

EDUCATION PACKAGE POLICY
PROPOSAL FORM

1. Please answer all questions in **BLOCK** letters.
2. Liability of the Company does not commence until this Proposal has been accepted by the Company and full premium has been paid.
3. This Proposal will be the basis of any subsequent policy that the Company issues to you. It is therefore essential that you provide all the information in this Proposal **FULLY AND ACCURATELY** and that you provide the Company with any and all additional information relevant to risk to be insured or the Company's decision as to acceptance of the risk or the terms upon which it should be accepted.

Proposer Details

Name of the Proposer (Educational Institution): _____

Address: _____

Telephone No. 1 (Office): _____ Telephone No. 2 (Office): _____

Fax No. (Office): _____ Mobile Number of the Contact Person: _____

E-mail: _____

Type of Educational Institution: School / College (please specify: _____) / Any Other (please specify: _____)

Cover Details

Proposed Policy Period: From __/__/____ To __/__/____

Please tick mark the covers required and answer the relevant questions.

Cover 1: Student Secure

Do you wish to opt for this cover? Yes / No

If yes, please furnish the following details:

Type of Cover Required for Education Continuity Cover: Death only / Death and Permanent Total Disability

Type of Cover Required for Group Personal Accident Cover for Students: Death only / Death and Permanent Total Disability/ Death, Permanent Total Disability and Permanent Partial Disability

Details of Members to be Covered

Details of Members to be Covered				
Total number of students to be covered	Total number of earning parents of the students to be covered	Sum Insured per earning parent and Total Sum Insured (in Rs.) for Education Continuity Cover	Sum Insured per student and Total Sum Insured (in Rs.) for Group Personal Accident Cover for Students	Sum Insured per student and Total Sum Insured (in Rs.) for Accidental Hospitalization Cover for Students

- Would you like to opt for Medical Expenses Reimbursement Extension for the above mentioned students? Yes / No
- Would you like to opt for Hospital Confinement Allowance for the above mentioned students? Yes / No

Cover 2: Staff Secure

Do you wish to opt for this cover? Yes / No

If yes, please furnish the following details:

Type of Cover Required: Basic / Wider / Comprehensive

Details of Members to be Covered		
Total number of staff members to be covered	Nature of work (Teaching/ Non-Teaching) of staff members	Sum Insured per staff member and Total Sum Insured (in Rs.) for Group Personal Accident Cover for Staff Members

- Would you like to opt for Medical Expenses Reimbursement Extension for the above mentioned staff members? Yes / No
- Would you like to opt for Hospital Confinement Allowance for the above mentioned staff members? Yes / No

Cover 3: Liability Secure

Cover 3(a): Public Liability Cover

Do you wish to opt for this cover? Yes / No

If yes, please furnish the following details:

- Please provide the limit of indemnity required for any one year: Rs. _____
- Please tick on the facility provided at the institute:
 - Hostel: Yes / No
If yes, please provide the number of hostels: _____
 - Mess / Canteen: Yes / No
If yes, please provide the number of mess/ canteen: _____
 - Lift / Escalator / Elevator: Yes / No
If yes, please provide the number of lift/ escalator / elevator: _____
Is the lift operated by an attendant: Yes / No
Is an AMC in existence in respect of the lift/ escalator/ elevator: Yes / No
 - Swimming Pool: Yes / No
If yes, please specify the number of swimming pools: _____
Is the swimming pool manned by trainers and life guards on a 24x7 hours basis: Yes / No
- Have there been any instances of third party bodily injury and/or property damage in the past? Yes / No
If yes, please provide details: _____

Cover 3(b): Workmen's Compensation Act Cover

Do you wish to opt for this cover? Yes / No

If yes, please furnish the following details:

Details of Employees to be Covered		
Number of employees to be covered	Nature of work	Monthly Salary (in Rs.) per employee

- Are there any security measures to prevent accidents? Yes / No
If yes, please provide details: _____
- Has there or have there been any instances of accidents in the premises in the past? Yes / No
If yes, please provide details: _____

Cover 4: Property Secure

(Please attach separate sheet wherever required)

Cover 4(a): Fire and Allied Perils Cover

Do you wish to opt for this cover? Yes / No

If yes, please furnish the following details:

- Location and address of all premises to be covered (please attach separate sheet if required): _____
- Building:
 - Construction of External Walls: Brick / Concrete / Glass/ Asbestos / Others (Please specify)
 - Construction of Roof: Concrete / Asbestos / Tiles / Others (Please specify)
- Age of the building: _____
- Is the building owned by you? Yes / No
- Are you the sole occupant of the building? Yes / No
If no, who are the other occupants? Please give details: _____
- If you are the owner of the building, please indicate the sum to be insured: Rs. _____
- Please specify break-up of the sum to be insured for contents:

Item	Sum to be Insured (Rs.)
Furniture, Fixtures and Fittings	
Business Equipments (other than Portable Equipments covered under Cover 4(d))	
Other Items (please specify)	

- Do you wish to opt for Terrorism Cover Extension? Yes / No

Cover 4(b): Burglary and Robbery Cover

(Please note that the sum insured for this section will be the same as that for contents under Cover 4(a) other than for cash in safe and cash in till/counter. Please attach separate sheet wherever required)

Do you wish to opt for this cover? Yes / No

If yes, please furnish the following details:

- Please specify break-up of the sum to be insured:

Item	Sum to be Insured (Rs.)
Furniture, Fixtures and Fittings	
Business Equipments (other than Portable Equipments covered under Cover 4(d))	
Cash in Safe or Strong Room	
Cash in Till/ Counter	
Other Items (please specify)	

- Would you like to opt for a cover on a first loss basis @ 30% of the total value at risk? Yes / No

Cover 4(c): Money Insurance Cover

Do you wish to opt for this cover? Yes / No

If yes, please furnish the following details:

- Please specify the locations between which the transit of money is to be covered? _____
- What is the any one transit limit? _____
- How many transits take place in a month? _____
- What is the estimated annual transit? _____
- What is the mode of transit? _____
- Please specify security provided, if any? _____
- Whether casual employees are used for carrying money? Yes / No
- Is there a daily written record of the money in transit and is it updated every day? Yes / No

Cover 4(d): Portable Equipments Cover

Note: Equipments older than 10 years cannot be insured under this cover.

Do you wish to opt for this cover? Yes / No

If yes, please furnish the following details:

Details of Portable Equipments to be Covered				
S. No.	Description of the equipment	S. No., Type and Capacity of the equipment	Year of manufacture and Name of manufacturer	Sum to be Insured (in Rs.)

Cover 4(e): Fidelity Guarantee Cover

Do you wish to opt for this cover? Yes / No

If yes, please furnish the following details:

Details of Employees to be Covered*			
Name	Designation	Monthly Salary (in Rs.)	Employee Sum Insured

* Please attach separate sheet, if required

- Is there a system to obtain references from previous employers? Yes / No
If not, specify practice followed: _____
- Has there been any occasion to question honesty or conduct of any person proposed for guarantee? Yes /No
If yes, please provide details: _____
- How often are the employees required to account for money? _____
- Are books of accounts balanced everyday? Yes / No
- What independent system is there to check that all sums received by employees are accounted for? _____
- 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 give details: _____

Mode of Payment

- a) By Cheque: Cheque No. _____ Bank _____ Branch _____
- b) By Cash:

Previous Insurance Details

- Is your previous insurance policy with Bajaj Allianz General Insurance? Yes / No
- If yes, kindly provide the previous Policy No. _____ and Policy Expiry Date _____
- If no, kindly provide name of the previous insurer (if any) _____ and Previous Policy No. _____ along with the Policy Expiry Date _____
- Please provide the claims history for past 3 yrs:
No. of Claims made: _____ Cause of Loss: _____

Total Claimed Amount: _____

Has any General Insurance Company, in respect of the risk to which this proposal relates, ever:

- Declined a proposal, refused renewal or terminated insurance? Yes / No
 - Required an increased premium or imposed special conditions? Yes / No
- If yes in either case, please provide details: _____

Declaration and Warranty

I/We hereby declare and warrant that the declaration, warranties, statements and particulars given in this proposal form are complete, true and accurate to the best of my/our personal knowledge and belief. I/We have understood that the statements and particulars given in this proposal form and this declaration shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company and that, if it is found that any of the statements or particulars in this proposal form or other documents are incorrect, untrue, suppressed any information or provided misleading/false information in any respect on any material matter to the grant of a cover, the Company shall have no liability under the insurance contract or the policy document thereunder. I/We also agree to inform Company any changes in any respect on any material matter to the grant of a cover in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form. I/We will accept the usual conditions and form of the policy issued by Company in such cases.

I/we also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realising [in case of payment by cheque/DD/PO] of prescribed premium amount, failing which Company's risk is void ab initio. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Place:
Date:

Signature of Proposer
Name:
Designation:

Certified that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.*

Place:

Signature
(on behalf of Proposer)

Date:

Name:

*This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Proposer.

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 rupees.

For Office Use Only

Net Premium: _____
Accepted By: _____

Service Tax: _____
Date and Time: _____

Total Premium: _____