

Burglary and Robbery

a.	What is the value of contents (other than money) ?	
	(i) Saleable items (Please take sales value) (Please give a description of items)	Rs.
	(ii) Furniture, Fixture, Fittings (Please take the reinstatement value)	Rs.
b.	Describe in detail the nature of the Safes or : Strong Rooms if any, in the Insured Premises which are used to contain money	
c.	All money in safe (Restricted to one day's collection)	Rs.
d.	All money in, till/counter (Restricted to one day's collection)	Rs.
e.	Whether 24-hrs security provided for	
	(i) The complex/building housing the shop	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(ii) Whether any burglar alarm or similar security devices are provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes' please specify	
f.	Are there any special recommendations in regard to the maintenance of these installations or is there any special schedule of maintenance that has to be complied with in order to keep the above installations in good running condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If 'Yes' are you in compliance with the same ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Money

a.	Money in transit (Please indicate the limit required per transit)	Rs.
b.	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

Plate Glass

a.	Please provide a description & location of the Plate Glass, which you wish to insure, and its value	
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Breakdown of Business Equipment

(we do not cover equipments which are more than 10 years old)

a. Please provide in respect of all business equipment which you wish to insure, the following information :	
i. Description	
ii. Reinstatement Value	
iii. Date of manufacture	
b. Please provide details of breakdown and Repair cost incurred during the last 3 years : For the above equipments (Please attach separate sheet if required)	

Neon Sign / Glow Sign

a. Please provide in respect of all the neon signs and / or glow signs that you wish to insure, the following information :	
i. Description	
ii. Year of Production	
iii. Name of manufacturer	
iv. Reinstatement value for which you wish to insure :	

Electronic Equipment

Note : We will not provide insurance cover in respect of Electronic equipments, which are more than Ten years old from the date of manufacture of such equipments.

a. Please provide in respect of all the Electronic equipment that you wish to insure the following :	
i. Description	
ii. Type of the items	
iii. Date of manufacture	
iv. Name of manufacturer	
v. Reinstatement Value	
b. Please provide details of breakdown and Repair cost incurred during the last 3 years For the above equipments (Please attach separate sheet if required)	
c. Do you require cover for data media and software ? If so, provide	
i. Reinstatement value of data media	Rs.
ii. Repurchase cost for software	Rs.
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 Rs.
e. Do you wish to opt for terrorism cover extension to protect your equipment from terrorism damage	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fidelity Guarantee

a.	Please provide the following information in respect of all the employees in respect of whom insurance cover is sought :	
i.	Name	
ii.	Designation	
iii.	Monthly Salary	
iv.	Amount of Cash / Stock held by the employee (Please attach separate sheet if necessary)	
b.	Is there a system to obtain references from previous Employers? If not, specify practice followed	
c.	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
d.	How often are the employees required to account for money?	
e.	Are books of accounts balanced everyday?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	What independent system is there to check that all sums received by employees are accounted for	
g.	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?	

Personal Accident

a.	Do you want personal accident cover for:	
i.	Yourself	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii.	Family members (who assist you in the business)	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii.	Other employees	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Please give the following details for all persons to be covered under this section (If necessary please attach separate list)

Name of the person	Relationship with the proposer	Nature of functions	Date of Birth	Sum to be insured (Rs)

(*Please limit the sum insured to 5 times annual income of the person to be covered)


Public Liability / Workmen's Compensation

a. Please provide the limit of Indemnity required : For Any One Accident and Any One Year (Maximum limit Rs. 10 lacs)	Rs.
b. Please provide following information if Workmen compensation cover is required	
i. Number of Workers	
ii. Nature of Work	
iii. Any security measures to prevent accidents	
iv. Any past history of accidents in the premises	

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.

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.

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

Prohibition or 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

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	SL No.	Address	Pin code	Occupancy	Age of unit	Floor*
		1					
		2					
		3					
		4					
*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.	<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	
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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)	
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14	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
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15	Fire Protection devices installed	Please tick in the space 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
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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.</p> <p>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														
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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>Rs.</td> <td>Rs.</td> </tr> <tr> <td></td> <td>Rs.</td> <td>Rs.</td> </tr> <tr> <td></td> <td>Rs.</td> <td>Rs.</td> </tr> <tr> <td></td> <td>Rs.</td> <td>Rs.</td> </tr> <tr> <td></td> <td>Rs.</td> <td>Rs.</td> </tr> <tr> <td>TOTAL</td> <td>Rs.</td> <td>Rs.</td> </tr> </tbody> </table>		Year	Premium	Claim		Rs.	Rs.		Rs.	Rs.		Rs.	Rs.		Rs.	Rs.		Rs.	Rs.	TOTAL	Rs.	Rs.
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	Rs.	Rs.																						
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	Rs.	Rs.																						
	Rs.	Rs.																						
TOTAL	Rs.	Rs.																						

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 (In Rs.)

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 Rs.)

i) Maximum value at any one location: Rs.

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 (Rs.):
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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 insurable assets is more than Rs. 5 Crore but less than Rs. 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 _____

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