

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113
 Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006
 UIN: IRDAN113RP0001V01202324

For Office Use only:

Scrutiny No	Receipt No	Policy Issuing Office	Policy No

For Agent Use Only:

IMD Code	Sub IMD Code	Mobile No.

Emp/ LG Code

FLEXI COMMERCIAL PROPERTY GUARD PROPOSAL FORM

Important:

1. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
2. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.
3. This proposal for insurance will be the basis of any subsequent insurance policy that Bajaj Allianz General Insurance Company Ltd ["Company"] 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. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	

I. APPLICABLE WHERE COVER IS OPTED ON INDIVIDUAL BASIS

Proposer Details

I.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	PAN / TAN / GST / AADHAR Number	
7	Contact person details, if not an individual a. Name b. Designation	
8	Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
9	Policy Period	From: To:
10	Details of other active Policies of Bajaj Allianz General Insurance (if any)	

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I.B. BUSINESS AND LOCATION OF BUSINESS:

11	Business of Proposer						
12	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							

I.C. DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION

13	The Insured property is	Please tick in the space below :
a.	Offices, shops, hotels etc.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b.	Industrial / manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c.	Storage outside Industrial/ manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d.	Tanks / gas holders outside industrial/ manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e.	Utilities located outside Industrial/manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f.	Boundary wall	Yes <input type="checkbox"/> / No <input type="checkbox"/>
g.	Basement storage	Yes <input type="checkbox"/> / No <input type="checkbox"/> If, yes value stored SI: ₹.....
h.	Others (please specify)	
I	Choose from the listed Group of Insured Events	Group 1 : Yes <input type="checkbox"/> No <input type="checkbox"/> Sub Limit ___% Group 2 : Yes <input type="checkbox"/> No <input type="checkbox"/> Sub Limit ___% Group 3 : Yes <input type="checkbox"/> No <input type="checkbox"/> Sub Limit ___% Group 4 : Yes <input type="checkbox"/> No <input type="checkbox"/> Sub Limit ___% Group 5 : Yes <input type="checkbox"/> No <input type="checkbox"/> Sub Limit ___%
J	Please mention % of waiver for Underinsurance to be opted	___%
14	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.	
15	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)	
16	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	

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		Please Tick the correct answer in the box below.								
17	Fire Protection devices installed	<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.								
18	Indicate whether AMC(Annual Maintenance contract) is in force :	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes please specify for below: <input type="checkbox"/> Fire Safety Equipment <input type="checkbox"/> Other Equipment and Machinery								
19	Construction Details									
a.	Please state material used	Please tick the correct answer in the box								
i.	Walls	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>								
ii.	Floor	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>								
iii.	Roof	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>								
	<p>Note: Kutchha: 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 Kutchha Construction. Pucca: Buildings other than Kutchha are treated as Pucca constructions.</p>									
b.	Number of Floors									
c.	Age of the Building	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Less than 5 years</td> <td style="width: 30%;"></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	
Less than 5 years										
5-10 years										
10-20 years										
Above 20 years										
20	Distance between the risk to be covered and nearest Fire Brigade									
21	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)									

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22	Whether Insurance was declined by any other Company (Give details)						
23	Premium / Claim details for the past 36 months excluding the expiring policy period	Year		Premium		Claim	
				₹		₹	
				₹		₹	
				₹		₹	
				₹		₹	
		TOTAL		₹		₹	

I.D. SUM INSURED

(Indicate Sum Insured on the following basis:

- i. for Building,
 - Reinstatement Value
 - Market Value
 - Agreed Value
- ii. Plant and Machinery, Furniture, Fixture and Fittings and any other Contents:
 - Reinstatement Value
 - Market Value
- iii. For Stocks:
 - a) For raw material: landed cost at Your Premises.
 - b) For Stock in process: input cost of the Stock at the time of loss.
 - c) For finished Stock: the manufacturing cost of the Finished Stock or the Contract Price of goods sold but not delivered and more precisely defined below. 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.
- iv. Bullion or unset precious stones, any curios or works of art or obsolete machinery and the like are to be covered on Agreed Value basis subject to a valuation certificate being submitted and found acceptable by Us.

** **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*

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24	Description of Block	Basis of Sum Insured	(I)	(II)	(III)	(IV)	(V)				Total (IV+V)	
			Building including plinth, Basement and additional structures	Plant & Machinery, Furniture & Fixtures, Fittings and other Contents	Bullion or unset precious stones, any curios or works of art or obsolete machinery	Total (I+II+III)	Stock					
							Raw Material (A)	Stock in Process (B)	Finished Stock (C)	Total (A+B+C)		
		Reinstatement Value (Applicable to I,II)										₹
		Market Value (Applicable to I,II)										₹
		Agreed Value (Applicable to I,II and III)										₹

Note: For different locations Kindly provide information as per above table in separate annexure

I.E. OPTIONAL COVERS

Sl. No	Name of Optional cover	Details
I.E.1	Accidental Damage If this cover is opted kindly specify:	<input type="checkbox"/> Building <input type="checkbox"/> Plant and Machinery <input type="checkbox"/> Furniture, Fixture and Fittings <input type="checkbox"/> Stocks <input type="checkbox"/> Other Contents If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate Usually is there movement of Contents within the premises on regular basis – <input type="checkbox"/> Yes <input type="checkbox"/> No
I.E.2	Electrical/ Electronic Appliances Clause (Applicable only for Group 1) If this cover is opted kindly specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate Is there a valid Annual Maintenance Contract (AMC) in place for items proposed to be covered under this Add-On – Yes/ No
I.E.3	Minor Works	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate.
I.E.4	Escalation Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
I.E.5	Impact Damage Due To Vehicle, Animal Or Aircraft Belonging To Or Owned By Insured Or Their Employee While Acting In Course Of Employment (Applicable only for Group 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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I.E.6	Snow Damage Cover If this cover is opted Please answer i and ii:	<input type="checkbox"/> Plant and Machinery <input type="checkbox"/> Furniture, Fixture and Fittings <input type="checkbox"/> Raw Material, Stock, Finished Stock <input type="checkbox"/> Building i) Roof Type <input type="checkbox"/> Slanting <input type="checkbox"/> Non Slanting ii) Drainage system of Roof <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate								
I.E.7	Protection and Preservation of Property	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate								
I.E.8	Immediate Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, __% of each and every loss not exceeding Amount (₹): __ in the aggregate.								
I.E.9	Dewatering Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, __% of each and every loss not exceeding Amount (₹): __ in the aggregate.								
I.E.10	Waiver of Improvement/ Involuntary Betterment (Not Applicable to Building and Stocks)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
I.E.11	Adequacy of Sum Insured If yes, please specify the Claim Limit	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount (₹): _____								
I.E.12	Cover for (Please Tick) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Loss of Rent</td> <td style="width: 70%;"></td> </tr> <tr> <td>Rent for Alternative Accommodation</td> <td></td> </tr> </table>	Loss of Rent		Rent for Alternative Accommodation		Loss of Rent: I. Sum Insured: Amount (₹): _____ II. Number of Months: Rent for Alternative Accommodation: I. Sum Insured : Amount (₹): _____ II. Number of Months				
Loss of Rent										
Rent for Alternative Accommodation										
I.E.13	Floater Cover(for stocks at various locations)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Location (Postal Address with Pin Code)</th> <th style="width: 30%;">Sum Insured (in ₹)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> i) Maximum value at any one location: ₹..... ii) Whether stocks stored in open: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Location (Postal Address with Pin Code)	Sum Insured (in ₹)						
Location (Postal Address with Pin Code)	Sum Insured (in ₹)									

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I.E.14	Declaration Policy for stocks	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹):												
I.E.15	Floater Declaration Clause	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Location (Postal Address with Pin Code)</th> <th style="width: 30%;">Stocks which fluctuate in value to be covered on (monthly) declaration basis</th> <th style="width: 40%;">Sum Insured (in ₹)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>i) Maximum value at any one location: ₹..... ii) Whether stocks stored in open: Yes <input type="checkbox"/> / No <input type="checkbox"/></p>	Location (Postal Address with Pin Code)	Stocks which fluctuate in value to be covered on (monthly) declaration basis	Sum Insured (in ₹)									
Location (Postal Address with Pin Code)	Stocks which fluctuate in value to be covered on (monthly) declaration basis	Sum Insured (in ₹)												
I.E.16	Floater Insurance – Unspecified Locations	__% of Sum insured and not exceeding Amount (₹): __ in the aggregate												
I.E.17	Additions, Alterations Or Extensions	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate												
I.E.18	Temporary Removal Of Stocks	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate												
I.E.19	Temporary Removal Of Assets (Excluding Building & Stocks)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate												
I.E.20	Cover For Specific Contents	<p>Money: Amount (₹): _____</p> <p>Deeds, manuscripts and business books, plans, drawings, securities, obligations or documents of any kind : Amount (₹): _____</p> <p>Computer programmes, information and data : Amount (₹): _____</p> <p>Employees', Directors', visitors' personal effects of every description: Amount (₹) _____</p>												
I.E.21	Costs For Removal Of Debris (Excluding External Debris)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate												
I.E.22	Costs For Removal Of Foreign Debris	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate												
I.E.23	Costs Compelled By Municipal Regulations / Local Authority Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate												
I.E.24	Claim Preparation Costs	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate												
I.E.25	Molten Material Spillage	Yes <input type="checkbox"/> No <input type="checkbox"/>												

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I.E.26	Decontamination And Cost Of Clean Up Expense	If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.27	Expediting Costs And Expenses For Loss Minimization	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.28	Contract Works	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate.
I.E.29	Brands And Trademarks	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.30	New Location And New Acquisition Cover	Yes <input type="checkbox"/> No <input type="checkbox"/> Sum Insured: Amount (₹): __ Number of days upto which cover is required from date of acquisition: __ Days
I.E.31	Pair And Set/Consequential Reduction In Value	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.32	Fire Extinguishing / Fighting Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.33	Obsolete Parts Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.34	Inadvertent Error & Omission	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.35	Accidental Discharge Of Gas Flooding Systems	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate.
I.E.36	Contamination And Co-Mingling Of Stocks	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.37	Leakage And Overflowing Of Storage Tanks (Other Than Water Storage Tanks)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.38	Seasonal Enhancement Of Stocks Cover	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.39	Property Of Employees And Visitors/Personal Effects	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.40	Property Outside/Away From The Premises at Unspecified Locations	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.41	Waiver Of Subrogation	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.42	Catalyst And Consumable (Including Lining And Refractory) Interest In Process	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.43	Plans, Documents, Computer Systems Records, Archives And Cost Of Re-Writing Records	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.44	Exhibition, Exposition, Fair Or Trade Show	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.45	Unrepaired Damage	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate

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I.E.46	Seventy-Two Hours Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.47	Additional Insureds / Multiple Insured Clause (To Be Named In The Schedule)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.48	Payments On Account	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.49	Non-Vitiation Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.50	Nominated Loss Adjusters	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.51	Primary And Non-Contributory	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.52	Vehicle Load Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
I.E.53	Un-Occupancy Clause	Building will remain unoccupied for ___ Days
I.E.54	Trace & Access/ Leak Search Finding Cost Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
I.E.55	Loss Payee Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.56	Cost Of Clearing Drains	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
I.E.57	Broad Water Damage Clause:	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.58	Additional Customs Duty	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
I.E.59	Destruction Cost	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
I.E.60	Repeat Tests	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
I.E.61	Export Tax Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
I.E.62	Damage To Building (Occasioned By Theft)	Amount (₹): ___ in the aggregate of Sum Insured.
I.E.63	Mould & Fungi Endorsement	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate Deductibles: ___%
I.E.64	Vessel Impact To Jetty (Only applicable if group 1 is opted)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
I.E.65	Ammonia Contamination	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
I.E.66	Original Equipment Manufacturer	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.67	Margin Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
I.E.68	Hire Purchase Or Lease Agreements / Interest Of Other Parties – Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.69	Green Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.70	Notice Of Loss Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.71	Waiver Of Contribution Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.72	Control Of Damage Property Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>

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I.E.73	Sprinkler Up-Gradation Cost	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.74	Fine Art /Works Of Art	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.75	Automatic Extension Clause	Number of Days of Extension _____ from expiry date
I.E.76	Roads Pavements And Street Furniture	Yes <input type="checkbox"/> No <input type="checkbox"/> Total Amount of Roads Pavements And Street Furniture : Amount (₹):
I.E.77	EMI Protection (Only applicable if group 1 and/or group 2 and/or group 3 is opted)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.78	Undamaged Foundations	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.79	Destruction Of Sound Property	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.80	Leakage Of Firefighting Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.81	Metered Water	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.82	Damages To Underground Services	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.83	Professional Accountants Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate
I.E.84	Deterioration of stocks in cold storage premises due to accidental power failure consequent to damage at the premises of power station due to an insured event	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.85	Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the insured's premises due to operation of insured event	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.86	Spoilage material damage cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.87	Spontaneous combustion (only applicable if group 1 is opted)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.88	Start-Up And Shutdown Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate
I.E.89	Sue And Labour Charges	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.90	Undamaged Stock	If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate
I.E.91	Unpacking Expense Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.92	Additional Increase Cost Of Working	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate

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I.E.93	Disposal Of Salvage	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.94	Pig Retrieval Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.95	Landscaping Cover	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.96	Deliberate Damage	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.97	Customer's Goods Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.E.98	Removal Of Debris Costs – Tenants Contents	If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate
I.E.99	Unnamed / Un-Specified Locations	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.100	Leakage and contamination cover	1. Leakage and Contamination Cover: Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Leakage Cover Yes <input type="checkbox"/> No <input type="checkbox"/> (Selection from 1 and 2 above is mutually exclusive)
I.E.101	Professional Fees	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate
I.E.102	Property under care Custody and Control	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.103	Modification Cost & Incompatibility Cost	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.104	Contract price insurance clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.105	Voluntary deductible clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.106	Expiration clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
I.E.107	Aggravation clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate

I.F. PREMIUM DETAILS

25	Mode of Payment	
	Payment Details	
	Amount	

Note: Kindly proceed to declaration part provided at the end of the Proposal Form

----- End of I -----

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II. APPLICABLE ONLY WHERE COVER IS OPTED ON GROUP

II.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	PAN / TAN	
7	Contact person details, if not an individual a. Name b. Designation	
8	Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
9	Policy Period	From: To:
10	Please mention detail of the Group/ Association/ Institution/ Corporate Body whose members are being covered under the Policy?	
11	Is the group being formed with the sole purpose of obtaining Insurance?	Yes/No
12	If answer to Question 11 is "No" please mention the relationship between the members and the group manager for services other than Insurance	
13	Please state whether all members of the Group/ Association/ Institution/ Corporate Body are proposed for Insurance?	
14	If answer to Question 13 is "Yes" kindly specify who shall bear the premium?	Group Manager <input type="checkbox"/> Members <input type="checkbox"/>
15	Please mention the total number of persons to be covered initially	

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16	Please mention the expected no of persons to be covered during the policy period?	
----	---	--

II.B. Details of Group Members to be covered under Policy:

Name of Insured Beneficiary	Business of Proposer	Address of Risk Location to be Covered	Occupancy	Age of unit	Floor	Group of Insured Events opted	% of Waiver for Underinsurance	*Other Risk Details	**Sum Insured	***Optional Covers

***Other Risk Details to be provided in the above table, as below**

17	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.	
18	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)	
19	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
20	Fire Protection devices installed	<p>Please Tick the correct answer in the box below.</p> <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.
21	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force :	Yes <input type="checkbox"/> / No <input type="checkbox"/>
22	Construction Details	

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****Sum Insured to be provided in the above table as mentioned below.**

Description of Block	Basis of Sum Insured	(I)	(II)	(III)	(IV)	(V)				Total (IV+V)
		Building including plinth, Basement and additional structures	Plant & Machinery, Furniture & Fixtures, Fittings and other Contents	Bullion or unset precious stones, any curios or works of art or obsolete machinery	Total (I+II+III)	Stock				
						Raw Material (A)	Stock in Process (B)	Finished Stock (C)	Total (A+B+C)	
	Reinstatement Value (Applicable to I,II)									₹
	Market Value (Applicable to I,II)									₹
	Agreed Value (Applicable to I,II and III)									₹

Note: For different locations Kindly provide information as per above table in separate annexure

*****Optional Covers to be provided in the above table as mentioned below**

Sl. No	Name of Optional cover	Details
1	Accidental Damage If this cover is opted kindly specify:	<input type="checkbox"/> Building <input type="checkbox"/> Plant and Machinery <input type="checkbox"/> Furniture, Fixture and Fittings <input type="checkbox"/> Stocks <input type="checkbox"/> Other Contents If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate Usually is there movement of Contents within the premises on regular basis – <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Electrical/ Electronic Appliances Clause (Applicable only for Group 1) If this cover is opted kindly specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate Is there a valid Annual Maintenance Contract (AMC) in place for items proposed to be covered under this Add-On – Yes/ No
3	Minor Works	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate.
4	Escalation Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
5	Impact Damage Due To Vehicle, Animal Or Aircraft Belonging To Or Owned By Insured Or Their Employee While Acting In Course Of Employment (Applicable only for Group 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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6	Snow Damage Cover If this cover is opted Please answer i and ii:	<input type="checkbox"/> Plant and Machinery <input type="checkbox"/> Furniture, Fixture and Fittings <input type="checkbox"/> Raw Material, Stock, Finished Stock <input type="checkbox"/> Building iii) Roof Type <input type="checkbox"/> Slanting <input type="checkbox"/> Non Slanting iv) Drainage system of Roof <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate								
7	Protection and Preservation of Property	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate								
8	Immediate Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, __% of each and every loss not exceeding Amount (₹): __ in the aggregate.								
9	Dewatering Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, __% of each and every loss not exceeding Amount (₹): __ in the aggregate.								
10	Waiver of Improvement/ Involuntary Betterment (Not Applicable to Building and Stocks)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
11	Adequacy of Sum Insured If yes, please specify the Claim Limit	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount (₹): _____								
12	Cover for (Please Tick) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Loss of Rent</td> <td style="width: 70%;"></td> </tr> <tr> <td>Rent for Alternative Accommodation</td> <td></td> </tr> </table>	Loss of Rent		Rent for Alternative Accommodation		Loss of Rent: III. Sum Insured: Amount (₹): _____ IV. Number of Months: Rent for Alternative Accommodation: III. Sum Insured : Amount (₹): _____ IV. Number of Months				
Loss of Rent										
Rent for Alternative Accommodation										
13	Floater Cover(for stocks at various locations)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Location (Postal Address with Pin Code)</td> <td style="width: 30%;">Sum Insured (in ₹)</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> i) Maximum value at any one location: ₹..... ii) Whether stocks stored in open: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Location (Postal Address with Pin Code)	Sum Insured (in ₹)						
Location (Postal Address with Pin Code)	Sum Insured (in ₹)									

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14	Declaration Policy for stocks	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹):												
15	Floater Declaration Clause	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Location (Postal Address with Pin Code)</th> <th style="width: 30%;">Stocks which fluctuate in value to be covered on (monthly) declaration basis</th> <th style="width: 30%;">Sum Insured (in ₹)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>i) Maximum value at any one location: ₹..... ii) Whether stocks stored in open: Yes <input type="checkbox"/> / No <input type="checkbox"/></p>	Location (Postal Address with Pin Code)	Stocks which fluctuate in value to be covered on (monthly) declaration basis	Sum Insured (in ₹)									
Location (Postal Address with Pin Code)	Stocks which fluctuate in value to be covered on (monthly) declaration basis	Sum Insured (in ₹)												
16	Floater Insurance – Unspecified Locations	__% of Sum insured and not exceeding Amount (₹): __ in the aggregate												
17	Additions, Alterations Or Extensions	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate												
18	Temporary Removal Of Stocks	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate												
19	Temporary Removal Of Assets (Excluding Building & Stocks)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate												
20	Cover For Specific Contents	<p>Money: Amount (₹): _____</p> <p>Deeds, manuscripts and business books, plans, drawings, securities, obligations or documents of any kind : Amount (₹): _____</p> <p>Computer programmes, information and data : Amount (₹): _____</p> <p>Employees', Directors', visitors' personal effects of every description: Amount (₹) _____</p>												
21	Costs For Removal Of Debris (Excluding External Debris)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate												
22	Costs For Removal Of Foreign Debris	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate												
23	Costs Compelled By Municipal Regulations / Local Authority Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate												
24	Claim Preparation Costs	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate												
25	Molten Material Spillage	Yes <input type="checkbox"/> No <input type="checkbox"/>												

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26	Decontamination And Cost Of Clean Up Expense	If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
27	Expediting Costs And Expenses For Loss Minimization	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
28	Contract Works	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate.
29	Brands And Trademarks	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
30	New Location And New Acquisition Cover	Yes <input type="checkbox"/> No <input type="checkbox"/> Sum Insured: Amount (₹): ___ Number of days upto which cover is required from date of acquisition: ___ Days
31	Pair And Set/Consequential Reduction In Value	Yes <input type="checkbox"/> No <input type="checkbox"/>
32	Fire Extinguishing / Fighting Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
33	Obsolete Parts Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
34	Inadvertent Error & Omission	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
35	Accidental Discharge Of Gas Flooding Systems	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate.
36	Contamination And Co-Mingling Of Stocks	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
37	Leakage And Overflowing Of Storage Tanks (Other Than Water Storage Tanks)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
38	Seasonal Enhancement Of Stocks Cover	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
39	Property Of Employees And Visitors/Personal Effects	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
40	Property Outside/Away From The Premises at Unspecified Locations	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
41	Waiver Of Subrogation	Yes <input type="checkbox"/> No <input type="checkbox"/>
42	Catalyst And Consumable (Including Lining And Refractory) Interest In Process	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
43	Plans, Documents, Computer Systems Records, Archives And Cost Of Re-Writing Records	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
44	Exhibition, Exposition, Fair Or Trade Show	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
45	Unrepaired Damage	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate

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46	Seventy-Two Hours Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
47	Additional Insureds / Multiple Insured Clause (To Be Named In The Schedule)	Yes <input type="checkbox"/> No <input type="checkbox"/>
48	Payments On Account	Yes <input type="checkbox"/> No <input type="checkbox"/>
49	Non-Vitiation Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
50	Nominated Loss Adjusters	Yes <input type="checkbox"/> No <input type="checkbox"/>
51	Primary And Non-Contributory	Yes <input type="checkbox"/> No <input type="checkbox"/>
52	Vehicle Load Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
53	Un-Occupancy Clause	Building will remain unoccupied for ___Days
54	Trace & Access/ Leak Search Finding Cost Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
55	Loss Payee Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
56	Cost Of Clearing Drains	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
57	Broad Water Damage Clause:	Yes <input type="checkbox"/> No <input type="checkbox"/>
58	Additional Customs Duty	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
59	Destruction Cost	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
60	Repeat Tests	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
61	Export Tax Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
62	Damage To Building (Occasioned By Theft)	Amount (₹): ___ in the aggregate of Sum Insured.
63	Mould & Fungi Endorsement	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate Deductibles: ___%
64	Vessel Impact To Jetty (Only applicable if group 1 is opted)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
65	Ammonia Contamination	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
66	Original Equipment Manufacturer	Yes <input type="checkbox"/> No <input type="checkbox"/>
67	Margin Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
68	Hire Purchase Or Lease Agreements / Interest Of Other Parties – Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
69	Green Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
70	Notice Of Loss Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
71	Waiver Of Contribution Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
72	Control Of Damage Property Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>

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73	Sprinkler Up-Gradation Cost	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
74	Fine Art /Works Of Art	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
75	Automatic Extension Clause	Number of Days of Extension _____ from expiry date
76	Roads Pavements And Street Furniture	Yes <input type="checkbox"/> No <input type="checkbox"/> Total Amount of Roads Pavements And Street Furniture : Amount (₹):
77	EMI Protection (Only applicable if group 1 and/or group 2 and/or group 3 is opted)	Yes <input type="checkbox"/> No <input type="checkbox"/>
78	Undamaged Foundations	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
79	Destruction Of Sound Property	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
80	Leakage Of Firefighting Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
81	Metered Water	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
82	Damages To Underground Services	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
83	Professional Accountants Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of loss and not exceeding Amount (₹): ___ in the aggregate
84	Deterioration of stocks in cold storage premises due to accidental power failure consequent to damage at the premises of power station due to an insured event	Yes <input type="checkbox"/> No <input type="checkbox"/>
85	Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the insured's premises due to operation of insured event	Yes <input type="checkbox"/> No <input type="checkbox"/>
86	Spoilage material damage cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
87	Spontaneous combustion (only applicable if group 1 is opted)	Yes <input type="checkbox"/> No <input type="checkbox"/>
88	Start-Up And Shutdown Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of loss and not exceeding Amount (₹): ___ in the aggregate
89	Sue And Labour Charges	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
90	Undamaged Stock	If yes, ___% of loss and not exceeding Amount (₹): ___ in the aggregate
91	Unpacking Expense Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
92	Additional Increase Cost Of Working	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate

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93	Disposal Of Salvage	Yes <input type="checkbox"/> No <input type="checkbox"/>
94	Pig Retrieval Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
95	Landscaping Cover	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
96	Deliberate Damage	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
97	Customer's Goods Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
98	Removal Of Debris Costs – Tenants Contents	If yes, ___% of loss and not exceeding Amount (₹): ___ in the aggregate
99	Unnamed / Un-Specified Locations	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
100	Leakage and contamination cover	3. Leakage and Contamination Cover: Yes <input type="checkbox"/> No <input type="checkbox"/> 4. Leakage Cover Yes <input type="checkbox"/> No <input type="checkbox"/> (Selection from 1 and 2 above is mutually exclusive)
101	Professional Fees	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of loss and not exceeding Amount (₹): ___ in the aggregate
102	Property under care Custody and Control	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
103	Modification Cost & Incompatibility Cost	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
104	Contract price insurance clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
105	Voluntary deductible clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
106	Expiration clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
107	Aggravation clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate

III. Premium Details

27	Mode of Payment	
	Payment Details	
	Amount	

IV. Declaration:

- I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to have an insurance policy as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.
- I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113
Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006
UIN: IRDAN113RP0001V01202324

form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

3. I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.
4. 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.
5. I/We agree for AML (Anti Money Laundering) Declaration applicable as selected from below:

1. AML DECLARATION FOR RETAIL POLICIES/INDIVIDUAL CUSTOMERS:

Please Select

1. Declaration for Politically Exposed Person (PEP) to be added in 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/judicial /military officers, senior executives of state-owned corporations, important political party officials, etc.”

2. Consent/Declaration to be added in proposal and claim for CKYC 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 National Securities Depository Limited Portal for the purpose of undertaking KYC verification.

3. Consent/Declaration to be added in proposal for Premium paid from own funds:

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.

2. AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER:

Please Select

1. Declaration for PEP to be added in 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/judicial /military officers, senior executives of state-owned corporations, important political party officials, etc.”

2. Consent/Declaration to be added in proposal and claim for CKYC 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.

3. Consent/Declaration to be added in proposal for Premium paid from own funds:

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.

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3. AML DECLARATION FOR GROUP POLICIES:

Please Select

1. Declaration for PEP to be added in 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.”

2. Consent/Declaration to be added in proposal:

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.

I/we hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with the Company as and when required.

3. Consent/Declaration to be added in claim for CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry for the purpose of undertaking KYC

4. AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER AND GROUP POLICIES:

Please Select

1. Consent/Declaration to be added in proposal:

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.

I/we hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with the Company as and when required.

2. Consent/Declaration to be added in claim for CKYC 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 UIDAI or through any other modes for the purpose of undertaking KYC

5. AML DECLARATION FOR ENROLMENT FORM (GROUP):

1. Declaration for PEP to be added in 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.”

2. Consent/Declaration to be added in proposal:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or National Security Depository Limited portal or through any other

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modes for the purpose of undertaking KYC.

3. Consent/Declaration to be added in proposal for Premium paid from own funds:

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.

Date:
Proposer)

Signature (on behalf of the

Place:

Name:

*** Certified that 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.**

Date:
Proposer)

Signature (on behalf of the

Place:

Name:

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

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 LAKHS RUPEES.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.