

NEON SIGN / HOARDINGS INSURANCE - PROPOSAL FORM

(All fields are mandatory and fill in CAPITALS only)

INSURED DETAILS

Name of the Proposer's Mr./Ms./Mrs. (First Name) (Middle Name) (Last Name)

Proposer's Postal Address

City

State Pincode

Occupation or Profession

Tel.(Res.) (Off.) STD Code STD Code Mobile

E-mail

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 IRDAI, its mandatory that all payments made to the insured only through electronic mode.

1. Particulars of the Hoarding or Neon Sign

a. Location	
b. Full description along with measurements of its size	
c. Year of manufacture	
d. By whom manufactured	
e. Price paid by proposer	

2. Particulars of the Foundation and / or supporting structure on which Sign and / or Hoarding is erected.	
3. Will the sign, its foundation, supporting structure, fastening, attachments etc. be regularly inspected by duly qualified Electrician and Engineer? If so, by whom and at what intervals?	
4. Will the repairs or defects found by these inspections be immediately carried out or set right?	
5. What are the measures adopted for prevention of loss or damage occurring as a result of falling down of the Sign?	

6. Particular of the property on which the sign is erected and/or attached to

a. Is the sign affixed to the wall or erected on the roof of a building	
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b.	State the address and the situation of the building.	
c.	What is the approximate age of the building?	
d.	Is the building in sound condition?	
e.	Is the building abutting on to a main thoroughfare?	
f.	How far away is the nearest building or structure from the building on which the Sign is installed?	
g.	How far away is the building concerned situated from the road or street or kerb on all sides?	
h.	Give brief information and particular of the surrounding area of the building	
i.	If the sign/hoarding is erected or placed on the roof of a building, please state whether the roof is flat or gabled and how far in is it from the edge of the roof on all sides?	
j.	If the Sign is erected on the ground, give full particulars of its surroundings. How far away is it from public or other pathways, thoroughfares, streets, roads etc.?	
k.	How high is the Sign/Hoarding from ground level?	
l.	How high is the Sign/ Hoarding from roof level?	

7.	Have any claim been made against you in the last five years in respect of accidents caused directly or indirectly by the Sign/Hoarding? If so give full particulars.	
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8.	Has any company	
a.	Declined your proposal?	
b.	Refused to renew your policy?	
c.	Demanded an increased rate on renewal?	
d.	Cancelled any of your insurances?	

9.	Have you received any notice from any person or authority regarding any defect in the Sign / Hoarding?	
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10.	Amount of Indemnity required:-	
a)	In respect of loss of or damage to the Sign/Hoarding. (To obtain full indemnity, it is necessary to insure the properties for the full value.	<input type="text"/>
b)	In respect of Third Party Liability	
i)	Any one Accident	
a)	Personal Injury <input type="text"/>	b) Damage to property <input type="text"/>
ii)	For all Accidents in any one period of Insurance.	<input type="text"/>

11.	Is there any other material information relevant to the acceptance of this proposal which must known by the Company?	
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12.	For what period is insurance required?	From <input type="text"/> To <input type="text"/>
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DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

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 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 or any material information is withheld or not disclosed therein the said contract shall become absolutely null and void I/We undertake to exercise all reasonable precautions for the care and maintenance of the property 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.

N.B. Fill the form in Block Letters. If the above space is not sufficient for answer please continue on a separate sheet and attach hereto.
The liability of the Company does not commence until the Company has accepted this proposal and the Premium received

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 ₹ 10 Lakhs.

Place	<input type="text"/>
Date	<input type="text"/>

Signature of the Proposer