

Mega Risk - Proposal Form

(Please answer all questions 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 the 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)	
	d.	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 (Rs) + No of claims in an year + Loss Mitigation Factors in case of any major claim
5.		Variant Opted	Variant 1 <input type="checkbox"/> Variant 2 <input type="checkbox"/> Variant 3 <input type="checkbox"/> Variant 4 <input type="checkbox"/> Variant 5 <input type="checkbox"/> Variant 6 <input type="checkbox"/> Variant 7 <input type="checkbox"/>

RISK INFORMATION – 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
	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.)
a.	Building	
b.	Plinth & Foundation	
c.	Plant & Machinery	
d.	Stocks & Stocks in Process	
e.	Furniture, Fixture & Fittings	
f.	Other Contents	

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	

RISK INFORMATION – 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:		Professional accountants _____ Customers, suppliers extension _____ Utilities extension _____ Additional increase in cost of working _____ 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:	

I/We hereby declared 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/ We agree that the HDFC ERGO shall have the right to retain and disseminate the information provided by me / us to any of its service provider, Promoters or Group Companies.

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.

Date: _____

Place: _____

Signature and Name of the Proposer

PREMIUM DETAILS:

Amount (Rs.) _____

GST (Rs.) _____

Premium including tax (Rs.) _____

Rupees in words _____

PAYMENT DETAILS:

Cheque NEFT ☐ ☐

Instrument No. _____ Instrument Date: _____

Bank Account No. _____ Branch Name & Address: _____

IFSC Code _____ MICR Code _____

Bank details for refund of premium in case of cancellation to be considered as above

Yes ☐ No ☐

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, as amended

- (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.

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.

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 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.

Sign: _____

Name: _____

Capacity of Signatory: _____

Date: _____