

# Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. IRDAI Reg. No.: 113

CIN: U66010PN2000PLC015329 | UIN: IRDAN113RP0010V01202021

For more details, log on to : [www.bajajallianz.com](http://www.bajajallianz.com) or

call at : Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

Caringly yours



For Office Use Only :				For Agent Use Only :				
Scrutiny No.	Receipt No.	Policy No.	Policy Issuing Office	IMD Code	Sub IMD Code	IMD Name	Mobile No.	Emp/LG Code

## BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD. BHARAT SOOKSHMA UDYAM SURAKSHA POLICY - PROPOSAL FORM

### Important : -

1. This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed ₹ 5 Crore, against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	

### A) Details about Proposer and Policy Period

1. Name of Proposer \_\_\_\_\_
2. Address of Proposer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Telephone No. (Landline No.) \_\_\_\_\_
4. Mobile No. \_\_\_\_\_
5. Email \_\_\_\_\_ @ \_\_\_\_\_
6. Contact person details (where proposer is not an individual)  
a) Name \_\_\_\_\_ b) Designation \_\_\_\_\_
7. Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions  
\_\_\_\_\_  
\_\_\_\_\_
8. Period of Insurance  
From \_\_\_\_\_ To \_\_\_\_\_

### B) Business and Location of Business

9. Business of Proposer	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
10. Location of risk/business to be covered - full postal address with Pin Code.	<table border="1"><thead><tr><th>Sl No.</th><th>Address</th><th>Pin code</th><th>Occupancy</th><th>Age of unit</th><th>Floor*</th></tr></thead><tbody><tr><td>1.</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>2.</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>3.</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>4.</td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> <p>*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H).</p>	Sl No.	Address	Pin code	Occupancy	Age of unit	Floor*	1.						2.						3.						4.					
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1.																															
2.																															
3.																															
4.																															

### C) Details about business covered at the insured location

11. Details of insured property	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Offices, Shops, Hotels etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Industrial / Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Storage outside Industrial/ Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Tanks / Gas holders outside Industrial/ Manufacturing risks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Utilities located outside Industrial/Manufacturing risks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Boundary wall	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Basement storage	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, value stored SI: ₹.....
h. Others ( please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No

12.	If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.																			
13.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)																			
14.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?																			
15.	Fire Protection devices installed	Please tick the correct answer in the box below. <input type="checkbox"/> Portable Extinguishers <input type="checkbox"/> Small bore hose reels <input type="checkbox"/> Trailer Pumps/Fire engines <input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fixed Water Spray System <input type="checkbox"/> Foam System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Gas Flooding System <input type="checkbox"/> Others, please specify below																		
16.	Indicate whether AMC( Annual Maintenance contract) for the Fire Protection Appliances is in force	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
17.	Construction details																			
A.	Please state material used	Please tick the correct answer in the box.																		
	i. Walls	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca																		
	ii. Floor	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca																		
	iii. Roof	<input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca																		
	Note: <b>Kutcha</b> : Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like are treated as Kutcha Construction. <b>Pucca</b> : Buildings other than Kutcha are treated as Pucca constructions																			
B.	Number of Floors																			
C.	Age of the Building	Less than 5 years 5-10 years 10-20 years Above 20 years																		
18.	Distance between the risk to be covered and nearest Fire Brigade																			
19.	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)																			
20.	Whether Insurance was declined by any other Company (Give details)																			
21.	Premium / Claim details for the past 36 months excluding the expiring policy period	<table border="1"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>Claim</th> </tr> </thead> <tbody> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> </tr> </tbody> </table>	Year	Premium	Claim		₹	₹		₹	₹		₹	₹		₹	₹	TOTAL		
Year	Premium	Claim																		
	₹	₹																		
	₹	₹																		
	₹	₹																		
	₹	₹																		
TOTAL																				

**D) Sum Insured and Other details of Insured Property (Indicate Sum Insured on the following basis:**

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents:

**Reinstatement Value;**

- For raw material: **Landed Cost;**
- For stock in process: **Input cost;**
- For finished stock: **Manufacturing cost** of the finished stock **or the Contract Price\*** of goods sold but not delivered, as applicable.

\* **Contract Price** is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

22.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Content's (Please Specify)	Total
									₹
									₹
									₹

## E) Details for in-built cover for Floater

23.	Floater Cover (for stocks at various locations)	Location (Postal Address with Pin Code)	Sum Insured (in ₹)

i) Maximum value at any one location: ₹.....

ii) Whether stocks stored in open:  Yes  No

## F) Standard Add-on

Do You want to opt for Declaration Policy? -- Yes/No (strike off what is not applicable). If Yes, give details below:

24.	Stocks which fluctuate in value to be covered on (monthly) declaration basis:
	Amount (₹):

## G) Premium Details

25.	Mode of Payment	
	Payment Details	
	Amount	

## H) Declaration by Insured

I/ We hereby declare that the value of insurable assets is less than ₹ 5 Crore ( Rupees Five Crore) and 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. \_\_\_\_\_

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.

Date: \_\_\_/\_\_\_/\_\_\_\_

Place: \_\_\_/\_\_\_/\_\_\_\_

Signature of the Proposer

## INSURANCE ACT 1938 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 or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing 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 TEN LAKHS RUPEES.