

Bajaj Allianz General Insurance Co. Ltd.

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

CIN: U66010PN2000PLC015329 | UIN: IRDAN113CP0007V01202122

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



EVENT INSURANCE- LAGHU UDYAM SURAKSHA

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.

GENERAL INFORMATION

1. Name of the Proposer:	Title	_____	First Name	_____
	Middle Name	_____	Surname	_____
2. House No.	_____			
House Name	_____			
Landmark/Locality	_____			
Road/Area Name	_____			
City/District	_____			
3. State	_____			
4. Pin Code	_____			
5. Tel.	_____			
6. Mobile	_____			
7. Name of the event:	_____			
8. Type of event:	_____			
9. Dates of event (include set-up and dismantle):				
From:	_____	_____	_____	_____
To:	_____	_____	_____	_____
10. Location address of the event:	_____			

11. Number of people expected to attend the event:	_____			

12. Period of Insurance (The inception of the insurance can take effect prior to the beginning of the event):

From:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

13. Do you require cover for an event, or part of an event, outside India? Yes No

If 'Yes', please provide the following information:

- Name of Countries where the event will be held: _____
- Venue Address: _____
- Dates of Event(s): _____

14. Are you aware of any circumstances, which could give rise to a claim? Yes No

If 'Yes', please give details: _____

COVER DETAILS

Cover 1: Event Cancellation (Mandatory Cover)

1. Are any parts of the event to be held:

- a) Outdoors? b) Under Canvas?

If 'Yes', to either a) or b), please provide details, including exact location: _____

2. Will adverse weather conditions prevent the fulfillment of the event? Yes No

If 'Yes', please provide details of the type of weather: _____

3. In the event of damage to the venue, are alternative venues available? Yes No

If 'Yes', please provide details: _____

4. Have all arrangements been made in order to carry out this event? Yes No

5. Have you had any previous experience in staging this kind of event? Yes No

If 'Yes', please provide details of previous events: _____

6. Breakdown of the sum to be insured:

Expenses	Amount	Gross Revenue	Amount
Costs		Gate/Ticket Sales	
Commitments		Programme Sales	
Guarantees		Merchandising	
Fees		Fees	
Commissions		Commissions	
Sponsorship		Sponsorship	
Advertising		Advertising	
Promotional		Concession	
Broadcasting		Broadcasting	
Other items not included above (please give details)		Other items not included above (please give details)	
Total		Total	

7. Does the above sum represent the full value at risk? Yes No

Cover 2: Set Protection**Note: Kindly fill Annexure attached to this proposal for opting cover under this section.****Cover 3: Public Liability**

- Is the cover required? Yes No
If 'Yes', please provide the following information.
- Please state the limit of indemnity required (in Rs.): _____
- Have you assumed any liability by agreement, which would not have attached in the absence of such agreement? Yes No
- Are pyrotechnics, lasers or explosives to be used during the event? Yes No
If 'Yes', please provide the following information.
 - How and when these will be used? _____
 - Who will be responsible for this part of the event? _____
 - Do they have their own Public Liability Insurance? _____
- Please provide the following security details:
 - Will security personnel be present? Yes No
 - If 'Yes', who is responsible for their actions? _____
Do they carry their own Public Liability Insurance? Yes No

Cover 4: Personal Accident

- Is the cover required? Yes No
If 'Yes', please provide the following information.
- Please give the following details for all persons to be insured under this cover:

S. No.:	Name of the Person	Date of Birth	Profession	Relationship with the Proposer	Any existing disability/ infirmity	Assignee	Relation ship of the Assignee with the Person to be Insured	Total Monthly Income (in Rs.)	Sum to be Insured (in Rs.)	Any other policy? If yes, give the following details: Name of the Company, Policy No., Sum Insured
1.										
2.										
3.										
4.										
5.										

(Please attach separate sheets, if required)

Cover 5: Money Insurance

- Is the cover required? Yes No
If 'Yes', please provide the following information.
- What is the maximum estimated amount (in Rs.) that will be carried in any one (1) transit? _____
- What security precautions will be taken? _____

EXTENSIONS:**1. Named Artist Cover:**Is the cover required? Yes No

If 'Yes', please provide the following details of all the persons who are involved in the event and required to be covered under the Policy:

a) Name: _____ b) Age: _____ c) Occupation: _____ d) Travel Arrangements: _____

2. RSMD Cover:Is the cover required? Yes No**3. Adverse Weather and Unseasonal Rain Cover:**Is the cover required? Yes No**4. Terrorism Damage Inclusion Warranty Cover:**Is the cover required? Yes No**OTHER INSURANCE DETAILS**

- Do you have any other current or pending insurance policy covering any of the insured perils? Yes No

If 'Yes', please provide the following details:

- Name of the Insurance Company: _____
- Policy Type: _____
- Sum Insured: _____
- Policy Period: _____

- Over the preceding five (5) years, have you had any claim under a similar insurance policy declined and/or refused in whole or in part? Yes No

If 'Yes', please provide the following details: _____

- Over the preceding five (5) years, have you had any similar insurance policy cancelled and/or accepted on special term or conditions or rates? Yes No

If 'Yes', please provide the following details: _____

DECLARATION

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 thereunder. 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 undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

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ANNEXURE

Instructions For Filling Up The Form:-

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)	

Proposer Details

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></tbody></table> <p>*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor</p>	SL No.	Address	Pin code	Occupancy	Age of unit	Floor*	1						2						3						4					
SL No.	Address	Pin code	Occupancy	Age of unit	Floor*																											
1																																
2																																
3																																
4																																

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 Sl:
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								
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>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.</p>									
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	<table border="1"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>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></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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Amount (₹):
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F. Premium Details

25	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 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.

***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.**

Date: ____/____/____

Place: ____/____/____

Signature of the Proposer
Name and Designation (in case of corporate)

For Bajaj Allianz General Insurance Company Ltd.

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

PROHIBITION OF REBATES
Section 41 of Insurance Act, 1938

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 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 any 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 provisions of this section shall be punishable with fine, which may extend to Ten Lakh Rupees.