

My:Business Insurance Package Policy (SME) - Proposal Form

1. The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.
2. Information given herein will be treated in strict confidence.
3. Failure to disclose facts material to the assessment of the risk may render the Contract void.
4. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (✓) mark wherever applicable.

DETAILS ABOUT PROPOSER

- a) **Name of Proposer:**
- b) **Contact Address of Proposer including the phone, fax No. and e-mail address**
- Address:**
- Phone:** Landline: Fax:
Mobile No.:
- E-mail:**
- c) **Business Address of Proposer including the phone, fax No. and e-mail address (list all locations to be covered)**
- Address:**
- Phone:** Landline: Fax:
Mobile No.:
- E-mail:**
- d) **Brief Description of business of Proposer:**
- e) **Policy to be issued in favour of (list out all the parties who have insurable interest) including the Bank/financial institutions.**
- f) **Period Of Insurance required** From: To:
- Please Tick Mark The Segment Chosen :** ☐ Retail ☐ Commercial ☐ Hospitality & Leisure ☐ Educational Institution
- Please Indicate the Plan Chosen** : Plan No.

Please Indicate The Optional Sections Chosen Under The Above Plan :

Section Name	Sum Insured

GROUP 1 (COMPULSORY SECTIONS)

SECTION 1: STANDARD FIRE & SPECIAL PERILS

5. Please provide a brief description of Risk Occupancy

6. Sum insured- a) Contents (Machinery/Stocks/Others) as per Plan- Rs.
- b) Building (Sum insured of Building would be restricted to Rs 30 crs in any of the Plans)– Rs.
- Total Sum Insured (a+b) Rs.

7. A) Please tick if you are dealing with/storing any of the following commodities in your Premises. Yes ☐ / No ☐

(Applicable under Retail Segment only)

If so please specify the items/commodities you are dealing with:

- | | | |
|---|---|---|
| <input type="checkbox"/> a) Celluloid Goods | <input type="checkbox"/> b) Coir Loose | <input type="checkbox"/> c) Crackers and Fire Works |
| <input type="checkbox"/> d) Loose cotton | <input type="checkbox"/> e) Explosives of any kind | <input type="checkbox"/> f) Hay/Straw |
| <input type="checkbox"/> g) Hemp | <input type="checkbox"/> h) Jute Loose | <input type="checkbox"/> i) Matches |
| <input type="checkbox"/> j) Methylated Spirit | <input type="checkbox"/> k) Nitro-Cellulose Plastics | <input type="checkbox"/> l) Oils/Ether/Industrial Solvents and other inflammable liquids flashing at and below 32 degrees C (Closed Cup test) |
| <input type="checkbox"/> m) Paints with inflammable base having Flash point below 32 degrees C (Closed Cup test) Other than in sealed tins or drums | <input type="checkbox"/> n) Varnishes having Flash point below 320 C (Closed Cup test) other than in sealed tins or drums | <input type="checkbox"/> o) Disinfectant liquids and liquid insecticides—other than in sealed tins or drums |
| | | <input type="checkbox"/> p) Vegetable fibres of any kind including Rayon Fibre |
| | | <input type="checkbox"/> q) Jewellery |

(Note: Shops keeping the above items of value more than 5% of total Sum Insured cannot be covered.)

Please mention any 2 peak seasons in your business (not exceeding 46 days per peak season and 91 days in aggregate)

B) Is the proposal is in respect of coverage of standalone storage risk: Yes ☐ / No ☐
(If yes, the standalone storage risk can not be covered under SME-PUP)

8. a) Do you have any stocks kept in open, if so will it exceed 5% of the total Sum Insured: Yes ☐ / No ☐

b) Does the Risk is situated in basement Yes ☐ / No ☐

C) Do you have any stocks kept in basement, if so will it exceed 5% of the Sum Insured: Yes ☐ / No ☐

(Note: Stocks in open/basement will not be covered if value exceeds 5% of the Sum Insured.)

9. Do you want Terrorism to be covered: Yes ☐ / No ☐

SECTION 2: BURGLARY & HOUSEBREAKING:

10. Do you have minimum security arrangements at the premises as below: Yes ☐ / No ☐

(The minimum security arrangements required are - common night watchman, and rolling shutters and/or grills for doors and windows)

SECTION 3: PUBLIC LIABILITY:

11(a). Has there been any incidence in the past at your premises giving rise to liability claims: Yes ☐ / No ☐

11(b). Retroactive Date:

11(c) Sales Turnover in the last financial year:

11(d) Estimated Sales Turnover during Policy Period : _____

GROUP 2 (OPTIONAL SECTIONS) – MARK TICK FOR THE SECTIONS OPTED FOR

SECTION 4: MACHINERY BREAKDOWN (MB SI not to exceed Contents SI): Yes ☐ / No ☐

12. Details of Machinery

a)	All machinery (except more than 7 years old) are covered and to be declared compulsorily. Please provide list of all such machinery.	List of Machinery (with respective SI Value, Make, Model, Identification)
b)	Note- DG sets more than 15 kva cannot be covered even if less than 5 years old)	Note- Pl. mention capacity of DG sets.

SECTION 5: ELECTRONIC EQUIPMENT (EEI SI not to exceed Rs.10.0 cr): Yes ☐ / No ☐

13. Details of Equipments

a)	All equipments (except more than 5 years old) are covered and to be declared compulsorily. Please provide list of all such electronic equipments.	List of equipment (with respective SI Value, Make, Model, etc.)
b)	Note- Cover excludes Laptops, Mobiles, Blackberries, Ipads, Ipods, Note books, Camera, GPS devices and diagnostic medical equipments.	

SECTION 6: PLATE GLASS:

14. Please mention if any ornamental plate glass is fixed in the premises : Yes ☐ / No ☐

(Note - ornamental plate glasses can not be covered under this Section.)

SECTION 7: SIGNAGE:

15. Describe the type of signage to be covered: Neon ☐ / Others ☐

(Note - Only Neon Signs can be covered under this Section)

SECTION 8: MONEY: Yes ☐ / No ☐

16 a) Please mention the maximum amount of cash carried at any one point of time ₹

b) Please mention the maximum amount of cash stored in the premises at any point of time ₹

c) Is the cash carried by authorized employees only: Yes ☐ / No ☐

(Note - Loss of Cash carried by authorized employees only is covered upto Sum Insured limit available under the chosen Plan)

SECTION 9: BAGGAGE:Yes ☐ / No ☐

17. Whether business travel would involve overseas travel?

SECTION 10: FIDELITY GUARANTEE:Yes ☐ / No ☐

18. Please provide details-

Do you entrust cash to your authorized employees only	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Please provide the list of employees to be covered.	

(Note - Loss due to infidelity of employees on rolls only is covered)

SECTION 11: PERSONAL ACCIDENT COVER:Yes ☐ / No ☐

19. Please provide the list of employees to be covered.

Name	Age	Name of Nominee	Relationship of Nominee with Employee

SECTION 12: HOSPITAL CASH BENEFIT:Yes ☐ / No ☐

20. Please provide list of employees to be covered under this Section.

Name	Age	Name of Nominee	Relationship of Nominee with Employee

21. Please mention the Scheme Opted: Scheme A/ Scheme B/ Scheme C

Name of the Employee	Age	Gender	Pre-existing disease/ illness/ condition (if any)	Name of Nominee/ Relationship

SECTION 13: GROUP HEALTH COVER:Yes ☐ / No ☐

22. Please provide list of employees to be covered under this Section.

Name	Age	Name of Nominee	Relationship of Nominee with Employee

23. Please mention the Scheme Opted: Scheme A/Scheme B

Name of the Person to be Insured	Location	Date of Birth	Gender	Designation/ Category/ position	Plan	Pre-existing Illness/disability/ Hospitalization (if any)	Sum Insured	Nominee name*

24. Good Health Declaration

Are the employees proposed for insurance currently in good health and not undergoing any medication/ treatment?

Yes ☐ / No ☐

If No Please give details: _____

Details of Pre-existing diseases/illness/conditions (if any) (please attach separate sheet if required)

SECTION 14: PEDAL CYCLE (Applicable for my:small business Retail Insurance only):Yes ☐ / No ☐**25.** Please provide the number of bicycles/tricycles involved in your business**SECTION 15: ALL RISK COVER – Applicable for Plans 10 onwards, i.e. for Fire sum insured Rs.2.0 cr. and more:**Yes ☐ / No ☐**26.** Please provide details of laptops and projectors belonging to Owners, Promoters, Partners, MDs and Directors only _____**GENERAL INFORMATION****PAST INSURANCE**

Are you now or have you previously been insured for any of the coverage(s) you are applying?

Yes ☐ / No ☐

Insurer	Sum Insured	Policy Number	Period of Insurance	Type of Cover

PAST LOSS EXPERIENCE (3 YEAR RECORD)

Details	location	Year of Loss	Cause of loss	Loss Amount

Has the Insurance for Risks proposed to be insured been declined, cancelled, refused renewal or subjected to special terms or increase in premium by any other Insurance Company?

Yes ☐ / No ☐

If 'Yes', Please give details.

Note- Pl. attach additional sheets for any additional information to be provided.

DECLARATION BY THE PROPOSER

I/We the undersigned hereby declare that the above statements and particulars are true and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

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.

Place: _____

Date: _____
Proposer's Signature**SECTION 41 OF INSURANCE ACT 1938 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 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 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 five hundred rupees.