

- h. Are your display windows, protected by rolling shutter outside business hours? Yes No
- i. Give details of the following and how they are protected/ locked outside business hours
1. each outer door _____
 2. each inner door _____
 3. all windows other than display windows _____
 4. all skylights or fanlights or roof openings _____
- j. Is the proposed premise located in Bharat Diamond Bourse /SEEPZ/Opera House/Any other similar high security location? Yes No
If No,
- i. Is the proposed premises in Market Place/Ground or First Floor of Building? Yes No
 - ii. Is the Shops located in deserted & isolated location? Yes No
- k. Is the proposed premise located within 100 metres distance from Police Station. Yes No
- l. Are firefighting equipments in place and in working conditions? Yes No
- m. Is there any Documented Standard Operating Procedures laid down by you for Safety and Security of the Stock and Stock in trade in the Premises Proposed for Insurance? Yes No
If Yes,
- i. Is there a SOP Compliance Procedure in Place? Yes No
 - ii. Is there a procedure in place for identification and immediate correction of breach in SOP. Yes No
 - ii. Is there Periodic Management Review of SOP Yes No

10. STOCKS:

- a) What was
- i. The average daily total value of your Stock during the past 12 months? _____
 - ii. Cash and Currency Notes during the Past 12 months? _____
- b) Will the whole of your stock when on your premises be kept in safe at night and at all times when the premises are closed? Yes No
If No, please specify the percentage of Stock kept outside Safe/Strong Room anywhere in the Insured Premises after business hours.

Note: If more than 10% of the Stock under Section 1(a) is kept anywhere in the Insured Premises outside the Safe/Strong Room after business hours, no cover will be available unless specifically agreed by the Insurer Please specify if Cover is required for more than 10% of the Stock under Section 1(A) kept anywhere in the Insured Premises outside the Safe/Strong Room after business hours. Yes No

If yes , please specify the percentage limit required.

_____ % of Section 1 (A) Sum Insured

11. Valuation Basis:

- Are the figures in this Form compiled on the basis of cost price for your own stock? Yes No
If not give details:

N.B. Unless otherwise mutually agreed the basis of valuation shall be your cost plus 10%.

If you are not agreeable for the above valuation, please specify the basis of valuation required. (Eg: Market Value etc.)

(Market Value for Jewellery means the value which can be realized from the market for such insured property immediately before the occurrence of loss on the date of loss)

12. Losses:

- a) Have you ever sustained losses?
- b) If so, give details of losses for past three years.

- c) Were you insured and if so, give the name of the Insurance Company and whether they paid the claim in full or a part thereof? (Please state how much)

COVERAGE PROPOSED :(Please tick the relevant sections you require)

Please Note: Section 1 (Stock in Premises) is a mandatory section. All other sections are optional.

SECTION 1: STOCK IN PREMISES

- Is the Sum Insured required on floater basis to cover stocks at more than one location? Yes No
If yes, please provide Sum Insured in below columns on aggregate basis to cover stocks at all locations and details of all locations:

Sr. No	LOCATION DETAILS

DESCRIPTION	SUM INSURED
a. Stock and Stock in trade on Premises (In Display Windows , Counters, Strong Room , Safes) (i) (ii)	
b. Stock and Stock in trade outside Locked Safe/Strong Room anywhere in the Insured Premises outside of business hours.	
c. Cash and Currency Notes on Premises.	
d. Stock and Stock in trade in Vaults, Safes and Bank Lockers outside premises Address of Vault, Safe bank Lockers outside Premises: (Pls attach Annexure if more than one Location Exists) d) Do you wish to Opt for waiver of Under Insurance Up to 15%?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you wish to opt for the Terrorism Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: STOCK IN CUSTODY OF THE INSURED AND SPECIFIED PERSONS

DESCRIPTION	SUM INSURED
a. Property Insured whilst in the custody of Director(s), Employee(s) including contract employee(s), Partner(s), Duly Constituted Attorney(s) and Consultant(s) and such other authorized persons of yours.	
b. Property insured whilst in the custody of Cutter(s), Broker(s), Agent(s), Gold smith(s), Dealer(s), Client(s), Job worker(s), Contractor(s), Sub-Contractor(s) and other such entities including the employee(s) of the above, whether or not in regular employment of yours.	
c. Property insured whilst in the custody of the employees of the Insured's Group / Associate / Sister Concern operating from the same premises as of the insured. Pls provide the Name of the Insured's Group / Associate / Sister Concern:	
Note: If the value of Property at any place were in excess of Rs. 5 Lacs, the same should bestored overnight or during non-business hours in a burglar proof safe.	
<ul style="list-style-type: none"> • Are you maintaining pre numbered Jangad Slips in respect of the property taken out of your premises? • Is the record keeping manual or computerized? • Would the stock and stock in trade be entrusted to only your partners and employees? - If No ,please specify the category of persons to whom it would be entrusted (category of persons shall mean partner(S), employees, Cutter(s), Broker(s), Agent(s), Gold smith(s), Job worker(s), Contractor(s), Sub-Contractor(s)) • Are the persons such as the Cutter(s), Broker(s), Agent(s), Gold smith(s), Job worker(s), Contractor(s), Sub-Contractor(s) in business for more than 3 years? - If Yes please state no. of years they have been in Business. - Has there been any past losses known to you sustained by them whilst gold and other ornaments belonging to their customers was in their care and custody . - Under this Section has there been any loss reported/ sustained by you during the last three years. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: STOCK IN TRANSIT (Destinations within India only)

DESCRIPTION	SUM INSURED
a. By registered Post Parcelb.	
b. By Air Transic.	
c. By Angadiad.	
d. By Couriers/logistic companies	
<ul style="list-style-type: none"> • Are you willing to declare 100% of the value of the consignment to the Post Parcel /air carrier/angadia/ Couriers/logistic company? - If No, please declare the percentage you are willing to declare to the Post Parcel /air carrier/angadia/ Couriers/logistic company. • Are the transits by Air/Road through Professional and well reputed Facility Management Companies? - If yes, please provide name(s) of the company(ies): - Under this Section has there been any loss reported during the last three years. If yes please give details : 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4A: STANDARD FIRE AND SPECIAL PERILS COVER FOR BUILDING, FURNITURE, FIXTURE, FITTINGS AND CONTENTS EXCLUDING STOCK AND STOCK IN TRADE

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

SECTION 4B: BURGLARY AND ROBBERY COVER FOR FURNITURE, FIXTURE, FITTINGS AND CONTENTS EXCLUDING STOCK AND STOCK IN TRADE:

DESCRIPTION	SUM INSURED (Sum Insured should be same as mentioned in Cover A for Standard Fire and Special Peril)
a. Furniture, Fixture and Fittings	
b. Contents Excluding "Electronic Equipments" covered under Section 11 and "Portable Equipments" covered under Section 9. In case Burglary Cover is required for "Electronic Equipments", the Sum Insured for "Electronic Equipments" for Burglary should be equal to Sum Insured under Fire.	
c. Chandeliers Do you wish to cover contents on "First Loss Basis" if yes, please select the percentage required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 25 % of the Total Sum Insured Under Cover B of Section 4. <input type="checkbox"/> 40 % of the Total Sum Insured Under Cover B of Section 4
d. Do you wish to opt for the Terrorism Cover Please provide Past Claims Experience, if any with regards to this Cover:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note:

Contents shall include furniture, fixtures, fittings including electrical installations, safes of insured premises, office machinery and electrical and mechanical appliances, tools and instruments for business, interior decorations, improvements, landlords fixtures and fittings, shop fronts, Chandeliers and any other similar belonging to the you or for which the you are responsible, at your premises related to the mentioned trade.

Content shall exclude Valuables and stock and stock in trade comprising of Jewellery, Gold or Silver Ornaments, Plates made of gold, silver or studded with precious stones, Pearls and Diamonds and Precious Stones, precious metals/articles of any sort or kind whatsoever, cash and currency notes and / or other merchandise and materials usual to the conduct of the Insured's business, belonging to and /or held in trust or on commission for which the Insured is responsible, curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument.

SECTION 5: STOCK IN EXHIBITION

DESCRIPTION	SUM INSURED
a. Estimated Aggregate Sum Insured During Policy Period :	
b. Estimated number of exhibitions you would be participating during the Policy period?	
c. Maximum Value Per Exhibition :	
d. Do you also wish to participate in exhibitions held outside India? If yes, Maximum Value Per Exhibition:	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Expected duration of the longest Exhibition including transit and storage	
f. Is transit cover also required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Is the transit by Professional Security & Logistic Company or your own vehicle?	
h. Will sales also happen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Do you require cover for loss or damage caused by acts of terrorism during storage at exhibition site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Stock in Exhibitions should be kept in locked safe/vault or approved security room

SECTION 6: FIDELITY GUARANTEE

Pls confirm if Fidelity Guarantee Cover is required on: Named Basis Unnamed Basis

a. If on Named Basis, please provide the following information in respect of all the employees in respect of whom insurance cover is sought :				
Employee Name	Designation	Monthly Salary	Amount of Cash / Stock held by the Employee	Amount of Guarantee

Please confirm if Cover is required on Floater Basis: Yes No
If required on floater basis, please provide the following information:

Total Number of Employees (Please specify details of contractual employees, if any separately)	Amount of Guarantee
Please Specify a. Per Accident Limit: b. Per Person Limit :	
b. If cover is required on floater Unnamed Basis, please provide the following information in respect of all the employees in respect of whom insurance cover is sought :	
Total Number of Employees (Please specify details of contractual employees, if any separately)	Amount of Guarantee
Please Specify a. Per Accident Limit: b. Per Person Limit :	
c. Is there a system to obtain references from previous Employers? If not, specify practice	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has there been any occasion to question honesty or conduct of any person proposed for guarantee? If yes, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. How often are the employees required to account for money?	
f. Are books of accounts balanced every day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. What independent system including Audits is there to check that all sums received by employees are accounted for and how often are Audits done.	
h. Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last three years?	

SECTION 7: PLATE GLASS

Please provide the following information in respect of all the Plate Glass that you wish to insure:

Sr. No	Dimensions(in cms)			Whether embossed /Silvered/ lettered/ornamental / curved/ plain/glazed	Frame work made from Wood /Metal/Any Other /If Others, Please specify	Sum Insured (Rs)
	Length	Breadth	Thickness			
a. Is there any Plate Glass in the Insured Premises that is not included in the above Sum Insured? If yes, please state reason:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is there at present any broken or damaged Plate Glass in the insured Premises? If Yes, please describe the position and size:					<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Past Claims Experience , If any					<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Do you wish to opt for the Terrorism Cover					<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 8: NEON SIGN

Please provide the following information in respect of all the Plate Glass that you wish to insure:

Sr. No	Dimensions(in cms)			Whether embossed /Silvered/ lettered/ornamental / curved/ plain/glazed	Frame work made from Wood /Metal/Any Other /If Others, Please specify	Sum Insured (Rs)
	Length	Breadth	Thickness			
Do you wish to opt for the Terrorism Cover					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Past Claims Experience , If any						

SECTION 9: PORTABLE EQUIPMENTS

Please provide the following information in respect of all the Portable Equipments that you wish to insure,;				
Description of the Equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum Insured (Rs.)
Please provide loss details in respect of Portable Equipments incurred during the last 3 years:				
Do you want coverage on worldwide basis:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Portable Equipment only up to the age of 5 Years shall be covered.
 Portable Equipment means, Laptops, Mobile Phones, I- Pads, I Pods and any other Portable Equipment

SECTION 10: EMPLOYEES COMPENSATION

Please provide the following information in respect of Employee Compensation Cover, if Opted :		
NATURE OF WORK	NUMBER OF EMPLOYEES	MONTHLY SALARY (RS.)
a. Are there any safety measures to prevent accidents? If yes, please provide the details:		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Any past history or accident in the premises in last 3 years. If yes, please provide the details:		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 11: ELECTRONIC EQUIPMENT

Please provide the following information in respect of all the Electronic Equipments that you wish to insure,;				
Description of the Equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum Insured (Rs.) (New Replacement value including freight , dues and custom duties, if any and erection cost)
a. Please provide details of breakdown and Repair cost incurred during the last 3 years for the above equipments (Please attach separate sheet if required)				
b. Do you require cover for External Data Media? If so, provide details:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Reinstatement value of Data Media				
d. Do you require cover for reproduction of Data lost Following indemnifiable damage to data media? If 'Yes', what is the limit required?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you wish to opt for the Terrorism Cover :			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 12: PUBLIC LIABILITY

a. Please provide the limit of Indemnity for: - Any one Accident: - Any one Year:	Rs. Rs.
b. Has there or have there been any instances of third party Bodily Injury and / or Property Damage in the past? If yes, please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 13: MONEY IN TRANSIT

a. i. Please specify the locations between which the transit of money to be covered. ii. What is the mode of transit?	
b. Any one Transit Limit : Estimated Annual transit:	
c. Is there a daily written record of the money in transit and is it updated every day ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Money in transit whilst in Custody of authorized employees/ Insured to/from Bank	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you require extension of cover for loss of money in transit caused by infidelity of the cash carrying employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you require extension of cover for loss of money caused by Riot, Strike, Malicious Damage?	
g. Past Claims Experience , If any	

SECTION 14: MACHINERY BREAKDOWN

Please provide the following information in respect of all the Portable Equipments that you wish to insure,;

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

Note:

- Sum Insured of the machine should be declared as a whole and should not be apportioned towards part of machine
- Each machinery should be entered separately with necessary specifications
- The sum insured must be calculated on the present day new replacement value of the machinery to be insured including provision for packing, freight and also value of erection costs, customs duty, etc., to afford full protection under this policy.
- If any of the machinery is a "stand by", this fact should be mentioned

Payment Details

Mode of Payment: Cheque DD Cash Others
 Cheque - Given by: Spouse Father Mother Son/Daughter Employer/Employee Financier



To support our Go Green initiative, we will send policy copy link on your registered mobile number / email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy.

Declaration

I/We, the undersigned hereby declare and warrant that the insurance contract and policy to be issued by Bajaj Allianz General Insurance Company Ltd [Company] is subject to the declarations, warranties, statements and particulars given in this proposal form. I/We declare that the statements and particulars given in this Proposal form are complete, true and accurate to the best of my personal knowledge and belief. I/we have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company shall have no liability under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter to the grant of a cover. I/we will accept the usual T & C and form of the policy prescribed and issued by Company. The salient features of the policy, terms and conditions of this proposal have been explained to me/us, and I/we agree to the same.

Date _____

Proposer's Signature _____

Note : The liability of the Company does not commence until the proposal has been accepted by the Company and the full premium paid

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Premium Calculation

Total Premium	Rs.
Discount for Covering more than 4 Sections :%	Rs.
Net Premium :	Rs.
Service Tax ;	Rs.

Accepted by _____

Date & Time _____

Policy No. _____

Annexure**Important:**

1. This proposal is for covering an enterprise whose total value of insurable assets at a location exceeds Rs. 5 Crore but does not exceed Rs.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	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: Rs.....
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

