Bajaj Allianz General Insurance Company
Regd. Office & Head Office: Bajaj Allianz House, Floor, Airport Road, Yerawada, Pune 411006
Reg. no. 113 CIN: U66010PN2000PLC015329 UIN: IRDAN113CP0021V01201920

Deterioration of Stocks Insurance (Potatoes)
PROPOSAL FORM

The liability of the company does not commence until this proposal has been accepted by the company and the premium paid.

N.B. : If space is insufficient for any answer please continue on a separate sheet and attach hereto.

I.1. Proposer :

(a) Name

(b) Postal address

(c) Works address
(location of the cold storage
plant i.e. railway station & district)

2. In the cold storage owned by you or taken on lease?

3. What are your contractual liabilities to your customer?

4. How long have you been running the cold storage?

5. Have you suffered any losses due to deterioration in the past?
Give details of cause and amount.

II.1. Was the plant insured for machinery breakdown and deterioration of stocks previously? If so, please give name of Insurance Company and period of Insurance.

2. Was the Insurance at any time declined by any Company? If so, by whom and for what reason.

III. Give the period of Insurance required by you.

IV. 1. What would be the maximum stock of goods stored by you at any time during the season?

2. State the price per quintal at which you wish to insure the stock (this price should include storage charges)

3. Sum to be insured : Rs.....

4. Do you maintain any stock register? If so, please attach a specimen copy with this form.

V. 1. Give details of cold storage rooms number, size, designed storage capacity.

2. By whom the cold storage is designed? Give the name of the designer/firm engineer.

3. (a) Indicate the type of insulation used in the refrigeration chambers.

(b) Give cross-sectional sketch of insulation of all sides.

(c) When was the present insulation done and by whom?

(d) When was the present insulation last replaced?

4. Give the design and type of materials used for storage racks and the name of firm/engineers who designed, constructed them.

5. (a) What goods do you store?

(b) Do you accept stocks of high yielding variety?

(c) Do you ascertain that the stocks offered for storage are free from disease?

(d) How do you store the goods?
In bags, containers or loose?

(e) Do you sort out bad stocks
before storage?

(f) Do you check for spoilage of
stored goods and arrange for
their removal?

(g) What time will be required to
remove the stocks in case of
breakdown.

(h) In the event of loss, is there
any possibility of storing the
goods in your charge elsewhere?
If so, give full name & address.

(i) Are you authorised to dispose
off the goods stored to avoid
or minimise losses due to
deterioration etc.?

6. (a) What conditions of temperature
(indicate in degree C or F)
and relative humidity do you
maintain in the cold storage
for different goods stored.

(b) How do you ensure proper
circulation of cold air or
proper conditions of temperature
and humidity in the cold rooms?

(c) How do you ensure the proper
loading of cold rooms within
the designed capacity.

(d) At what intervals are the
temperature and humidity
checked?

(e) Is the cold storage plant equipped
with automatic control system? If so,
what is the type of control?

VI. 1. What is your main source of electric supply?
Your own generation or from public grid.

2. State input voltage if power is obtained from the Public grid.
If a transformer is required for the input voltage is it located in your premises and are you the owner?

3. Has the power supply been interrupted at any time during the last three years? If so, state number and duration of interruptions.

4. Do you have stand by arrangement in the event of failure of main source of electric supply? If so, give details.

5. After how many hours (24, 48, 72 or more) do you expect the stored goods to deteriorate due to a rise or fall in temperature in consequence of machinery breakdown and/or failure of power supply.

VII. 1. By whom the machinery has been :
(a) manufactured?
(b) supplied?
(c) erected?
(Give the name of firm/engineers)

2. Give details of :
(a) Refrigerating compressors, number, make capacity in tons, bore, stroke, R.P.M.
(b) Are the compressors driven by electric motors or diesel engines?
Give details of driving motor or diesel engine, i.e. H.P.

Serial Number, make, bore, stroke, R.P.M.,type and voltage.

3. Are there several independent refrigerating systems and if so, is it possible to switch from one to another.

4. Give the number and type of condensor stands.

5. State the refrigerant used.

6. Give details of circulating water pumps:

   (a) Capacity in gallons per minute and head in ft/metre.

   (b) H.P., R.P.M., type and voltage of driving motors.

7. Give the number of stand by spare units:

   (a) Compressors under loading conditions

   (b) Compressors under normal conditions.

   (c) Circulating water pumping sets.

   (d) Electric motors for diffusers.

   (e) Any other equipment.

8. Do you keep a stock of replacement spare parts for :(Give details)

   (a) Compressors.

   (b) Driving motors.

   (c) Engines.

   (d) Pumps etc.

9. (a) Is the plant inspected and serviced regularly by a recognised firm of cold storage specialists or by refrigeration plant engineer and if so, at what intervals?

   (b) Is the plant under supervision of a qualified and experienced refrigeration engineer/mechanic. Give name, qualifications, experience of the engineer, mechanic-in-charge.

(c) Do you maintain a log book for the maintenance of plant and the conditions of temperature and humidity in the cold rooms? If so, give a specimen copy of the same.

VIII. State the date when the Insurance is to commence. Date..... Month.... Year...

(Period of Insurance will be from the date till the expiry date).

I/We HEREBY DECLARE AND WARRANT THAT THE above statements are true and complete and that I/We have withheld no information whatsoever which is material for the acceptance of this proposal. I/We agree that this declaration and the answers given above shall be the basis of contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void. I/we undertake to exercise all reasonable and ordinary precautions for the safety of the machinery and I/We agree to accept the policy in the forms issued by the Company subject to exceptions the terms and conditions prescribed therein or endorsed on the policy.

Place.....

Date..... Signature.....

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKH RUPEES.

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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.