

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 - SOOKSHMA 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

1. Name of the Proposer (Educational Institution):

2. 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.)

Cover 4(e): Fidelity Guarantee Cover

- Do you wish to opt for this cover? Yes No
If yes, please furnish the following details:

Details of Employees to be Covered*			
Name	Designation	Monthly Salary (in Rs.)	Employee Sum Insured

*** Please attach separate sheet, if required**

- Is there a system to obtain references from previous employers? Yes No
If not, specify practice followed: _____
- Has there been any occasion to question honesty or conduct of any person proposed for guarantee? Yes No
If yes, please provide details: _____
- How often are the employees required to account for money?
- Are books of accounts balanced everyday? Yes No
- What independent system is there to check that all sums received by employees are accounted for? _____
- Have there been any reported losses (whether insured or not) due to fraud or dishonesty employees, partners or directors during the last five years? Yes No
If yes, please give details: _____

Mode of Payment

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

Previous Insurance Details

- Is your previous insurance policy with Bajaj Allianz General Insurance? Yes No
- If yes, kindly provide the previous Policy No.: _____ and Policy Expiry Date: _____
- If no, kindly provide name of the previous insurer (if any) _____ and Previous Policy No.: _____ along with the Policy Expiry Date.: _____
- Please provide the claims history for past 3 yrs:
No. of Claims made: _____ Cause of Loss: _____
Total Claimed Amount: _____

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 on any material matter to the grant of a cover, the Company shall have no liability under the insurance contract or the policy document thereunder. I/We also agree to inform Company any changes in any respect on 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/D-D/PO] of prescribed premium amount, failing which Company's risk is void ab initio. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Bajaj Allianz General Insurance Co. Ltd.

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

CIN: U66010PN2000PLC015329 | UIN: IRDAN113RP0002V01202122

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



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Scrutiny No.	Receipt No.	Policy No.	Loan Account Number	Emp/LG Code	IMD Code	Sub IMD Code	IMD Name	Mobile No.

ANNEXURE

Instructions For Filling Up The Form:-

- Please answer all questions in BLOCK letters.
- 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
- Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
- 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

- Name of Proposer:

First Name	<input type="text"/>
Middle Name	<input type="text"/>
Surname	<input type="text"/>
- Address
- Telephone No. (Landline No.):
- Mobile Number:
- E-mail:
- Contact person details (where proposer is not an individual) a) Name: b) Designation:
- Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions
- Period of Insurance
From: To:

B) Business and Location of Business

- Business of Proposer
- Location of risk/business to be covered - full postal address with Pin Code.

Sl.No.	Address	Pin Code	Occupancy	Age of Unit	Floor*

Floor: Ground Floor (GF) / Mezzanine Floor (MF)/ Higher Floor (H)

C) Details about business covered at the insured location

11. Details of insured property	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: ₹ <input type="text"/>
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.	<input type="text"/>
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.)	<input type="text"/>
14. If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	<input type="text"/>

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-onDo You want to opt for Declaration Policy? Yes No (tick which is applicable). If Yes, give details below:

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

Amount (₹):

G) Premium Details

Mode of Payment	
Payment Details	
Amount	

H) Declaration by Insured

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

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

Date: ___/___/_____
 Place: ___/___/_____

Signature of the Proposer

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.

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Net Premium: _____
 Accepted By: _____

Service Tax: _____
 Date and Time: _____

Total Premium: _____