

STANDARD FIRE & SPECIAL PERILS POLICY (MATERIAL DAMAGE) - PROPOSAL FORM

(Please fill in CAPITALS only)

CUSTOMER INFORMATION*

Customers PAN No:

Name of the Insured (Full Registered Name):

Address of the Insured: Building Name/ Block No:

Street Name: Locality:

Floor No: City: Pincode: State:

Tel. Mobile: Fax No:

STD Code

Email

Name of Contact Person:

Business of Insured: Code:

Paid up Capital: Up to Rs. 15 Crores Between Rs. 15 and 25 Crores Over Rs. 25 Crores NA

Intermediary Details: Broker Agent Dealer Direct Banc assurance

Intermediary Code: Intermediary Name:

Client Type: SME* Corporate* Government PSU Individual Partnership Others

Period of Insurance From: To

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.

COVERAGE INFORMATION*

Period of Insurance From: To

Financial Interest: Yes No If yes, pls specify Name

Basis of Valuation for Building, P&M, Contents: Market Value Reinstatement Value

Details of Add on covers along with their Sum Insured:

1) Architects Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value <input type="text"/>
2) Removal of Debris	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value <input type="text"/>
3) Spontaneous Combustion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value <input type="text"/>
4) Additional Rent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value <input type="text"/>
5) Impact Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value <input type="text"/>
6) Earthquake	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7) Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8) Other Covers required: _____		Value <input type="text"/>
9) Other Covers required: _____		Value <input type="text"/>
10) Other Covers required: _____		Value <input type="text"/>
11) Other Covers required: _____		Value <input type="text"/>

Perils to be deleted:

RSM (Riot, Strike, Malicious Damage group of Perils) STFI (Storm, Tempest, Flood, Inundation group of Perils)

Escalation Required: Yes No If Yes, Specify % 5% 10% Other: %

Plinth & Foundation to be covered for Fire: Yes No

Special Coverage for Stock: Floater Basis Declaration Basis Floater Declaration Basis

Voluntary Deductible Option: Yes No

If yes, indicate the choice of deductible amount (Rs.)

RISK/OCCUPANCY INFORMATION

LOCATION PARTICULARS: (Please use additional sheet for more than 1 locations)

Address of the Insured : Building Name / Block No.

Street Name Locality

Floor No. City Pincode State

Tel. Mobile Fax No.

STD Code

Email

SUM INSURED PARTICULARS:

Building	Value <input type="text"/>	Stock In Process	Value <input type="text"/>
Plinth & Foundation	Value <input type="text"/>	Stocks	Value <input type="text"/>
Plant & Machinery	Value <input type="text"/>	Stocks In Open	Value <input type="text"/>
Electrical Installation	Value <input type="text"/>	Others (pls specify)	Value <input type="text"/>
Furniture, Fixture and fittings	Value <input type="text"/>	TOTAL SUM INSURED	Value <input type="text"/>

RISK DETAILS

1. Occupancy Code

2. Construction : Roofs RCC ACC Metallic Combustible Walls Brick RCC Others

3. Age of Occupancy Upto 5 years 5 – 10 years More than 10 years

4. Use of Flammable Materials No Yes, If Yes give details

5. Fire Protection Yes No If Yes specify: Hand appliances Sprinkler Hydrant Smoke detectors

6. Whether 24 X 7 security is available? Yes No

7. If Basement exists, specify kind of goods stored therein, percentage of asset value in Basement, No. of Basements

8. Is the risk located in a low lying area or is the premises near to any sea, lake, river ? Yes No
If yes, pls specify the nearness distance

9. History of Past Floods, If any

10. Previous Loss / Claims History till date: No. of claims in last 3 Yrs Nil 1 to 5 More than 5
Total claim amount including outstanding claims in past 5 Yrs.
Type of claims Fire STFI RSMD Others, Pls Specify

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 that the statements made by me / us in this Proposal Form are true to the best of my /our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me / us and the Insurer – HDFC ERGO General Insurance Company Ltd.
If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Place

Date

Signature of Proposer

Sr. No.	Location	Construction		Fire Protection	Occupancy	Description	Sum Insured
		Walls	Roof				
						Building	
						Plant & Machinery	
						Stocks	
						Stocks In Process	
						Others	
						Total	
						Building	
						Plant & Machinery	
						Stocks	
						Stocks In Process	
						Others	
						Total	
						Building	
						Plant & Machinery	
						Stocks	
						Stocks In Process	
						Others	
						Total	
						Building	
						Plant & Machinery	
						Stocks	
						Stocks In Process	
						Others	
						Total	

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.