

CONSEQUENTIAL LOSS FOLLOWING FIRE AND ALLIED PERILS – PROPOSAL FORM

(Please fill in CAPITALS only)

Application No: _____

1.	Name of the Proposer (in full)				
2.	Postal Address				
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 Current Year Previous Year 2 years before	Premium	Claim Paid	Claim Outstanding	Total
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				

24.	Indemnity Period desired On Gross Profit First 1) On Wages, _____ Months/ Weeks, 100 % wages & _____ % 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)	
26.	Sum Insured (Rs.) 1) Net Profit 2) Annual Specified Standing Charges 3) Lay off and retrenchment Compensation payable under I.D Act 1947 as amended 4) On Auditors/Accounts Fees (cost incurred in preparation of the B.I. claims)	
27.	Claim settlement Basis (Choose any one). If on "OUTPUT Basis" answer a & b a) The Nature of the OUT PUT b) The Unit of Production	
28.	Additional Covers Required	
28.1	Supplier's Extension Number of suppliers to be covered Name of the Supplier Situation of Premises Selected %age Limit of Sum Insured	
28.2	Customer's Extension Number of Customers to be Covered Name of the Customers Situation of Premises Selected %age Limit of Sum Insured	
28.3	Failure of Public Electricity/ Gas/ Water Supply	

PREMIUM DETAILS

Amount Rs. Rupees _____

SOURCES OF FUND

Salary Business Other (Please Specify) _____

BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No. Account: Savings Current

Name of Bank Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDA, its mandatory that all payments made to the insured only through electronic mode.

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED 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 liability of the Company does not commence until this Proposal has been accepted by the Company and the Premium quoted by the Company is received by 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 hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.

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 five hundred rupees.

Place

Date

Signature of Proposer