

Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113
 CIN: U66010PN2000PLC015329 | UIN: IRDAN113RP0002V02201011
 For more details, log on to : www.bajajallianz.com or
 call at : Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

Caringly yours



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

COMMERCIAL PACKAGE POLICY- SOOKSHMA 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? YES NO
- 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:

Details of Employees to be covered		
Number of Employees	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?
- Required an increased premium or imposed special conditions?
If yes in either case, please provide details:

YES NO

YES NO

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 does not exceed ₹ 5 Crore, against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

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

A. Details about Proposer and Policy Period:

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

B. Business and Location of Business:

9	Business of Proposer																																					
10	Location of risk/business to be covered - full postal address with Pin Code	<table border="1"> <thead> <tr> <th>SL No.</th> <th>Address</th> <th>Pin code</th> <th>Occupancy</th> <th>Age of unit</th> <th>Floor*</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	SL No.	Address	Pin code	Occupancy	Age of unit	Floor*	1						2						3						4						5					
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*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H).

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 If yes, value stored SI: ₹.....		
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.		
		<input type="checkbox"/> Portable Extinguishers		
		<input type="checkbox"/> Small bore hose reels		
		<input type="checkbox"/> Trailer Pumps/Fire engines		
		<input type="checkbox"/> Hydrant System		
		<input type="checkbox"/> Sprinkler System		
		<input type="checkbox"/> Fixed Water Spray System		
		<input type="checkbox"/> Foam System		
		<input type="checkbox"/> Fire Alarm System		
<input type="checkbox"/> Gas Flooding System				
<input type="checkbox"/> Others, please specify below.				
16	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force :	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
17	Construction Details			
a.	Please state material used	Please tick the correct answer in the box		
i.	Walls	<input type="checkbox"/> Kutcha / <input type="checkbox"/> Pucca		
ii.	Floor	<input type="checkbox"/> Kutcha / <input type="checkbox"/> Pucca		
iii.	Roof	<input type="checkbox"/> Kutcha / <input type="checkbox"/> Pucca		
	Note: 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. Pucca: Buildings other than Kutcha are treated as Pucca constructions.			
b.	Number of Floors			
c.	Age of the Building	Less than 5 years		
		5-10 years		
		10-20 years		
		Above 20 years		
18	Distance between the risk to be covered and nearest Fire Brigade			
19	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)			
20	Whether Insurance was declined by any other Company (Give details)			
21	Premium / Claim details for the past 36 months excluding the expiring policy period	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. Details for in-built cover for Floater

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

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

ii) Whether stocks stored in open: Yes/No

F. Standard Add-on

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

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

G. Premium Details:

25	Mode of Payment	
	Payment Details	
	Amount	

H. Declaration by Insured

I/ We hereby declare that the value of insurable assets is less than ₹ 5 Crore (Rupees Five Crore) and the statements made by me / Us in this Proposal Form are true to the best of my / Our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/Us and the

.....
If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Date:

Place:

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 to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

For Office Use Only

Net Premium: _____

Service Tax: _____

Accepted By: _____

Total Premium: _____

Date and Time: _____