

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113
 Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006
 UIN: IRDAN113RPMS0032V01202425

For Office Use only:

Scrutiny No	Receipt No	Policy No

For Agent Use Only:

IMD Code	Sub IMD Code	Mobile No.

Emp/ LG Code

FLEXI BUSINESS ADVANTAGE POLICY: PROPOSAL FORM

Important Instructions:

1. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
2. The property proposed for insurance is not covered until the proposal is accepted and premium paid.
3. The contents of this Proposal Form are dynamic based on the Sections required by the customer. The Company shall insist only for the information mandatorily required for underwriting the proposal, as deemed fit by underwriters.
4. This proposal for insurance will be the basis of any subsequent insurance policy that Bajaj Allianz General Insurance Company Ltd ["Company"] issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.

I. APPLICABLE WHERE COVER IS OPTED ON INDIVIDUAL BASIS

1. Full Name of the Proposer

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2. Policy to be issued in favour of (List of all the parties who have insurable interest)

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3. Address for Communication

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4. Address of Premises/ Location Proposed for Insurance with ongoing occupancy in that location

S. No.	Location/s	Occupancy

5. Occupation/Business _____

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6. Tel. Nos.
7. E-mail ID :
8. Period of Insurance
 From ___/___/____ To ___/___/____
9. PAN/TAN No. _____ Bank Details _____
 (in case of Premium equal to or more than Rs.1,00,000/-)
10. Details of other active policies of Bajaj Allianz General Insurance (if any) _____

COVERAGE PROPOSED: Please tick the relevant Coverage Sections you require. All Sections are optional.

SECTION 1: INDUSTRIAL ALL RISK (APPLICABLE ONLY TO INDUSTRIAL RISKS)

1	Paid up capital of firm	
2	Whether the sum insured for proposed location/s is above Rs. 100 crore?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Would you like to cover Plinths & Foundation along with your buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Add - On Covers Required as under	
	a. Architects, Surveyors, & Consulting Engineers Fees (in excess of 3% of the claim amount)	
	b. Debris removal	Rs.
	c. Deterioration of stocks in cold storage premises	
	i. Due to failure of electrical supply at terminal ends of electric service feeder due to an insured peril	
	ii. Due to change in temperature assuring out of loss or damage to cold storage machinery in the insured's premises due to operation of insured peril	
	d. Omission to Insure additions, alterations or extensions	
	e. Spoilage material cover	
	f. Leakage and contamination cover	
	g. Temporary removal of stocks	
	h. Loss of rent	
	i. Additional expenses of rent for an alternate accommodation	
	j. Start-up expenses	
5	State the details of products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed)	
6	Fire Extinguishing Appliances installed	Please tick in the space below :
	a. List the various blocks and indicate the type of protection provided for each block.	<input type="checkbox"/> Portable Extinguishers
		<input type="checkbox"/> Trailer Pumps
		<input type="checkbox"/> Fire Engine
		<input type="checkbox"/> Hydrant System

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		<input type="checkbox"/> Sprinkler System							
		<input type="checkbox"/> Fixed Water Spray System							
	b. Indicate whether annual maintenance contract for the appliances is in form	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
7	Is basis proposed for insurance is an reinstatement value basis ? (Building/Machinery/Furniture Fixtures & Fittings)	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
8	Construction Details								
	a. Please state material used								
	i. Walls								
	ii. Floor								
	iii. Roof								
	b. Height of the building	_____Meters		_____Floors					
	c. Age of Building / Plant & Machinery	<input type="checkbox"/> Up to 5 years	<input type="checkbox"/> 5-10 years						
		<input type="checkbox"/> 10-20 years	<input type="checkbox"/> Above 20 years						
	Note : Buildings having walls and / or roofs of wooden planks/ thatched leaves and/ or grass/ hay of any kind / bamboo / plastic cloth / asphalt cloth/ canvas/ tarpaulin and the like are treated as "Kutchra" construction								
9	Building wise values (Please include the 'Kutchra' building also in this list and give individual value in Rs. against such buildings)								
	Description of block	Age (Yrs)	Height (mts)	Construction Pucca/Kutchra	Sum insured Rs.				
					Building Including plinth	Machinery accessories	F&F, Office and other equipments	Stocks and stocks-in process**	Other Property to be insured specifically
					Rs.	Rs.	Rs.	Rs.	Rs.
	Total								
10	Add-On-Cover			Clause / peril code	Risk Code	Rate Code	Rate	Amount to be insured/percentage wherever applicable	
	a. Architects, Surveyors & Consulting Engineers Fees								
	b. Debris removal								
	c. Spontaneous Combustion								
	d. Omission to insure additions (%)								
	e. Deterioration of stocks in cold storage premises on account of								

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	i) Accidental power failure due to damage at power station due to an insured peril					
	ii) Due to change in temperature arising out of loss or damage to the cold storage machinery in the insured premises due to operation of insured peril					
	f. Spoilage material cover					
	g. Leakage and contamination cover					
	h. Temporary removal of stocks					
	i. Additional expenses if rent for an alleviate accommodation					
11	Would you like to avail discounts for voluntary deductibles	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	If answer is yes, indicate the choice of deductible amount	Rs.				
12	MACHINERY BREAKDOWN					
	1. Do the items listed represent the whole of the plant	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	2. a. Are you at present Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	b. If so, with whom?					
	3. Has any company					
	a. Declined to insure any of the Machinery now proposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	b. Required increased premium of other special stipulations for risk improvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	4. a. Are you aware of any defects/damage existing in the machinery?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	b. If so give details thereof					
	5. a. Has your machinery sustained any damage from breakdown or other cause during last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	b. If so give details of damage/s and Repairing					
	6. a. Are regular periodical inspections of the machinery carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	b. If so, by whom and what intervals?					
	7. On payment of additional premium do you wish to cover? If yes, provide limits of indemnity	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	a. Express Freight (excluding Air-freight, overtime and Holiday rates of wages)	Rs.				
	b. Owners Surrounding Property	Rs.				

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	c. Third Party Liability	Rs.
	8. Period of Insurance	From _____ To _____
13	Loss of Profits	
	Full description of the trade	
	How long has (ve) the business (es) been established?	
	Addresses of all premises from which the business do trade	
	a. By whom are your accounts audited?	
	b. When does your financial year end ?	
	Insurance History	
	a. Names of the insurer covering the contents of your premises	
	b. Have you any other consequential loss insurance in force ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Have you ever suffered a loss by any perils against which you wish to insure ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Has any insurer refused to insure you or imposed increased terms for nay peril against which you wish to insure	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. If you answer Yes to questions b, c, d please submit details	
	Cover required	
	a. Fire loss of profit (compulsory) Please indicate	
	i) Indemnity period	_____ Months
ii) Sum insured	Rs. _____	
<p>Note : Sum insured to be the estimated annual Gross Profit for indemnity period of 12 months or less. For Indemnity period more than 12 months the sum insured Should be the annual Gross profit proportionately increased.</p> <p>Gross Profit : Net profit before tax plus all standing charges (Alternately Gross sales turnover less variable expenses)</p>		
Standing Charges :		
Please indicate the standing charges included :		
- Interest on Debentures, Loans, & Bank Mortgages, overdrafts		
- Rent		
- Rates and Taxes (excluding tax on profit)		
- Salaries and wages		
- Company's Contribution to PF		
- Maintenance expenses for building, Plant & machinery		
- Depreciation		
- Power & Fuel (fixed expenses)		
- Any other standing charges (please specify)		
- Miscellaneous standing charges (not exceeding 5% of the amount of standing charges specified)		

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	b. Machinery Loss of Profit	
	i) Indemnity period	Months
	ii) Sum insured	Rs.
<p>Note : Sum insured to be the estimated annual Gross Profit for indemnity period of 12 months or less. For Indemnity period more than 12 months the sum insured Should be the annual Gross profit proportionately increased.</p> <p>Gross Profit : Net profit before tax plus all standing charges (Alternately Gross sales turnover less variable expenses)</p>		
Standing Charges:		
Please indicate the standing charges included :		
	- Interest on Debentures, Mortgages, Loans, & Bank overdrafts	
	- Rent	
	- Rates and Taxes (excluding tax on profit)	
	- Salaries and wages	
	- Company's Contribution to PF	
	- Maintenance expenses for building, Plant & machinery	
	- Depreciation	
	- Power & Fuel (fixed expenses)	
	- Any other standing charges (please specify)	
	- Miscellaneous standing charges (not exceeding 5% of the amount of standing charges specified)	

Please answer below questions common for Section 2 and Section 3
BUSINESS AND LOCATION OF BUSINESS:

	Location of risk/business to be covered - full postal address with Pin Code	SL No.	Address	Pin code	Occupancy	Age of unit	Additional Details (Boundary Wall, Floor, Basement Details,etc.)
1		1					
		2					
		3					
		4					

DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION

2	The Insured property is	Please tick in the space below :
a.	Offices, shops, hotels etc.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b.	Industrial / manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c.	Storage outside Industrial/ manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d.	Tanks / gas holders outside industrial/ manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e.	Utilities located outside Industrial/manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f.	Boundary wall	Yes <input type="checkbox"/> / No <input type="checkbox"/>
g.	Basement storage	Yes <input type="checkbox"/> / No <input type="checkbox"/>
		If, yes value stored SI: ₹.....

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h.	Others (please specify)	
i.	Please mention % of waiver for Underinsurance to be opted	____%
3	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.	
4	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)	
5	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
6	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		
7	Indicate whether AMC (Annual Maintenance contract) is in force:	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes please specify for below: <input type="checkbox"/> Fire Safety Equipment <input type="checkbox"/> Other Equipment and Machinery
8	Construction Details	
a.	Please state material used	Please tick the correct answer in the box
i.	Walls	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>
ii.	Floor	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>
iii.	Roof	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>
	Note: Kutchha: 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 Kutchha Construction. Pucca: Buildings other than Kutchha 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
9	Distance between the risk to be covered and nearest Fire Brigade	

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Sum Insured for Section 2 and Section 3

Indicate Sum Insured on the following basis:

- i. for Building,
 - Reinstatement Value
 - Market Value
 - Agreed Value
- ii. Plant and Machinery, Furniture, Fixture and Fittings and any other Contents:
 - Reinstatement Value
 - Market Value
- iii. For Stocks:
 - a) For raw material: landed cost at Your Premises.
 - b) For Stock in process: input cost of the Stock at the time of loss.
 - c) For finished Stock: the manufacturing cost of the Finished Stock or the Contract Price of goods sold but not delivered and more precisely defined below. 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.
- iv. Bullion or unset precious stones, any curios or works of art or obsolete machinery and the like are to be covered on Agreed Value basis subject to a valuation certificate being submitted and found acceptable by Us.

* **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

Note: For different locations Kindly provide information as per above table in separate annexure

SECTION 2: PROPERTY ALL RISK COVER

1	Description of Unit	Basis of Sum Insured	(I)	(II)	(III)	(IV)	(V)				Total (IV+V)
			Building including plinth, Basement and additional structures	Plant & Machinery, Furniture & Fixtures, Fittings and other contents	Curious or Work of arts or obsolete machinery	Total (I+II+III)	Stock				
							Raw Material (A)	Stock in Process (B)	Finished Stock (C)	Total (A+B+C)	
		Reinstatement Value (Applicable to I, II)									
		Market Value (Applicable to I, II)									
		Agreed Value (Applicable to I, II and III)									
2	Do you want to opt for excess under this section?					<input type="checkbox"/> Yes		<input type="checkbox"/> No			
	If Yes, How much										
3	Do you want to opt for Terrorism Cover					<input type="checkbox"/> Yes		<input type="checkbox"/> No			
4	Do you want to cover Mechanical and / or electrical breakdown and/or derangement, overloading or strain; overrunning excessive pressure, short circuiting and / or self heating					<input type="checkbox"/> Yes		<input type="checkbox"/> No			

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SECTION 3: MATERIAL DAMAGE - NAMED PERILS COVER

1	Choose from the listed Group of Insured Events	Group 1 : Yes <input type="checkbox"/> No <input type="checkbox"/>	Group 2 : Yes <input type="checkbox"/> No <input type="checkbox"/>	Group 3 : Yes <input type="checkbox"/> No <input type="checkbox"/>	Group 4 : Yes <input type="checkbox"/> No <input type="checkbox"/>	Group 5 : Yes <input type="checkbox"/> No <input type="checkbox"/>	Sub Limit ___%	Sub Limit ___%	Sub Limit ___%	Sub Limit ___%	Sub Limit ___%
2	Description of Unit	Basis of Sum Insured	(I) Building including plinth, Basement and additional structures	(II) Plant & Machinery, Furniture & Fixtures, Fittings and other contents	(III) Curious or Work of arts or obsolete machinery	(IV) Total (I+II+III)	(V) Stock Raw Material (A) Stock in Process (B) Finished Stock (C) Total (A+B+C)				Total (IV+V)
		Reinstatement Value (Applicable to I, II)									
		Market Value (Applicable to I, II)									
		Agreed Value (Applicable to I, II and III)									

SECTION 4: BURGLARY AND ROBBERY COVER (NEED NOT BE OPTED WHERE SECTION 2 IS OPTED)

Note: Please provide the necessary details for each Risk Location and its occupancy and attach separate sheet wherever required.
 a. Please give the break up of the sum to be insured. Please note that the sum to be insured for this Section will be same as that for contents under Section 3.

Item	Sum to be Insured (Rs.)
Business Equipments	
(Other than Electronic Equipments covered under Section 10 and Portable Equipments covered under Section 8)	
Furniture, Fixture and Fittings	
Other items (Please specify)	
b. Would you like to opt for a cover on a first loss basis? If Yes, Please specify <input type="checkbox"/> 25% <input type="checkbox"/> 40%	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Would you like to opt for a Theft extension cover?	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Whether 24 hours security provided for the building? If yes, please give details:	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Whether any burglar alarm or similar security devices are provided? If yes, please give details:	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 5: NEON SIGN (NEED NOT BE OPTED WHERE NEON SIGN IS COVERED UNDER SECTION 1 / 2)

Note: Please provide the necessary details for each Risk Location and its occupancy and attach separate sheet wherever required

Description	Year of Production	Name of Manufacturer	Sum to be Insured (Rs) [Reinstatement Value]

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SECTION 6: PLATE GLASS (NEED NOT BE OPTED WHERE PLATE GLASS IS COVERED UNDER SECTION 1 OR 2)

Note: Please provide the necessary details for each Risk Location and its occupancy and attach separate sheet wherever required

Description and Position of Plate Glass	Size of Plate Glass		Sum to be Insured
	Height in cm.	Width in cm.	

Is there any Plate Glass in the Insured Premises that is not included in the above Sum Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please state reason and its description:		
Is there at present any broken or damaged Plate Glass?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please describe the position and size:		

SECTION 7: FIDELITY GUARANTEE

Please confirm if Fidelity Guarantee Cover is required on: Named Basis Unnamed Basis

Please confirm details available for Employees/ specified persons:

Mandatory documents Yes No
 Police Verification Yes No
 Other background checks Yes No

Average Tenure of Employees/ Specified Persons associated (In Years) _____

A. If on Named Basis ,please provide the following information in respect of all the employees in respect of whom insurance cover is sought :				
Employee Name	Designation	Monthly Salary	Amount of Cash / Stock held by the Employee	Amount of Guarantee
Please confirm if Cover is required on Floater Basis: Yes <input type="checkbox"/> No <input type="checkbox"/>				
If required on floater basis , please provide the following information:				
Total Number of Employees (Please specify details of contractual employees, if any separately)			Amount of Guarantee	
Please Specify				
a. Per Accident Limit:				
b. Per Person Limit :				

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B. If cover is required on floater Unnamed Basis ,please provide the following information in respect of all the employees in respect of whom insurance cover is sought :	
Total Number of Employees (Please specify details of contractual employees, if any separately)	Amount of Guarantee
Please Specify a. Per Accident Limit: b. Per Person Limit :	
C. Is there a system to obtain references from previous Employers? If not, specify practice	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Has there been any occasion to question honesty or conduct of any person proposed for guarantee? If yes, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. How often are the employees required to account for money?	
F. Are books of accounts balanced every day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. What independent system including Audits is there to check that all sums received by employees are accounted for and how often are Audits done.	
H. Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last three years?	

SECTION 8: PORTABLE EQUIPMENTS

Note: Please provide the necessary details for each Risk Location and its occupancy and attach separate sheet wherever required

Please provide the following information in respect of all the Portable Equipment's that you wish to insure,:					
Description of the Equipment	Sr. No., Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Territorial Limits (India/ Worldwide)	Sum Insured (Rs.)

Please provide loss details in respect of Portable Equipment's incurred during the last 3 years:	
Do you want coverage on worldwide basis:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: Portable Equipment only up to the age of 5 Years shall be covered.
 Portable Equipment means, Laptops, Mobile Phones, I- Pads, I Pods and any other Portable Equipment

SECTION 9: EMPLOYEE'S COMPENSATION

Particulars of work to be covered in Detail:

Number of work shifts and duration of each shift _____

COVERAGE'S REQUIRED

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coveage
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			Options [Yes/No]
Employees Compensation	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act 1923	
Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	a) Limit Per Employee for any number of accidents during Period of Insurance Rs. _____ b) Limit Per Accident for any number of Employees Rs. _____ c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance Rs. _____	

ALL PERSONS EMPLOYED MUST BE INCLUDED

* **Wages** means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a employee towards any pension or provident fund or a sum paid to a employee to cover any special expenses entailed on him by the nature of his employment; Also the definition of "Wages" as given under Employees' State Insurance Act, 1948 shall apply for the purpose of verifying as to whether employee is or is not covered under Employees' State Insurance Act, 1948.

OWN EMPLOYEE DETAILS**

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment

CONTRACTORS EMPLOYEE DETAILS [if the coverage has been opted for]**

Contractors Name	Registered Address	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment

** Please attach additional sheets if required.

Kindly answer the below questions:

1)	Does the above, schedule include (a) All persons in your service? (b) All your contractors/ subcontractors?	(a) Yes <input type="checkbox"/> No <input type="checkbox"/> (b) Yes <input type="checkbox"/> No <input type="checkbox"/>
2)	Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business.	
3)	Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements.	

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4)	Employee Safety Practices	
A)	Do you have documented SOP for employee safety in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
i.	Is there a compliance procedure in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii.	Is there a procedure in place for identification and immediate correction of breach in SOP for Employee safety?	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii.	Do you carry out periodic management review of SOP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B)	Fire prevention and safety measures available in your factory/establishment.	<input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Hydrant system <input type="checkbox"/> Smoke detection systems <input type="checkbox"/> 24 x7 Watch and Ward <input type="checkbox"/> Common Watchman
C)	Do you carry out frequent training sessions on Safety for your Employees?	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> More than Yearly
5)	Medical Facility	
i)	Do you have a medical facility with round the clock doctors, para medical staff and ambulance services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii)	Do you have a medical facility with round the clock para medical staff and ambulance services, but doctors on call only?	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii)	No medical facility available except first aid	Yes <input type="checkbox"/> No <input type="checkbox"/>
iv)	Hospital (public/private) within 5 k.m. from your factory/establishment with round the clock availability of doctors, para medical staff, ambulance services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6)	Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.	
7)	Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?	(a) Declined..... (b) Withdrawn.....
8)	Please provide Past Claims Experience, if any	

State the total Premium paid and particulars of accidents to your employees during the past three years.**

Year [Past 3 years from this date]	Premium Paid	Wages Paid	Amount of Loss

State the total Premium paid and particulars of accidents to your contractors employees during the past three years.**

Year [Past 3 years from this date]	Premium Paid	Wages Paid	Amount of Loss

SECTION 10: ELECTRONIC EQUIPMENT INSURANCE COVER (CANNOT BE OPTED WHERE SECTION 1 IS OPTED)

Please provide the following information in respect of all the Electronic Equipment's that you wish to insure,:

Description of the	Sr. No. , Type and Capacity of the	Year of Manufacture and	AMC (Yes/No)	Sum Insured (Rs.) (New Replacement value including freight, dues

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Equipment	Equipment	Name of Manufacturer		and custom duties, if any and erection cost)

A. Please provide details of breakdown and Repair cost incurred during the last 3 years for the above equipment's (Please attach separate sheet if required)	
B. Do you require cover for External Data Media? If so, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Reinstatement value of Data Media	Rs.
D. Do you require cover for reproduction of Data lost Following indemnifiable damage to data media? If 'Yes', what is the limit required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Rs.
E. Do you wish to opt for the Terrorism Cover :	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 11: PUBLIC LIABILITY

Note: Please attach separate sheet wherever required. Please note that liability under Public Liability Insurance Act 1991 or any other no-fault liability basis is not covered.

A. Please provide the limit of Indemnity for: Any one Accident:	Rs.
Any one Year:	Rs.
B. Has there or have there been any instances of third party Bodily Injury and / or Property Damage in the past? If yes, please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 12: MONEY INSURANCE

Note: Please provide the necessary details for each Risk Location and its occupancy and attach separate sheet wherever required

a.	Please specify the locations between which the transit of money to be covered:	
b.	What is the Any One Transit Limit?	
c.	How many transits take place in a month?	
d.	What is the estimated Annual Transit?	
e.	What is the mode of transit?	
f.	Please specify security provided, if any	
g.	Whether casual employees are used for carrying money?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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h.	Is there a daily written record of the money in transit and is it updated every day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i.	Do you want to cover cash in safe/strong room? If yes, please provide the sum to be insured: Rs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j.	Do you want to cover cash in till/counter? If yes, please provide the sum to be insured: Rs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 13: MACHINERY BREAKDOWN (CANNOT BE OPTED WHERE SECTION 1 IS OPTED)

Please provide the following information in respect of all the Machinery that you wish to insure:

Description of the Equipment	Sr. No, Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum Insured (Rs)*

Note:

- a) Sum Insured of the machine should be declared as a whole and should not be apportioned towards part of machine
- b) Each machinery should be entered separately with necessary specifications
- c) The sum insured must be calculated on the present day new replacement value of the machinery to be insured including provision for packing, freight and also value of erection costs, customs duty, etc., to afford full protection under this policy.
- d) If any of the machinery is a "stand by", this fact should be mentioned

Please provide details of breakdown and repair cost incurred during the last 3 years for the above mentioned equipments:

SECTION 14: GROUP PERSONAL ACCIDENT COVER (CANNOT BE OPTED WHERE SECTION 1 IS OPTED)

Kindly Provide Insured Persons details below

Name of the Person	DOB	Relationship with the proposer	Occupation	Monthly Salary (Rs.)	Nominee Name and Relation

Base Covers Details: Kindly opt and provide details for required coverage

Person Details	Occupation	Any Existing Disability/ Infirmity	Death	Permanent Total Disability	Permanent Partial Disability	Temporary Total Disability
			Sum Insured	Sum Insured	Sum Insured	Sum Insured

Additional Covers Details: Kindly opt and provide details for required coverage

Person Details	Transportation	Children's Education Benefit	Hospital Confinement Allowance	Medical Expenses Reimbursement

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	Sum Insured	Sum Insured	Sum Insured	Sum Insured

SECTION 15 - CONSEQUENTIAL LOSS (FIRE) INSURANCE (NEED NOT BE OPTED WHERE SECTION 1 IS OPTED)

1. Are the premises insured under a Fire Material Damage policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If YES, please give the following details of the insurance effected: (a) Name of the insurer (b) Policy no. (c) Period of insurance (d) Perils covered	
3. What is the annual gross profit estimated for the period	Net Profit: Standing Charges: Total (Gross Profit):
4. Sum insured proposed for Loss of Profit Insurance (Sum insured to be Annual Gross Profit upto 12 months indemnity period and proportionately higher for indemnity period more than 12 months)	
5. Indemnity period opted	
6. Do you require coverage for Supplier's Premises ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. If answer to Qn. Is 6 Yes, please give the list of suppliers and percentage dependence of business on each of them along with the addresses of the supplier premises.	
8. Do you wish to extend coverage to your property stored at other Locations? If YES, give details of such locations.	
9. Do you wish to extend the policy to cover loss due to accidental failure of Public Electricity/Gas/Water supply? If yes mention which extensions are required?	
10. Do you wish to extend cover for Terrorism?	
11. How long you have been availing Loss of Profit policy? Please give details of the insurer for the existing policy.	
12. Please give the premium and claim experience for the last 4 years under Loss of Profit cover availed by you?	
13. In case you have not insured for LOP till date, have you experienced any Business Interruption following fire or allied perils for the last 5 years? Please give details	
14. Have you approached any other insurer for this cover? Has any insurer declined/quoted with higher premium for this cover?	

SECTION 16 – MACHINERY LOSS OF PROFIT

1. Do you wish to cover the risk of loss of profits arising	
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from:	
a. Machinery breakdown in your premises? If so, please complete Schedule A	
b. Boiler/pressure vessel explosion in your premises? If so, please complete Schedule B	
c. Accident failure of public electric supply? If so, please fill in supplementary proposal form	
2.	
a. Do the lists of Machinery/ Boilers/ Pressure Vessel in the Schedules A and B represent the whole or only a part of the Machinery/ Boilers/ Pressure Vessels in your premises	
b. Is the plant and machinery specified in Schedule A & B insured against material damage risk i.e. breakdown and/or explosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details of the policy
c. Are you aware of any circumstances which render the risk more hazardous?	
d. Are all or any of the Machinery/Boilers/Pressure Vessels subject to periodical inspection? If so, state by whom and at what intervals inspections are carried out. Please supply details of your maintenance schedule	
3. Which machines proposed under this insurance are the machines for which spare parts would need to be imported?	
4. Give a description of the manufacturing process and utility supplies such as power, steam, air water etc. required for production.	
5. Please attach a process flow diagram showing the connected machinery and indicate bottlenecks or buffer stocks if any.	
6. Please attach separate line diagrams for utility supplies such as power, steam, air and water showing interconnected machinery.	
7. In the event of stoppage of any of the machines proposed:	
a. Can machines which remain in operation carry the load originally borne by the machine which has failed?	
b. Are there any alternate means of maintaining production?	
i. by the work being done at other premises and to what extent?	
ii. by suitable replacement machine hired temporarily?	
8.	
a. What machines are available as standby in your work?	
b. Which are available for immediate use and to what extent they could maintain the production of the items which they replace (percentage of usefulness to be mentioned in the schedule separately),	
9.	
a. What repair facilities are there in your premises?	
b. What are the local facilities?	
10. Are any of the machines described in the schedule A & B de-rated	

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11.State the estimate period of interruption affecting resumption of normal production, on account of spoilage of materials in process following a breakdown or failure of utility supplies	
12.Since how long you have been in this line of business?	
13.	
a. What are your normal working hours?	
b. How many shifts do you work per day?	
c. How many working days per week?	
d. Can extra shifts be worked to make up production loss?	
14.	
a. Have you ever suffered loss of profit following machinery breakdown and/or boiler explosion?	
b. If so, give details of the cause, duration and loss suffered in each stoppage, during the last three years	
c. if business is "seasonal", indicate the period of high and low output or turnover and indicate the degree of fluctuation. State if there is a tendency if fluctuations are due to demand	
15.State what terms are required for loss of profits insurance with regard to	
a. Indemnity Period	
Note: The indemnity period should be selected based on an estimate of the maximum time which would be required to resume work after serious accident. Different period can be selected for different items.	
b. Time exclusion	<input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 20 Days
Note: The period immediately following a breakdown and/or explosion and for which claims are not payable is termed as time exclusion. Minimum period would be 7 days. Longer period can be selected with consequent benefit of reduction in premium.	
16.'STANDING CHARGES TO BE INSURED.	
Normal heads of standing charges :	
a. Interest on debentures, mortgages, loans and bank overdrafts;	
b. Director's fees and remuneration;	
c. Rents and rates;	
d. Taxes (other than those chargeable on profits);	
e. Insurance premium;	
f. Contributions to pension fund;	
g. Telephone rentals;	
h. Travelling expenses;	
i. Advertising Cost;	
j. Auditor's and legal fees;	
k. Trade and charitable subscriptions;	
l. Repairs and renewal chargeable to revenue account;	
m. Depreciation on buildings, plant & machinery and motor vehicles;	
n. Motor upkeep and licenses;	

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o. Lighting, heating, power and water charges;	
p. Office expenses;	
q. Salaries including state insurance contributions;	
(Specify supplementary charges; if any to be covered in addition to those provided above) miscellaneous charges (not exceeding 5% of the aforesaid standing charges).	
17.	
a. State sum insured on gross profit under the loss of profits policy. (The gross profit for the current financial year to be computed from the annual balance sheet being the sum of net profit and standing charges with adjustment for upward or downward trend of business for the period of insurance).	
b. State the form of loss to be insured:	
i. On gross profit (before taxation):	
ii. On Standing charges:	
iii. On lay off wages (50% of annual wages in respect of employee whose service can be laid off):	
iv. Special audit fees:	
18.	
a. On wages (alternative forms of cover available)	
i. _____ weeks wages to the extent of _____% of the total wage roll. OR	
ii. Wages to the extent of _____ % of the total wages for roll. OR	
iii. Total wages for the first _____ weeks followed by _____% for the remainder of the indemnity period	
19.	
a. Are your Books of Accounts regularly audited?	
b. When does your financial year end?	
c. Period of Insurance (This should correspond with your financial year)	
20. Are you insured or have you made a proposal in respects of Loss of Profits following Machinery Breakdown and/or Boiler Explosion and/or Failure of Public Electric Supply? If so, give name of the Insurance Company concerned and state whether any such Proposal or renewal has been (a) declined? (b) subjected to increased rates or special conditions?	
21. Have you ever suffered Loss of Profits following Machinery Breakdown and/or boiler Explosion and/or Failure of Public Electricity supply? Give details of the cause, duration and cost of each stoppage during the past three years.	
22. Are you insured against Loss of Profit following Fire and Explosion? If so, state the Sum Insured and the name of the Company and Policy No.	

SECTION 17 – BOILER AND PRESSURE PLANT INSURANCE

1. Total Sum Insured	
2.	

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a.					
S. No.	Location	Description (Maker's Name, No., Capacity)	Registration Number	Year of Make	Sum Insured
b. Surrounding property of the Insured including property held in trust or commission					
c. Legal Liabilities to third parties i) Personal Injury ii) Property Damage					
d. On payment of additional premium do you wish to cover the following? i) Express freight (excluding airfreight), Overtime and Holiday rates of wages. ii) Airfreight iii) Owner's Surrounding Property iv) Third Party Liability • Any one accident • Any one year v) Additional Customs Duty			If Yes, provide Limits of Indemnity _____ <input type="checkbox"/> No _____ <input type="checkbox"/> No _____ <input type="checkbox"/> No _____ <input type="checkbox"/> No _____ <input type="checkbox"/> No _____ <input type="checkbox"/> No		
3. a. In case of Boiler, state if it is Water tube type?			a) <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. If so, what is the evaporative capacity per hour			b) _____		
4. State how Boiler is fired, e.g. Oil, Gas Coal or Pulverized fuel					
5. a. Do you wish to include the main steam piping?					
b. If so, state whether cover required within 20 meters or 100 meters radius of the Boiler					
6. a. Are all the items in good condition?			a) <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Give particulars of any defects.			b) _____		
7. a. Which items of Plant are subject to periodical inspection?			a) _____		
b. By whom are they inspected, and at what intervals?			b) _____		
c. Date of last inspection, working pressure approved, and period of such approval (attach copy of last report).			c) _____		
8. a. What is the maximum load on safety valve per square inch?			a) _____		
b. What is the working pressure?			b) _____		
9. a. Are the Boiler Attendant solely employed on the Boiler Plant?			a) <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. What are their qualifications?			b) _____		
c. What proportion of their time is given to other duties, if not solely employed on the Boiler Plant?			c) _____		
10. a. Is the Boiler Plant now Insured?			a) <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. If so, state name of Insurer, and date policy expires.			b) _____		
11. a. Has the Boiler Plant at any time been insured by you?			a) <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. If so, state name of Insurer, and date policy expires.			b) _____		
12. In respect of Boiler Insurance, has any Insurer -					

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a. permitted withdrawal of or declined any proposal from you? OR b. cancelled or refused to renew your policy? Note - Name of Insurer to be stated	a) <input type="checkbox"/> Yes <input type="checkbox"/> No b) <input type="checkbox"/> Yes <input type="checkbox"/> No
13. a. Have you ever had an accident to your Boiler Plant? b. If so, give full particulars on separate sheet.	a) <input type="checkbox"/> Yes <input type="checkbox"/> No b)
14. Have your any Boiler Plant in use other than that specified in the schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. a. Are any of the Boilers shown in the proposal automatically controlled? b. If so, which ones?	a) <input type="checkbox"/> Yes <input type="checkbox"/> No b)
16. a. Is any of the automatically controlled Boilers not under continuous supervision by person competent to operate it? b. If so which ones	a) <input type="checkbox"/> Yes <input type="checkbox"/> No b)
17. Is Boiler under regular and frequent supervision whilst working?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 18 – BAGGAGE INSURANCE

1. Please specify the limit to be insured per loss	
2. Please specify the total limit during the policy period	
3. Please specify the territorial limits: India / Worldwide	

SECTION 19 – PEDAL CYCLE

Name of the Manufacturer	Year of Production	Frame no.	Value including accessories (Rs.)

Please specify details of the location where the pedal cycles are stored when not in use: _____

Below mentioned Covers are Optional. In case you wish to Opt for these Covers, please fill up against the same.

Optional Covers Under:

Section No.	Base Section
1	INDUSTRIAL ALL RISK (APPLICABLE ONLY TO INDUSTRIAL RISKS)
2	PROPERTY ALL RISK COVER
3	MATERIAL DAMAGE - NAMED PERILS COVER
4-19	Any Other Section

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Sl. No	Name of Optional cover	Details	Specify the Base Section
1.	Accidental Damage If this cover is opted kindly specify:	<input type="checkbox"/> Building <input type="checkbox"/> Plant and Machinery <input type="checkbox"/> Furniture, Fixture and Fittings <input type="checkbox"/> Stocks <input type="checkbox"/> Other Contents If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate Usually is there movement of Contents within the premises on regular basis – <input type="checkbox"/> Yes <input type="checkbox"/> No	__Section
2.	Electrical/ Electronic Appliances Clause (Applicable only for Group 1 if opted in Section 3) If this cover is opted kindly specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate Is there a valid Annual Maintenance Contract (AMC) in place for items proposed to be covered under this Add-On – Yes/ No	__Section
3.	Minor Works	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate.	__Section
4.	Escalation Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
5.	Impact Damage Due To Vehicle, Animal Or Aircraft Belonging To Or Owned By Insured Or Their Employee While Acting In Course Of Employment (Applicable only for Group 1 if opted in Section 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	__Section
6.	Snow Damage Cover If this cover is opted Please answer i and ii:	<input type="checkbox"/> Plant and Machinery <input type="checkbox"/> Furniture, Fixture and Fittings <input type="checkbox"/> Raw Material, Stock, Finished Stock <input type="checkbox"/> Building i) Roof Type <input type="checkbox"/> Slanting <input type="checkbox"/> Non Slanting ii) Drainage system of Roof <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
7.	Protection and Preservation of Property	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section

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8.	Immediate Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ___% of each and every loss not exceeding Amount (₹): ___ in the aggregate.	__ Section												
9.	Dewatering Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ___% of each and every loss not exceeding Amount (₹): ___ in the aggregate.	__ Section												
10.	Waiver of Improvement/ Involuntary Betterment (Not Applicable to Building and Stocks)	<input type="checkbox"/> Yes <input type="checkbox"/> No	__ Section												
11.	Adequacy of Sum Insured If yes, please specify the Claim Limit	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount (₹): _____	__ Section												
12.	Cover for (Please Tick) <table border="1" style="width: 100%;"> <tr> <td>Loss of Rent</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Rent for Alternative Accommodation</td> <td><input type="checkbox"/></td> </tr> </table>	Loss of Rent	<input type="checkbox"/>	Rent for Alternative Accommodation	<input type="checkbox"/>	Loss of Rent: I. Sum Insured: Amount (₹): _____ II. Number of Months: _____ Rent for Alternative Accommodation: I. Sum Insured : Amount (₹): _____ II. Number of Months: _____	__ Section								
Loss of Rent	<input type="checkbox"/>														
Rent for Alternative Accommodation	<input type="checkbox"/>														
13.	Waiver Of Underinsurance	Waiver of Underinsurance up to _____	__ Section												
14.	Floater Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	__ Section												
15.	Declaration Policy for stocks	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹): _____	__ Section												
16.	Floater Declaration Clause	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">Location (Postal Address with Pin Code)</th> <th style="width: 30%;">Stocks which fluctuate in value to be covered on (monthly) declaration basis</th> <th style="width: 40%;">Sum Insured (in ₹)</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> </tbody> </table> i) Maximum value at any one location: ₹..... ii) Whether stocks stored in open: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Location (Postal Address with Pin Code)	Stocks which fluctuate in value to be covered on (monthly) declaration basis	Sum Insured (in ₹)										__ Section
Location (Postal Address with Pin Code)	Stocks which fluctuate in value to be covered on (monthly) declaration basis	Sum Insured (in ₹)													
17.	Floater Insurance – Unspecified Locations	___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate	__ Section												
18.	Additions, Alterations Or Extensions	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate	__ Section												
19.	Temporary Removal Of Stocks	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate	__ Section												
20.	Temporary Removal Of Assets (Excluding Building & Stocks)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding	__ Section												

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		Amount (₹): __ in the aggregate	
21.	Cover For Specific Contents	<p>Money: Amount (₹): _____</p> <p>Deeds, manuscripts and business books, plans, drawings, securities, obligations or documents of any kind : Amount (₹): _____</p> <p>Computer programmes, information and data : Amount (₹): _____</p> <p>Employees', Directors', visitors' personal effects of every description: Amount (₹) _____</p>	__ Section
22.	Costs For Removal Of Debris (Excluding External Debris)	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate</p>	__ Section
23.	Costs For Removal Of Foreign Debris	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate</p>	__ Section
24.	Costs Compelled By Municipal Regulations / Local Authority Clause	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate</p>	__ Section
25.	Claim Preparation Costs	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate</p>	__ Section
26.	Molten Material Spillage	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	__ Section
27.	Decontamination And Cost Of Clean Up Expense	<p>If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate</p>	__ Section
28.	Expediting Costs And Expenses For Loss Minimization	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate</p>	__ Section
29.	Contract Works	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate.</p>	__ Section
30.	Brands And Trademarks	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate</p>	__ Section
31.	New Location And New Acquisition Cover	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sum Insured: Amount (₹): __</p> <p>Number of days upto which cover is required from date of acquisition: __ Days</p>	__ Section
32.	Pair And Set/Consequential Reduction In Value	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	__ Section
33.	Fire Extinguishing / Fighting Expenses	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate</p>	__ Section
34.	Obsolete Parts Clause	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	__ Section
35.	Inadvertent Error & Omission	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate</p>	__ Section

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36.	Accidental Discharge Of Gas Flooding Systems	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate.	__Section
37.	Contamination And Co-Mingling Of Stocks	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate	__Section
38.	Leakage And Overflowing Of Storage Tanks (Other Than Water Storage Tanks)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate	__Section
39.	Seasonal Enhancement Of Stocks Cover	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate	__Section
40.	Property Of Employees And Visitors/Personal Effects	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate	__Section
41.	Property Outside/Away From The Premises at Unspecified Locations	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate	__Section
42.	Waiver Of Subrogation	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
43.	Catalyst And Consumable (Including Lining And Refractory) Interest In Process	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate	__Section
44.	Plans, Documents, Computer Systems Records, Archives And Cost Of Re-Writing Records	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate	__Section
45.	Exhibition, Exposition, Fair Or Trade Show	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate	__Section
46.	Unrepaired Damage	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate	__Section
47.	Seventy-Two Hours Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
48.	Additional Insureds / Multiple Insured Clause (To Be Named In The Schedule)	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
49.	Payments On Account	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
50.	Non-Vitiation Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
51.	Nominated Loss Adjusters	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
52.	Primary And Non-Contributory	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
53.	Vehicle Load Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate	__Section
54.	Un-Occupancy Clause	Building will remain unoccupied for ___Days	__Section
55.	Trace & Access/ Leak Search Finding Cost Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate	__Section

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56.	Loss Payee Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
57.	Cost Of Clearing Drains	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
58.	Broad Water Damage Clause:	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
59.	Additional Customs Duty	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
60.	Destruction Cost	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
61.	Repeat Tests	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
62.	Export Tax Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
63.	Damage To Building (Occasioned By Theft)	Amount (₹): __ in the aggregate of Sum Insured.	__Section
64.	Mould & Fungi Endorsement	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate Deductibles: __%	__Section
65.	Vessel Impact To Jetty	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
66.	Ammonia Contamination	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
67.	Original Equipment Manufacturer	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
68.	Margin Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
69.	Hire Purchase Or Lease Agreements / Interest Of Other Parties – Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
70.	Green Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
71.	Notice Of Loss Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
72.	Waiver Of Contribution Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
73.	Control Of Damage Property Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
74.	Sprinkler Up-Gradation Cost	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
75.	Tax Treatment of Profits	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section

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76.	Fine Art /Works Of Art	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
77.	Automatic Extension Clause	Number of Days of Extension _____from expiry date	__Section
78.	Roads Pavements And Street Furniture	Yes <input type="checkbox"/> No <input type="checkbox"/> Total Amount of Roads Pavements And Street Furniture : Amount (₹):	__Section
79.	EMI Protection	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
80.	Undamaged Foundations	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
81.	Destruction Of Sound Property	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
82.	Leakage Of Firefighting Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
83.	Metered Water	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
84.	Damages To Underground Services	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
85.	Professional Accountants Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate	__Section
86.	Deterioration of stocks in cold storage premises due to accidental power failure consequent to damage at the premises of power station due to an insured event	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
87.	Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the insured's premises due to operation of insured event	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
88.	Spoilage material damage cover	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
89.	Spontaneous combustion	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
90.	Start-Up And Shutdown Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate	__Section
91.	Sue And Labour Charges	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
92.	Undamaged Stock	If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate	__Section
93.	Unpacking Expense Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section

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94.	Additional Increase Cost Of Working	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
95.	Disposal Of Salvage	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
96.	Pig Retrieval Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
97.	Deductible Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , Amount (₹): __	__Section
98.	Landscaping Cover	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
99.	Deliberate Damage	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
100.	Customer's Goods Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>	__Section
101.	Removal Of Debris Costs – Tenants Contents	If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate	__Section
102.	Unnamed / Un-Specified Locations	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
103.	Leakage and contamination cover	1. Leakage and Contamination Cover: Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Leakage Cover Yes <input type="checkbox"/> No <input type="checkbox"/> (Selection from 1 and 2 above is mutually exclusive)	__Section
104.	Professional Fees	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate	__Section
105.	Property under care Custody and Control	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
106.	Modification Cost & Incompatibility Cost	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
107.	Contract price insurance clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
108.	Voluntary deductible clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
109.	Denial of Access	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section
110.	Asset Register Warranty	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate	__Section

Optional Covers Under:

Section No.	Base Section
7	FIDELITY GUARANTEE

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Fidelity Guarantee Cover (Specified Persons Other Than Employees)

Note: This Optional Cover can be opted only if "Section 7: Fidelity Guarantee" cover has been Opted to cover Fraud / Dishonesty by Specified Persons.

Please provide the following information , if you have opted for this Optional Cover

a. Do you wish to cover Specified Persons other than Permanent Employees and Contractual Employees	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, i. Please specify the Name of the Individual / Firm / Company/Organization whose employees shall constitute the specified persons: ii. Please specify in what functional capacity the Individual/ Firm / Company/Organization have been associated with your business & also how long have they been associated with your business? iii. Please specify the occupation and designation of the Specified Persons of the Firm / Company/Organization for whom the fidelity guarantee cover is required to be taken:	
c. Have there been any instances in the past where there has been any incident of Fraud or dishonesty committed by these Specified Persons / their employees which is in your knowledge? If yes, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Have you obtained references regarding the Specified Persons proposed to be covered from your business associates other partners, and other persons of repute in the trade.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Whether the Amount of Guarantee shall be on named and Individual Basis or Named and Floater Basis or Unnamed and Floater Basis? If on Named and Individual Basis, please provide names of the specified person with the amount of guarantee required against each person: If on Named and Floater Basis , please provide names of the specified person and the amount of guarantee required on floater basis and the per person limit: If on unnamed and floater basis , please provide : No. of Specified Persons: Amount of Guarantee (AOY) : Any One Accident Limit: Any One Person Limit :Rs,	

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Optional Covers Under:

Section No.	Base Section
9	EMPLOYEE'S COMPENSATION

Medical Expenses

Medical Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(If yes) Please tick the limit per Employee in the aggregate during the policy period from below options
	25000
	50000
	100000
	150000
	200000
	500000
	1000000
	2500000
	5000000
	10000000

Occupational Diseases

a) Limit Per Employee Rs. _____

Per Employee limit available (Rs.)	
1,00,000	
2,00,000	
3,00,000	
4,00,000	
5,00,000	
6,00,000	
7,00,000	
8,00,000	
9,00,000	
10,00,000	

b) No of Employees _____

Aggregate liability of the company for all employees during the Period of Insurance shall be limited to 50% of the amount arrived at by multiplying per Employee limit with the number of Employees.

Contractors Employees

Contractors Employees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit: As per Employees Compensation Act 1923
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Road Ambulance

Road Ambulance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs.5000 Per Employee in the aggregate during the policy period
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Transportation of Mortal Remains

Transportation of Mortal Remains	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rs.2000 Per Employee in the aggregate during the policy period
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Premium Details

	Mode of Payment	
	Payment Details	
	Amount	

Declaration:

1. I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to have an insurance policy as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.
2. I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.
3. I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.
4. I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.
5. I/We agree for AML (Anti Money Laundering) Declaration applicable as selected from below:

5.1 AML DECLARATION FOR RETAIL POLICIES/INDIVIDUAL CUSTOMERS:

Please Select

1. Declaration for Politically Exposed Person (PEP) to be added in proposal form:

Are you or any of the proposal applicants a PEP* or a close relative of PEP*?

If yes, please share the details _____

“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial /military officers, senior executives of state-owned corporations, important political party officials, etc.”

2. Consent/Declaration to be added in proposal and claim for CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or National Securities Depository Limited Portal for the purpose of undertaking KYC verification.

3. Consent/Declaration to be added in proposal for Premium paid from own funds:

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

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5.2 AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER:

Please Select

1. Declaration for PEP to be added in proposal form:

Are you or any of the proposal applicants a PEP* or a close relative of PEP*?

If yes, please share the details _____

“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc.”

2. Consent/Declaration to be added in proposal and claim for CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

3. Consent/Declaration to be added in proposal for Premium paid from own funds:

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

Date:

Signature of the Proposer

Place: _____

Name: _____

Date:

Signature (on behalf of the Proposer)

Place: _____

Name: _____

* Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.

* This is required only where, for any reason, the proposal and other connected papers are not filled by the Proposer.

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 fault in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.