

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

**COMMERCIAL PACKAGE POLICY - LAGHU UDYAM SURAKSHA : PROPOSAL FORM**

**Important:**

This proposal for insurance will be the basis of any subsequent insurance policy that we 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.

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

**Proposer Details**

**Details about Proposer and Policy Period:**

1. Full Name: Title  First Name   
 Middle Name  Surname   
 2. Address of Proposer  
 House No & Name   
 Landmark/Locality   
 Road/Area Name  City   
 State  Pin Code   
 3. Telephone (Res.)  4. Mobile No   
 5. E-Mail  @   
 6. Occupation/Business   
 7. Contact person details, if not an individual  
 a. Name   
 b. Designation   
 8. Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions  
  
 9. Period of Insurance: From:  To

**COVERAGE DETAILS (Please tick mark the sections you require and answer the relevant questions)**

**SECTION 1 : STANDARD FIRE & SPECIAL PERILS COVER**

Note: Kindly fill Annexure attached to this proposal for opting cover under this section.

**SECTION 2: BURGLARY AND ROBBERY COVER**

Note: This section is compulsory. Please provide the necessary details for each Risk Location 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 1.

| Item  | Sum to be Insured (Rs.) |
|---|-------------------------|
| Business Equipments   |                         |
| (Other than Electronic Equipments covered under Section 7 and Portable Equipments covered under Section 12) |                         |
| Furniture, Fixture and Fittings   |                         |
| Other items (Please specify)  |                         |

- b. Would you like to opt for a cover on a first loss basis @ 25% of the total value at risk? YES  NO
- c. Would you like to opt for a Theft extension cover? YES  NO
- d. Whether 24 hours security provided for the building? YES  NO   
 If yes, please give details: \_\_\_\_\_
- e. Whether any burglar alarm or similar security devices are provided? YES  NO   
 If yes, please give details: \_\_\_\_\_

**SECTION 3: MONEY INSURANCE COVER**

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

- a. Do you wish to opt for this cover? YES  NO   
If yes, please furnish the following details: \_\_\_\_\_
- b. Please specify the locations between which the transit of money to be covered:
- c. What is the Any One Transit Limit?
- d. How many transits take place in a month?
- e. What is the estimated Annual Transit?
- f. What is the mode of transit?
- g. Please specify security provided, if any:
- h. Whether casual employees are used for carrying money? YES  NO
- i. Is there a daily written record of the money in transit and is it updated every day? YES  NO
- j. Do you want to cover cash in safe/strong room? YES  NO   
If yes, please provide the sum to be insured: Rs.
- k. Do you want to cover cash in till/counter? YES  NO   
If yes, please provide the sum to be insured: Rs.

**SECTION 4: PLATE GLASS COVER**

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

- a. Do you wish to opt for this cover? YES  NO   
If yes, please provide the following details of the plate glass to be insured:

| Description and Position of Plate Glass | Size of Plate Glass |              | Sum to be Insured (Rs.) |
|---|---------------------|--------------|-------------------------|
|   | Height in cm.       | Width in cm. |                         |
|   |                     |              |                         |
|   |                     |              |                         |
|   |                     |              |                         |
|   |                     |              |                         |
|   |                     |              |                         |

- b. Is there any plate glass in the insured premises that is not included in the above? YES  NO   
If yes, please describe the position and size:
- c. Is there at present any broken or damaged plate glass? YES  NO   
If yes, please describe the position and size:

**SECTION 5: MACHINERY BREAKDOWN COVER**

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

- a. Do you wish to opt for this cover? YES  NO   
If yes, please provide the following information:

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

\*The sum to be insured should represent the new replacement value of the same type of equipment

- b. Please provide details of breakdown and repair cost incurred during the last 3 years for the above mentioned equipments: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 6: NEON SIGN COVER**

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

a. Do you wish to opt for this cover? YES  NO

If yes, please provide the following information in respect of all the neon signs and/or glow signs to be insured:

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

**SECTION 7: ELECTRONIC EQUIPMENTS INSURANCE COVER**

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

a. Do you wish to opt for this cover? YES  NO

If yes, please provide the following information:

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

\* The sum to be insured should represent the new replacement value of the same type of equipment

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

c. Do you require cover for external data media? YES  NO

If yes, please provide the reinstatement value of external data media:

d. Do you require cover for reproduction of data lost following an indemnifiable damage to property insured under material damage coverage of this Section? YES  NO

e. Do you wish to opt for Terrorism cover? YES  NO

**SECTION 8: FIDELITY GUARANTEE COVER**

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

a. Do you wish to opt for this cover? YES  NO

If yes, please furnish the following details:

| Details of Employees to be covered |                                |                            |
|------------------------------------|--------------------------------|----------------------------|
| Category of Staff to be covered    | No. of Employees to be covered | Employee Sum Insured (Rs.) |
|                                    |                                |                            |
|                                    |                                |                            |
|                                    |                                |                            |

b. Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last five years? YES  NO

If yes, please provide the following details:

| Date | Circumstances | Amount of Loss (Rs.) |
|------|---------------|----------------------|
|      |               |                      |
|      |               |                      |

- c. Is there a system to obtain references from previous employers? YES  NO   
If not, please specify practice followed:
- d. Has there been any occasion to question honesty or conduct of any person proposed for guarantee? YES  NO   
If yes, please provide details:
- e. How often are the employees required to account for money?
- f. Are books of accounts balanced everyday? YES  NO   
If not, what is the frequency of balancing books of accounts?
- g. What independent system is there to check that all sums received by employees are accounted for?

**SECTION 9: GROUP PERSONAL ACCIDENT COVER**

Note: Please attach separate sheet wherever required.

- a. Do you wish to opt for this cover? YES  NO   
If yes, please furnish the following details:

| Name of the Person | DOB | Relationship with the Proposer | Occupation | Monthly Salary (Rs.) | Coverage Required (Basic/Wider/Comprehensive) | Total Sum Insured (Rs.) |
|--------------------|-----|--------------------------------|------------|----------------------|---|-------------------------|
|                    |     |                                |            |                      |   |                         |
|                    |     |                                |            |                      |   |                         |
|                    |     |                                |            |                      |   |                         |
|                    |     |                                |            |                      |   |                         |

- b. Do you wish to opt for Medical Expenses cover? YES  NO
- c. Do you wish to opt for Hospital Confinement cover? YES  NO

**SECTION 10: PUBLIC LIABILITY COVER**

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. Do you wish to opt for this cover? YES  NO
- b. Please provide the limit to indemnity required for any one accident and any one year: Rs. \_\_\_\_\_
- c. Has there or have there been any instances of third party Bodily Injury and Property Damage in the past? YES  NO   
No If yes, please give details: \_\_\_\_\_

**SECTION 11: WORKMEN'S COMPENSATION COVER**

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

- a. Do you wish to opt for this cover? YES  NO   
If yes, please furnish the following details:

| Number of Employees | Details of Employees to be covered |                      |
|---------------------|------------------------------------|----------------------|
|                     | Nature of Work                     | Monthly Salary (Rs.) |
|                     |                                    |                      |
|                     |                                    |                      |
|                     |                                    |                      |
|                     |                                    |                      |

- b. Are there any security measures to prevent accidents? YES  NO   
If yes, please provide details: \_\_\_\_\_
- c. Has there or have there been any instances of accidents in the premises in the past 3 years? YES  NO   
If yes, please provide details: \_\_\_\_\_

**SECTION 12: PORTABLE EQUIPMENTS COVER**

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

- a. Do you wish to opt for this cover? YES  NO   
If yes, please provide the following information: \_\_\_\_\_

| 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 to be Insured (Rs.)* |
|------------------------------|--|--|--------------|---------------------------------------|--------------------------|
|                              |  |  |              |                                       |                          |
|                              |  |  |              |                                       |                          |
|                              |  |  |              |                                       |                          |

\* The sum to be insured should represent the new replacement value of the same type of equipment

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

**SECTION 13: BAGGAGE INSURANCE COVER**

Note: Please attach separate sheet wherever required.

- a. Do you wish to opt for this cover? YES  NO   
 If yes, please provide the following details: \_\_\_\_\_
- b. Please specify the limit to be insured per loss: Rs. \_\_\_\_\_
- c. Please specify the total limit during the policy period: Rs. \_\_\_\_\_
- d. Please specify the territorial limits: India / Worldwide

**SECTION 14: PEDAL CYCLE COVER**

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

- a. Do you wish to opt for this cover? YES  NO   
 If yes, please provide the following information in respect of all pedal cycles to be insured:

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

b. Please specify details of the location where the pedal cycles are stored when not in use: \_\_\_\_\_

**SECTION 15: BUSINESS INTERRUPTION COVER**

Note: Please provide separate sheet wherever required.

- a. Do you wish to opt for this cover? YES  NO   
 If yes, please provide the following details: \_\_\_\_\_
- b. What is the Turnover for last 12 months?  
 Rs. \_\_\_\_\_
- c. What is the estimated Turnover for next 12 months?  
 Rs. \_\_\_\_\_
- d. What is the sum to be insured?  
 Rs. \_\_\_\_\_  
 NB: The sum to be insured is estimated Gross Profit for next 12 months which is Turnover less purchases and other variable business expenses.
- e. What is the estimated Net Profit for the next 12 months?  
 Rs. \_\_\_\_\_
- f. What is the indemnity period opted?  
 6 months / 9 months / 12 months
- g. Do you maintain upto date books of accounts? YES  NO
- h. Do you wish to opt for terrorism cover extension? YES  NO   
 No (You can opt for terrorism extension for this section, only if you opt it under Section 1)

**Mode of Payment**

- a) By Cheque: Cheque No. \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_
- b) By Cash: \_\_\_\_\_

## Previous Insurance Details

- a. Is your previous insurance policy with Bajaj Allianz General Insurance? YES  NO
- b. If yes, kindly provide the previous Policy No. \_\_\_\_\_ Policy Expiry Date \_\_\_\_\_
- c. If no, kindly provide name of the previous insurer (if any) \_\_\_\_\_ Previous Policy No. \_\_\_\_\_  
Policy Expiry Date \_\_\_\_\_
- d. Please provide the claims history for past 3 yrs:  
No. of Claims made: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_  
Total Claimed Amount: \_\_\_\_\_
- e. Has any General Insurance Company, in respect of the risk to which this proposal relates, ever:
- Declined a proposal, refused renewal or terminated insurance? YES  NO
  - Required an increased premium or imposed special conditions? YES  NO
- If yes in either case, please provide details: \_\_\_\_\_

## Declaration and Warranty

I/We hereby declare and warrant that the declaration, warranties, statements and particulars given in this proposal form are complete, true and accurate to the best of my/our personal knowledge and belief. I/We have understood that the statements and particulars given in this proposal form and this declaration shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company and that, if it is found that any of the statements or particulars in this proposal form or other documents are incorrect, untrue, suppressed any information or provided misleading/false information in any respect of any material matter to the grant of a cover, the Company shall have no liability under the insurance contract or the policy document there under.

I/We also agree to inform Company any changes in any respect of any material matter to the grant of a cover in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form. I/We will accept the usual conditions and form of the policy issued by Company in such cases.

I/We also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realising [in case of payment by cheque/DD/PO] of prescribed premium amount, failing which Company's risk is void ab initio.

I/We under take to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

## Annexure

Important:

1. This proposal is for covering an enterprise whose total value of insurable assets at a location exceeds ₹ 5 Crore but does not exceed ₹ 50 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)   |              |
| 4 | Mobile No  |              |
| 5 | Email  |              |
| 6 | Contact person details, if not an individual<br>a. Name<br>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:<br>To: |

## B. Business and Location of Business:

|    |   |        |         |          |           |             |        |
|----|---|--------|---------|----------|-----------|-------------|--------|
| 9  | Business of Proposer  |        |         |          |           |             |        |
| 10 | Location of risk/business to be covered - full postal address with Pin Code | SL No. | Address | Pin code | Occupancy | Age of unit | Floor* |
|    |   | 1      |         |          |           |             |        |
|    |   | 2      |         |          |           |             |        |
|    |   | 3      |         |          |           |             |        |
|    |   | 4      |         |          |           |             |        |
|    |   | 5      |         |          |           |             |        |

\*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor

C. Details about business covered at the insured location

|                   |  |   |                   |  |            |  |             |  |                |  |
|-------------------|--|---|-------------------|--|------------|--|-------------|--|----------------|--|
| 11                | The Insured property is  | Please tick in the space below :  |                   |  |            |  |             |  |                |  |
| 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<br>If, yes value stored Sl: ₹.....   |                   |  |            |  |             |  |                |  |
| h.                | Others ( please specify)   |   |                   |  |            |  |             |  |                |  |
| 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.<br><input type="checkbox"/> Portable Extinguishers<br><input type="checkbox"/> Small bore hose reels<br><input type="checkbox"/> Trailer Pumps/Fire engines<br><input type="checkbox"/> Hydrant System<br><input type="checkbox"/> Sprinkler System<br><input type="checkbox"/> Fixed Water Spray System<br><input type="checkbox"/> Foam System<br><input type="checkbox"/> Fire Alarm System<br><input type="checkbox"/> Gas Flooding System<br><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:<br>Kutcha: 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.<br>Pucca: Buildings other than Kutcha are treated as Pucca constructions. |   |                   |  |            |  |             |  |                |  |
| b.                | Number of Floors   |   |                   |  |            |  |             |  |                |  |
| c.                | Age of the Building  | <table border="1"> <tr> <td>Less than 5 years</td> <td></td> </tr> <tr> <td>5-10 years</td> <td></td> </tr> <tr> <td>10-20 years</td> <td></td> </tr> <tr> <td>Above 20 years</td> <td></td> </tr> </table>   | Less than 5 years |  | 5-10 years |  | 10-20 years |  | Above 20 years |  |
| 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 | 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 Contents (Please specify) | Total |
|----|----------------------|---|-------------------|--|--------------|------------------|----------------|---------------------------------|-------|
|    |                      |   |                   |  |              |                  |                |                                 | ₹     |
|    |                      |   |                   |  |              |                  |                |                                 | ₹     |
|    |                      |   |                   |  |              |                  |                |                                 | ₹     |

## E. Standard add-ons

I. Do You want to opt for Floater Cover? : Yes/No (strike off what is not applicable). If yes, give details below:

|    |   |   |                    |
|----|---|---|--------------------|
| 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

II. 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:<br>Amount (₹): |
|----|--|

## F. Premium Details

|    |                 |  |
|----|-----------------|--|
| 25 | Mode of Payment |  |
|    | Payment Details |  |
|    | Amount          |  |

## G. Declaration by Insured

I/ We hereby declare that the value insurable assets is more than ₹ 5 Crore but less than ₹ 50 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:

Name:

Signature of the Proposer

Certified 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.\*

Date:

Place:

Name:

Signature (on behalf of Proposer)

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



**INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES**

No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue and insurance in respect of any kind or 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 or continuing a policy accept 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 PROVISION OF THIS SECTION SHALL BE PUNISHABLE WITH FINE, WHICH MAY EXTEND TO TEN LAKH RUPEES.

**For Office Use Only**

Net Premium: \_\_\_\_\_

Service Tax: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Total Premium: \_\_\_\_\_

Date and Time: \_\_\_\_\_