

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

OFFICE PACKAGE INSURANCE – LAGHU 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.

1. Name of Proposer _____

2. Address _____

Phone No. _____

E-Mail _____ @ _____

3. Location and address of all premises to be covered : (Please attach separate sheet, if required)

- _____
- _____
- _____

4. Occupation / Business Activity : _____

5. Period of Insurance: From: _____ To _____

6. Coverage Part (Please tick mark the Covers required and answer the relevant questions)

COVER 1 - BUILDING AND CONTENTS (EXCLUDING VALUABLES)

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

COVER 2 - BURGLARY & ROBBERY INCLUDING THEFT

(Please note that the sum insured for this section will be the same as that for contents under Section 1A other than Money.)

a. Do you wish to opt this section? YES NO

b. Please give break up of sum to be insured :

Item	Sum to be Insured (Rs)
Furniture, Fixture and Fittings	
Office Equipments (Other than Electronic Equipments and Portable Computers covered under Section 7)	
Cash in safe or locked cupboard	
Cash in Till /counter	
Other items (Please specify)	

COVER 3 - MONEY INSURANCE

a. Please specify the locations between which the transit of money to be covered?: _____

b. What is the Any One Transit Limit: _____

c. How many transits take place in a month: _____

d. What is the estimated Annual Transit: _____

e. What is the mode of transit: _____

f. Please specify security provided, if any?: _____

g. Whether casual employees are used for carrying money?: _____

COVER 4 - PLATE GLASS

a. Please provide brief details of the Plate Glass to be insured and the value:

Position of each square of pane of glass	Size of each square of plane of glass		Description of glass State whether plain, plate or plain sheet, silvered, embossed, stained, bent or ornamental etc	Value (Rs)
	Height in cm	Width in cm		

Note: Please attach separate sheet if required. In the event of a loss all glass is considered as plain and of ordinary glazing quality unless specifically stated to the contrary here and in the schedule of the policy.

b. Is there any plate glass in the insured premises that is Not included in the above?: _____

c. Is there at present any broken or damaged plate glass?: YES NO

If Yes, please describe the position and size : _____

COVER 5 - BREAKDOWN OF OFFICE EQUIPMENT

Note:

- Equipments older than 10 years cannot be insured under this section
- The sum to be insured should represent the new replacement value of the same type of equipment
- Please add separate sheet, if required

Sr. No.	Description of the equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	Sum to be Insured (Rs)

COVER 6 - BAGGAGE

a. Please specify the limit to be insured per loss:

b. Please specify the total limit during the policy period :

COVER 7A - ELECTRONIC EQUIPMENT

Note:

- Equipments older than 10 years cannot be insured under this section
- The sum to be insured should represent the new replacement value of the same type of equipment
- Please add separate sheet, if required
- Please specify the External Data Media that you wish to insure.

Sr. No.	Description of the equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	Sum to be Insured (Rs)

a. Please specify which of the equipments are covered under : _____
Maintenance agreement?

COVER 7B - PORTABLE COMPUTERS

Note:

- Computer older than 10 years cannot be insured under this section

2. The sum to be insured should represent the new replacement value of the same type of computer
3. Please add separate sheet, if required

Sr. No.	Description of the equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	Sum to be Insured (Rs)

COVER 8 - FIDELITY GUARANTEE

A .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 details (Please attach a separate sheet of paper if necessary)		
	Date	Circumstances	Amount of loss (Rs)

B. Details of Employees to be covered

Category of staff	No. of employees	Employee Sum Insured (Rs)

C

- a) Is there a requirement of dual signatories for issuance of cheques, and is such requirement met? YES NO
- b) Do the employees who receive cash and cheques in the course of their duties issue pre-numbered official receipts as confirmation of the receipt? YES NO
- c) Are all the cash and cheques received banked in daily or at the latest the next banking day? If no please specify YES NO
- d) Is there an imprest system for handling of petty cash funds? If yes, please specify the persons who are authorised to manage the petty cash funds. YES NO
- e) What is the system of operation of Bank account followed and what are the precautions taken?

- f) Whether such payments/ withdrawals are authorized by a senior employee and compared with supporting documents?

D.

- a) How often are the bank reconciliations and check of receipt counterfoils and vouchers being carried out?

- b) Under what circumstances will your customers qualify for credit privileges?

- c) How often is the balancing and control of debtor accounts with statements sent to all debtors?

- d) Are there stocks (of any kind) kept for the conduct of your business?

- e) How often are stocktakings conducted?

- f) Please list the persons responsible for carrying out stock-taking

E
a) Please state the maximum amount of stocks each employee can requisition at any one time? Is this ever exceeded?

b) Is there close supervision of storage and custody of all stocks maintained?

c) Are all deliveries to and from stores properly authorised?

F. When was the last stock audit undertaken, by whom, and what did it reveal?

G. When was the proposer last audited, by whom, and what did the audit reveal?

COVER 9 - PERSONAL ACCIDENT

- Note:
1. Please attach separate sheet wherever required
 2. The sum to be insured per employee to be restricted totimes the monthly salary
 3. Please provide the details of the employees to be covered and the cover opted. The maximum age is restricted to 60 years.
 4. Please indicate under the column cover required: Part A for Death only

Part A & B for Death and Permanent Total Disability
 Part A, B & C for Death, Permanent Total Disability and Permanent Partial Disability
 Please add Part D if Temporary Disability is opted (available only if A, B and C are opted)

Sr. No.	Name of the Employee	Monthly Salary	Sum Insured (Rs)	Coverage Required

COVER 10 - PUBLIC LIABILITY

Note: Liability under Public Liability Insurance Act 1991 is not covered
 Please select the limit to be insured _____ per accident : Rs. _____
 Please select the limit to be insured in the aggregate _____ : Rs. _____
 Has there or have there been any instances of third party Bodily Injury and Property Damage in the past : _____
 Have you obtained insurance for this cover with any other insurer, and if yes, please give details : _____

10B. Workmen's Compensation

1. Name of employee _____ monthly salary _____
 nature of work _____
2. Name of employee _____ monthly salary _____
 nature of work _____
3. Name of employee _____ monthly salary _____
 nature of work _____

COVER 11 - HOSPITAL CASH ALLOWANCE

Do you opt for this cover ? YES NO

If Yes, please fill in the Annexure.

Declarations and Warranty

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Bajaj Allianz and I/We agree to accept a policy, subject to the conditions prescribed by Bajaj Allianz and to pay premium on the amount estimated above at the end of each policy period. I/We undertake 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 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. 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. 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

SL No	Address	Pin code	Occupancy	Age of unit	Floor*

*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher 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.

YES NO

- b. Industrial / manufacturing risks YES NO
- c. Storage outside Industrial/ manufacturing risks YES NO
- d. Tanks / gas holders outside industrial/ manufacturing risks. YES NO
- e. Utilities located outside Industrial/manufacturing risks. YES NO
- f. Boundary wall YES NO
- g. Basement storage YES 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.)
Portable Extinguishers , Small bore hose reels , Trailer Pumps/Fire engines , Hydrant System , Sprinkler System ,
Fixed Water Spray System , Foam System , Fire Alarm System , Gas Flooding System , Others, please specify below.
- 16 Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force : YES NO
- 17 Construction Details (Please tick the correct answer in the box)
- a. Please state material used
- i. Walls: Kutcha / Pucca
- ii. Floor: Kutcha / Pucca
- iii. Roof: Kutcha / 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. 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 (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 (₹): _____

F. Premium Details

25	Mode of Payment	
	Payment Details	
	Amount	

G. Declaration by Insured

I/ We hereby declare that the value insurable assets is more 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.

Date:

Place:

Signature of the Proposer

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

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 rupee

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Premium Calculation	:
Total Premium	: Rs.
Discount for covering more than 4 Sections :%	: Rs.
Net Premium	: Rs.
Service Tax	:
Accepted by	:
Date & Time	:
Policy No.	: