Employees	
iv)	Is Cross Fidelity required.. If yes, pls provide the name of the company	

Terrorism Cover

Terrorism cover required

Yes ☐ No ☐

If Terrorism Cover is required then kindly advise

a. Whether the risk was insured against terrorism in the previous year/s?

Yes ☐ No ☐

b. If yes, whether premium was paid as per the terms of the Indian Market Terrorism Risk Insurance Pool or as per the terms quoted by other reinsurers?

[illegible]

z) Other Insurances

i) Have any other insurer ever cancelled or refused to issue or to continue any insurance for you?

Yes ☐ No ☐

ii) Have you previously been insured?

Yes ☐ No ☐

If YES, Please state with whom, risks covered, and for

what amount and please attach copy of the policy.

[illegible]

aa) Important Notices

Are there any other circumstances within your knowledge or opinion

not already disclosed, affecting or likely to affect the proposed insurance?

Yes ☐ No ☐

If YES, please specify:

[illegible]

I/We hereby declare and warrant that the above statements are true and complete and that I/We have withheld no information whatsoever which is material for the acceptance of this proposal.

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 of the Work of Art 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, 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.

Dated:

D	D	M	M	Y	Y	Y	Y
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Signature and Name of the Proposer

PREMIUM DETAILS

Amount (Including Service Tax) (Rs) _____ Rupees _____

MODE OF PAYMENTS

Bank Account No.	<input type="text"/>		
Branch Name & Address :	<input type="text"/> <input type="text"/> <input type="text"/>		
Instrument No.	<input type="text"/>	Instrument Date :	<input type="text"/>
IFSC Code	<input type="text"/>	MICR Code	<input type="text"/>

SOURCES OF FUND

Salary _____ Business _____ Other _____
(Please Specify) _____

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.

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.

PROHIBITION OF REBATES

Section 41 of Insurance Act 1938

- (1) 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 or 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 prospectus or tables of the Insurer.
- (2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten lakh rupees.

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

Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to 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. Insurance is the subject matter of the solicitation

SHARING OF INFORMATION

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.