

## PROPOSER'S DETAILS

Proposer's Name	<input type="text"/>
Proposer's Address	<input type="text"/>
b1) Building No. & Name	<input type="text"/>
b2) Street Name	<input type="text"/>
b3) City	<input type="text"/>
b4) Pin Code	<input type="text"/>
c1) Telephone	<input type="text"/>
c2) Fax	<input type="text"/>
c3) Mobile	<input type="text"/>
c4) Email:	<input type="text"/>

## Business Information

b) Risk Address (es)	<input type="text"/>
Building No. & Name	<input type="text"/>
Street Name	<input type="text"/>
City	<input type="text"/>
Pin Code	<input type="text"/>
c) Telephone	<input type="text"/>
Fax	<input type="text"/>
Mobile	<input type="text"/>
Email:	<input type="text"/>
d) State the floor on which your premises are situated	<input type="text"/> Floor <input type="text"/>
e) How long have you carried on business?	
In these premises?	<input type="text"/> Years
Elsewhere?	<input type="text"/> Years
f) Address where property is depicted?	<input type="text"/>
g) Name and Address of Bark Lockers/Vaults?	<input type="text"/>
h) Name and Address of Carriers?	<input type="text"/>

## Financier Interest/Details of Hypothecation

Whether the policy is to the hypothecated? Yes ☐ No ☐Name of the Bank 

## Nature of your Business

Manufacturing	<input type="text"/> %
Wholesale	<input type="text"/> %
Retail	<input type="text"/> %
Pawn Broking	<input type="text"/> %

## Nature of your Business

How many employees do you have? What is the minimum number of employees including principals in the sales section of your premises at any time during business hours, including lunchtime?

## Valuation Basis

On what basis do you require claims to be settled?

N. B. Unless otherwise agreed on the policy claims in respect of your own stock will be settled on the basis of COST PRICE. All figures completed in this proposal must reflect the basis of valuation required.

## Stock Values

- a) What was the AVERAGE total value during the last twelve (12) months of
- a1) Your own stock and banknotes?   
(the stock figure is to be declared on the basis cost price on the basis as in question 4 above)
- a2) Goods in trust (other than for safe custody, goods on approval repairs and the like?   
TOTAL
- b) 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

## Values out of Safe

What will be the MAXIMUM VALUE of all watches, jewellery, gold, bullion and platinum goods, precious stones and pearls (including those in windows) OUT OF LOCKED SAFE OR STRONG ROOM?

Outside Business Hours	During Temporary Closing
<input type="text"/>	<input type="text"/>

## Premises

- a) Has a Security Survey been conducted concerning the Premises Yes ☐ No ☐  
If YES, Please specify the date (dd/mm/yy) of the Security Survey   
If YES, have the recommendations complied with Yes ☐ No ☐
- b) is the building protected by employment of exclusive watchman/watchmen all 24 hours of the day Yes ☐ No ☐  
is the building, protected by employment of common
- c) watchman/watchmen for the whole building or night watchman/watchmen Yes ☐ No ☐

## Celia Basement

Are there any openings leading to a cellar or a basement from outside the shop?

Yes ☐ No ☐

If YES, please give and protections:

## Doors, Windows, and Openings, Area

Give details of the following and how they are protected:

- a) Each outer door
- b) Each inner door
- c) All windows other than display windows
- d) Covered Area of Premises

## Burglar Alarms

- a) Is there a burglar alarm? Yes ☐ No ☐
- b) IF YES, state name and forward copy of maker's specifications to the underwriters (or if not available give full details)
- c) Are hold-up/panic buttons incorporated in the system? Yes ☐ No ☐
- d) Is the system maintained under contract? Yes ☐ No ☐

## Safes

- a) Give the maker's name of sale cost when (State purchased whether new or second hand), and give details of any descriptive markings on the door.
- b) Approximate size and weight (please state measures) Size:   
weight:
- c) Approximate age years:
- d) Whether illuminated and visible from the street at night Yes ☐ No ☐

### Strong Rooms

a) is there a strong room?

Yes ☐ No ☐

b) If YES, give full details:

### Keys

Are all keys (including your alarm, safe and strong room keys) removed from the premises outside business hours?

Yes ☐ No ☐

### Special Protection

a) Is there a 'Closed Circuit T.V.' (c.c.t.v.)?

Yes ☐ No ☐

How many Days of back up is stored?

b) Is the premises protected by Armed Guards on 24 hr basis

Yes ☐ No ☐

c) Please specify fire protection and other features:

### Stock Records

a) When was your last annual stocktaking?

b) Do you keep proper records of all sales purchases and transactions?

Yes ☐ No ☐

### Losses

a) Have you ever sustained a loss of losses?

Yes ☐ No ☐

b) 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				

### Receipts

a) 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 ☐

b) Do you use entrustment/approbation notes in respect of all entrustment?

Yes ☐ No ☐

### 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

Address and details of any proactive devices

Address and details of any protective devices

Maximum value taken:

Is the property ever left unattended at the private dwelling house?

Yes ☐ No ☐

### Exhibitions and Displays

a) Did you during the past twelve (12) months exhibit any portion of your stock at any exhibition, other than one promoted or financially assisted by any public authority or by any trade association, or entrust goods for any display or performance?

Yes ☐ No ☐

if YES; give full particulars including values:

b) Do you exhibit goods, in any showcase in any hotel, club or elsewhere away from your premises?

Yes ☐ No ☐

if YES, give full particulars including values and details of protections

(i.e. type of glass, locks and the like)

## Sum Insured

### Section - 1: Stock in Insured Premises including Goods in Trust Or On Commission

- a) Stock on Premises
- b) Stock in Display Window
- c) Stock insured in locked safe on the premises
- d) Stock in Bank / Safe Deposit Lockers.
- e) Cash and Currency Notes

#### Annual Aggregate Amount


### Section - 2: Stock in Custody Including Goods in Trust Or On Commission

- a) Stock in the custody of Partner, Directors, Employees or duly constituted Attorneys
- b) Stock in the custody of persons not in your regular employment Brokers, Agents, Cutters or Goldsmiths
- c) Cash in the custody of insured's employees whilst in transit to the Bank and Vice Versa & collections / deliveries within the city limits.

#### Limit Per event

#### Annual Aggregate Amount


### Section 3: Stock in Transit including Goods in Trust Or On Commission

- a) Airfreight (Full value of the consignment needs to be declared to the Airlines)
- b) Angadia / Agreed Named Couriers
- c) Registered Insured Post Parcel / Speed Post 10% of Sec. 1(a) or maximum of Rs. 10,00,000


### Section 4: Fraudulent / Dishonest Acts Committed By Salaried Employee

Infidelity of Employees with Limit as per category detailed below

- a) Category - 1:
- b) Category - 2:
- c) Category - 3:
- d) Category - 4:

#### No. of Employees Limit per Employee

#### Description


### Section - 5: Stock in Exhibitions Including Goods In Trust Or On Commission

- a) Domestic Exhibitions
- b) International Exhibitions


### Section - 6: Building And Other Contents (Fire & Burglary)

- a) Building, Boundary Wall & others
- b) Furniture, Fixtures, Fittings at the business premises
- c) Trade Equipments


### Section-7: Fixed Glass And Related Fittings

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

Sr. No. Description

Dimension


### Section - 8: Neon & Illuminated Signs & Hoardings

- a) Neon & Illuminated Signs

Sr. No. Description Dimension


- b) Hoarding

Sr. No. Description Dimension


c) Other Equipments

Sr. No.	Description	Dimension

**Section - 9: Electronic Equipment**

a) Equipment Deal, year of manufacture		
b) Equipment Deal, year of manufacture		
c) Other Data Carrying Material		

**Section - 10: Public Liability**

a) Any one Accident Limit		
b) All Accidents in Policy Period Limit		

**Section - 11: Workman's Compensation**

a) Number of Employees		
b) Nature of Work		
c) Annual Earning		

**Section - 12: Money**

- a) Money in direct transit from or to the premises
- b) Money in direct treat between collection/payment center and Bank
- c) Money in premises during business hours
- d) Money in locked safe, strong room, steel aim standard cashbox business his

**Section 13: Consequential Loss (Fire)**

a) Since when has the works to be insured came into existence		
b) Since when has the present production method used in the works to be insured		
c) What type of repair work can be carried out without external help		
d) Please indicate external repair/procurement facilities available in India		
e) Annual Gross Profit		
f) Indemnity period		

**Add on Covers**

a) Term Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Appraisalment clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Civil Aunties Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Immediate Repair Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Sue and Labour Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) 72-Haus Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Automatic Extension Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Other Insurances**

a) Have any other her ever cancelled or refused to issue or to continue any insurance for you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Have you previously been insure? If YES, Please state with whom, risks covered and for what amount and please attach copy of the policy	Yes <input type="checkbox"/> No <input type="checkbox"/> <div></div>

**References**

Unless proposing for renewal, give two (2) references FROM YOUR TRADE

**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

Signing this form not bind the Proposer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued

I/We have disclosed all the facts, which could influence the acceptance of this Proposal or the terms to be approved, & the above facts, documents, statement shall be the basis of the contract between me/us and HDFC ERGO General Insurance Company Limited. The Proposer 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. In the event of acceptance of the Proposal for insurance HDFC ERGO General Insurance Company Limited. Such acceptance shall be specifically intimated to the Proposer 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 (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment).

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

I/we agree that if this insurance is completed the protections and /or safeguards mentioned above shall not be withdrawn or varied to the detriment of the interests of the Company without their consent and additional premiums if any will be remitted.

Signature and Name of the Proposer

Date: \_\_\_\_\_

### PROHIBITION OF REBATES

**Section 41 of the Insurance Act 1838 provides as follows:**

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 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 except any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in compliance with the provisions of the section shall be punishable with fine, which may extend to five hundred rupees

### PREMIUM DETAILS

Amount (₹)  Rupees

#### Mode of Payments

Bank Account No.  Bank Name:

Branch Name & Address:

Instrument No.  Instrument Date:

**Note:** The ability of the Company does not commence until the acceptance of the proposal has been formally intimated by the Company and full premium has been raised by the Company

[www.hdfcergo.com](http://www.hdfcergo.com)

**Regd. Office:** Ramon House, H.T. Parekh Marg, 169, Backbay Reclamation, Churchgate, Mumbai 400 020

Corporate Office : 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai - 400359

Tel: 91 22 566383600: Fax 91 22 6638 3699