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BAJAJ Allianz

Caringly yours

Bajaj Allianz General Insurance Co Ltd

Bajaj Allianz House, Airport Road, Yerawada,Pune - 411006. Reg No.: 113
CIN: U66010PN2000PLC015329

UIN : IRDAN113CP0013V01201920

Proposal Form for CONSEQUENTIAL LOSS (FIRE) INSURANCE

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 the Insured	
2. Address	Pin code:
3. Telephone no.	
4. Premises to be covered under the policy (Please give complete address, if more than one location all locations to be covered are to be specified)	
5. Details of business carried out in each of the locations to be covered	
6. Period of Insurance	From To
7. Are the premises insured under a Standard Fire Material Damage policy?	Yes/No
8. If YES, please give the following details of the insurance effected: (a) Name of the insurer (b) Policy no. (c) Period of insurance (d) Perils covered	
9. What is the annual gross profit estimated for the period	Net Profit: Standing Charges: Total (Gross Profit):
10. Sum insured proposed for Loss of Profit Insurance (Sum insured to be Annual Gross Profit upto 12 months indemnity period and proportionately higher for indemnity period more than 12 months)	

11. Indemnity period opted	
12. Do you require coverage for Supplier's Premises ?	Yes/No
13. If answer to Qn.12 is Yes, please give the list of suppliers and percentage dependence of business on each of them along with the addresses of the supplier premises.	
14. Do you wish to extend coverage to your property stored at other situations? Is YES, give details of such locations.	
15. Do you wish to extend the policy to cover loss due to accidental failure of Public Electricity/Gas/Water supply? If yes mention which extensions are required?	
16. Do you wish to extend cover for Terrorism?	
17. How long you have been availing Loss of Profit policy? Please give details of the insurer for the existing policy.	
18. Please give the premium and claim experience for the last 4 years under Loss of Profit cover availed by you?	
19. In case you have not insured for LOP till date, have you experienced any Business Interruption following fire or allied perils for the last 5 years? Please give details	
20. Have you approached any other insurer for this cover? Has any insurer declined/quoted with higher premium for this cover?	

GoGreen

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. ☐

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 as quoted by the Company.

I/we hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephone / email / webinputs means or other means, as updated from time to time within group entities.

Proposer's Signature

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 renewing or continuing a policy accept rebate ecept 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 liable for penalty which may extend to ten lakhs rupees.

DECLARATIONS – PHYSICAL PROPOSAL FORM

- Are you or any of the proposal applicants a PEP* or a close relative of PEP*?
  If yes, please share the details _____

  "Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc." ☐ Yes / ☐ No

- I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC. ☐ Yes / ☐ No

- I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income. ☐ Yes / ☐ No

- I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information. ☐ Yes / ☐ No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.
You can update the same through Caringly yours App – http://onelink.to/v9zp7c , WhatsApp Service {Say 'Hi' on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on – 8080945060, SMS "WORRY" to 575758, Email – bagichelp@bajajallianz.co.in, website – https://www.bajajallianz.com/general-insurance.html , contact your agent or nearest branch.