

# Bajaj Allianz General Insurance Co. Ltd.

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

CIN: U66010PN2000PLC015329 | UIN: IRDAN113CP0005V01202122

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

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

*Caringly yours*



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

## EDUCATION PACKAGE POLICY - LAGHU UDYAM SURAKSHA - PROPOSAL FORM

### Instructions For Filling Up The Form:-

- Please answer all questions in BLOCK letters.
- Liability of the Company does not commence until this Proposal has been accepted by the Company and full premium has been paid.
- This Proposal will be the basis of any subsequent policy that the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or the Company's decision as to acceptance of the risk or the terms upon which it should be accepted.

### Proposer Details

Name of the Proposer (Educational Institution):

Address

  


Telephone No. 1 (Office):

Telephone No. 2 (Office):

Fax No. (Office):

Mobile Number of the Contact Person

E-mail: \_\_\_\_\_

Type of Educational Institution: School / College (please specify: \_\_\_\_\_) / Any Other (please specify: \_\_\_\_\_)

### Cover Details

Proposed Policy Period: From: \_\_\_ / \_\_\_ / \_\_\_\_\_ To \_\_\_ / \_\_\_ / \_\_\_\_\_

- Please tick mark the covers required and answer the relevant questions.

### Cover 1: Student Secure

- Do you wish to opt for this cover?  Yes  No  
If yes, please furnish the following details:
- Type of Cover Required for Education Continuity Cover: Death only / Death and Permanent Total Disability
- Type of Cover Required for Group Personal Accident Cover for Students: Death only / Death and Permanent Total Disability/ Death, Permanent Total Disability and Permanent Partial Disability

#### Details of Members to be Covered

Total number of students to be covered	Total number of earning parents of the students to be covered	Sum Insured per earning parent and Total Sum Insured (in Rs.) for Education Continuity Cover	Sum Insured per student and Total Sum Insured (in Rs.) for Group Personal Accident Cover for Students	Sum Insured per student and Total Sum Insured (in Rs.) for Accidental Hospitalization Cover for Students

- Would you like to opt for Medical Expenses Reimbursement Extension for the above mentioned students?  Yes  No
- Would you like to opt for Hospital Confinement Allowance for the above mentioned students?  Yes  No

### Cover 2: Staff Secure

- Do you wish to opt for this cover?  Yes  No  
If yes, please furnish the following details:
- Type of Cover Required: Basic / Wider / Comprehensive

#### Details of Members to be Covered

Total number of staff members to be covered	Nature of work (Teaching/ Non-Teaching) of staff members	Sum Insured per staff member and Total Sum Insured (in Rs.) for Group Personal Accident Cover for Staff Members

- Would you like to opt for Medical Expenses Reimbursement Extension for the above mentioned staff members?  Yes  No
- Would you like to opt for Hospital Confinement Allowance for the above mentioned staff members?  Yes  No

### Cover 3: Liability Secure

#### Cover 3(a): Public Liability Cover

- Do you wish to opt for this cover?  Yes  No

If yes, please furnish the following details:

- Please provide the limit of indemnity required for any one year: Rs. \_\_\_\_\_

- Please tick on the facility provided at the institute:

- a) Hostel:  Yes  No

If yes, please provide the number of hostels: \_\_\_\_\_

- b) Mess / Canteen:  Yes  No

If yes, please provide the number of mess/ canteen: \_\_\_\_\_

- c) Lift / Escalator / Elevator:  Yes  No

If yes, please provide the number of lift/ escalator / elevator: \_\_\_\_\_

Is the lift operated by an attendant:  Yes  No

Is an AMC in existence in respect of the lift/ escalator/ elevator:  Yes  No

- d) Swimming Pool:  Yes  No

If yes, please specify the number of swimming pools: \_\_\_\_\_

Is the swimming pool manned by trainers and life guards on a 24x7 hours basis:

Yes  No

- Have there been any instances of third party bodily injury and/or property damage in the past?  Yes  No

If yes, please provide details: \_\_\_\_\_

#### Cover 3(b): Workmen's Compensation Act Cover

- 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 to be covered	Nature of work	Monthly Salary (in Rs.) per employee

- Are there any security measures to prevent accidents?  Yes  No  
If yes, please provide details: \_\_\_\_\_
- Has there or have there been any instances of accidents in the premises in the past?  Yes  No  
If yes, please provide details: \_\_\_\_\_

### Cover 4: Property Secure

(Please attach separate sheet wherever required)

#### Cover 4(a): Fire and Allied Perils Cover

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

#### Cover 4(b): Burglary and Robbery Cover

**Please note that the sum insured for this section will be the same as that for contents under Cover 4(a) other than for cash in safe and cash in till/counter.**

**Please attach separate sheet wherever required)**

- Do you wish to opt for this cover?  Yes  No

If yes, please furnish the following details:

- Please specify break-up of the sum to be insured:

Item	Sum to be Insured (Rs.)
Furniture, Fixtures and Fittings	
Business Equipments (other than Portable Equipments covered under Cover 4(d))	
Cash in Safe or Strong Room	
Cash in Till / Counter	
Other Items (please specify)	

- Would you like to opt for a cover on a first loss basis @ 30% of the total value at risk?  Yes  No

#### Cover 4(c): Money Insurance Cover

- Do you wish to opt for this cover?  Yes  No

If yes, please furnish the following details:

- Please specify the locations between which the transit of money is to be covered? \_\_\_\_\_
- What is the any one transit limit? \_\_\_\_\_
- How many transits take place in a month? \_\_\_\_\_
- What is the estimated annual transit? \_\_\_\_\_
- What is the mode of transit? \_\_\_\_\_
- Please specify security provided, if any? \_\_\_\_\_
- Whether casual employees are used for carrying money?  Yes  No
- Is there a daily written record of the money in transit and is it updated every day?  Yes  No

#### Cover 4(d): Portable Equipments Cover

**Note: Equipments older than 10 years cannot be insured under this cover.**

- Do you wish to opt for this cover?  Yes  No

If yes, please furnish the following details:

Details of Portable Equipments to be Covered				
S. No.	Description of the equipment	S. No., Type and Capacity of the equipment	Year of manufacture and Name of manufacturer	Sum to be Insured (in Rs.)



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## ANNEXURE

### Instructions For Filling Up The Form:-

1. Please answer all questions in BLOCK letters.
2. This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed ₹ 5 Crore but does not exceed ₹ 50 Crore, against Fire and Allied Perils
3. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
4. 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)	

### Proposer Details

#### A) Details about Proposer and Policy Period

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

#### B) Business and Location of Business

9. Business of Proposer																									
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></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> <p>Floor: Ground Floor (GF) / Mezzanine Floor (MF)/ Higher Floor (H)</p>	Sl.No.	Address	Pin Code	Occupancy	Age of Unit	Floor*																		
Sl.No.	Address	Pin Code	Occupancy	Age of Unit	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 If, yes value stored SI: ₹ _____
h) Others ( please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.	
13. If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)	
14. If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	

15.	Fire Protection devices installed	Please tick the correct answer in the box below.																			
		<input type="checkbox"/>	Portable Extinguishers																		
		<input type="checkbox"/>	Small bore hose reels																		
		<input type="checkbox"/>	Trailer Pumps/Fire engines																		
		<input type="checkbox"/>	Hydrant System																		
		<input type="checkbox"/>	Sprinkler System																		
		<input type="checkbox"/>	Fixed Water Spray System																		
		<input type="checkbox"/>	Foam System																		
		<input type="checkbox"/>	Fire Alarm System																		
		<input type="checkbox"/>	Gas Flooding System																		
		<input type="checkbox"/>	Others, please specify below.																		
16.	Indicate whether AMC( Annual Maintenance contract) for the Fire Protection Appliances is in force	<input type="checkbox"/>	Yes <input type="checkbox"/>	No																	
17.	Construction details																				
	a) Please state material used	Please tick the correct answer in the box below.																			
	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																	
<p><b>Note:</b>  <b>Kutcha :</b> Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction.  <b>Pucca :</b> Buildings other than Kutcha are treated as Pucca constructions</p>																					
	b) Number of Floors	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																			
	c) Age of the Building	<input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-20 years <input type="checkbox"/> Above 20 years																			
18.	Distance between the risk to be covered and nearest Fire Brigade																				
19.	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)																				
20.	Whether Insurance was declined by any other Company (Give details)																				
21.	Premium / Claim details for the past 36 months excluding the expiring policy period	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Year</th> <th style="width: 25%;">Premium</th> <th style="width: 25%;">Claim</th> </tr> </thead> <tbody> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td>Total</td> <td>₹</td> <td>₹</td> </tr> </tbody> </table>		Year	Premium	Claim		₹	₹		₹	₹		₹	₹		₹	₹	Total	₹	₹
Year	Premium	Claim																			
	₹	₹																			
	₹	₹																			
	₹	₹																			
	₹	₹																			
Total	₹	₹																			

#### D) Sum Insured and Other details of Insured Property

(Indicate Sum Insured on the following basis:

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

Reinstatement Value;

- For raw material: Landed Cost;

- For stock in process: Input cost;

- For finished stock: Manufacturing cost of the finished stock or the Contract Price\* of goods sold but not delivered, as applicable.

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

22.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other 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 (tick which is applicable). If Yes, give details below:

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

Amount (₹): \_\_\_\_\_

**F) Premium Details**

Mode of Payment	
Payment Details	
Amount	

**G) Declaration by Insured**

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

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

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

\_\_\_\_\_

Signature of the Proposer  
 Name:  
 Designation:

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

\_\_\_\_\_

Signature (on behalf of Proposer)  
 Name:

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

**Section 41 of Insurance Act, 1938: 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: \_\_\_\_\_  
 Accepted By: \_\_\_\_\_

Service Tax: \_\_\_\_\_  
 Date and Time: \_\_\_\_\_

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