



**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:

**Insured Beneficiary & Insured Asset Details**

Sr.No	Name	Insured Beneficiary Address (Risk Location)	Communication Address	Aadhar Number and Pan Number	Insured Property Details	Nature of Insured Property New/Refurbished	Owned/Leased	Invoice Number and Date	Co-Pay (If opted)	Cover Period	Sum Insured (Invoice Value)

**Note:**

- Cover Period for Insured Property shall commence from the date of invoice
- Cover Period for individual members of the group can be identical or may vary for different members of the group
- Insured Property details should clearly state the make, model, type of Insured property (Eg. Apple/Samsung phone with model and IMEI number, gold/silver/platinum/diamond jewellery with type of metal and weight in grams, bags/furniture/spectacles etc brand name and model number, televisions/air conditioners/microwave brand name, serial number and model number etc.)

**Kindly answers below questions****1. Please select coverage required under the group policy:**

Section 1 – Standard Fire and Special Perils Mandatory cover

**(Note: Kindly fill Annexure attached to this proposal for opting the cover under section 1)**

Section 2 – Burglary and Robbery Cover Yes/No

Section 3 – Breakdown Cover Yes/ No

Section 4 – Accidental Damage Cover Yes/ No

Extension 1 – Theft Cover Yes/No

Extension 2 – Terrorism Damage Cover Yes/No

Extension 3 – Worldwide Cover Yes/ No

**Note:** Coverage offered to all members of the group shall be identical and cannot vary for individual members of the group

**2. Kindly mention the number of cities within India where the products will be sold by you?**

\_\_\_\_\_

**3. Depreciation schedule applicable to Total Loss Claims (Required only in case of any deviation required from standard scale)**

\_\_\_\_\_

**4. Additional Information (if any)**

\_\_\_\_\_

**5. Has any company/Insurer in respect of Insurance**

Declined your Proposal? Yes / No

Cancelled or refused to renew your policy? Yes / No

Accepted your proposal on special terms and conditions? Yes / No

**6. Past Claims Experience, if any YES / NO (If yes please provide details below)**

Date of Occurrence	Details of loss	Amount of loss (In Rs).	Name of the Insurer & Policy Number

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**Declaration**

I/We hereby declare on behalf of proposer and on behalf of all persons proposed to be insured that the above statements, declaration, warranties and or particulars given by us are true and complete in all respects to the best of my knowledge and belief. I/We am/are authorized to propose on behalf of these other persons. We understand that the information provided by us will form the basis for of the insurance policy and is subject to the Board approved underwriting policy of the Company. 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 Bajaj Allianz General Insurance Company Ltd [Company] and the Insured Beneficiary/Group Member and that, if it is found that any of the statements or particulars in this proposal form or other documents are incorrect, untrue, indicative of suppression any material information or suggestive of providing any misleading / false information in any respect on any facts/particulars, to the grant of a cover or otherwise, the Company shall have no liability under the insurance contract or the policy document thereunder, apart from Company's right to cancel my/our policy and the premium paid by me/us shall be forfeited by the Company. I/we also do hereby agree and undertake to immediately inform the Company any changes in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form. I/we do hereby agree to accept the Standard Terms and Conditions and form of the policy issued by Company in such cases. I/We hereby authorize company that all Standard Terms & Conditions of policy can be displayed in the website of company that enables access by me/us if I/We want to know the terms and conditions of policy displayed on website.

This proposal form is also deemed to be proposal form for renewal of cover, from time to time. 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 full premium amount, failing which Company's risk is void ab initio.

The salient features of the policy, terms and conditions of this proposal have been explained to me/us in vernacular language, and I/We agree to the same. (Please tick in case same is agreed).

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

Signature of the Proposer Name  
& Designation (i n case of corporate)

\*\*\*\* 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.

Name of the Intermediary/Officer of the Company:

Code Number/Employee Number:

Place and Date:

Signature of Intermediary/Officer of the Company

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

**ANNEXURE – SECTION 1: STANDARD FIRE AND SPECIAL PERILS COVER (MANDATORY)****Important Instructions**

1. This proposal is for covering Home Building and/or Home Contents 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 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.	Phone No. a. Mobile b. Landline	
4.	Email	
5.	Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions	

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6.	Period of Insurance	From _____/_____/_____ To _____/_____/_____ (No of Years in case of long term policy: _____) <b>Note: For Long term policy, Period shall not exceed 10 years.</b>
7.	Nomination:	Nominee Name:  Relationship with the insured:

### B. Covers Opted

8.	Is there any policy in place for the same property?	Yes/No								
	If Yes, please provide the details									
9.	Cover/s required:  (When Home Building and Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh [Rupees Ten Lakh] is automatically provided).	<table border="1"> <thead> <tr> <th>Cover</th> <th>Please tick</th> </tr> </thead> <tbody> <tr> <td>Home Building &amp; Home Contents</td> <td></td> </tr> <tr> <td>Home Building Only</td> <td></td> </tr> <tr> <td>Home Contents Only</td> <td></td> </tr> </tbody> </table>	Cover	Please tick	Home Building & Home Contents		Home Building Only		Home Contents Only	
Cover	Please tick									
Home Building & Home Contents										
Home Building Only										
Home Contents Only										

### C. Location of Home Building

10.	Location of Home Building - full postal address with Pin Code.	Pin Code:
11.	Is it in a multi-storey building or is it a standalone house?	
12.	In case of multi-storey building, please provide the floor number of Your house	
13.	Is there a basement to Your house?	

### D. Details of Home Building

<p><b>Please note:</b></p> <p><b>Your Home Building</b> is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.</p> <p><b>It also includes</b> 'additional structures' if they are on the same site, are used as part of Your Home Building:</p> <ol style="list-style-type: none"> <li>garage, domestic out-houses used for residence, parking spaces or areas, if any;</li> <li>compound walls, fences, gates, retaining walls, internal roads;</li> <li>verandah or porch and the like;</li> <li>septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.</li> </ol>
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14.	<p><b>Sum Insured (SI) for Home Building:</b></p> <p><b>Please note the following:</b></p> <p><i>(The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:</i></p> <p>a. <b>For residential structure of Your Home including fittings and fixtures:</b> Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date.</p> <p>The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.</p> <p>b. <b>For additional structures:</b> the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)</p>	<p>a. <b>SI for residential structure of Your Home including fittings and fixtures (in ₹):</b></p> <p>b. <b>SI for additional structures (in ₹):</b></p> <table border="1"> <thead> <tr> <th>Additional Structure</th> <th>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>		Additional Structure	Sum Insured (in ₹)						
Additional Structure	Sum Insured (in ₹)										
15.	Carpet area of structure of Home in square metres										
16.	Rate of Cost of Construction per square metre at the policy Commencement Date										
<b>Other Details</b>											
17.	Age of Home 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	
Less than 5 years											
5-10 years											
10-20 years											
Above 20 years											
18.	<p>Construction Details</p> <p><b>Please note the following:</b></p> <p><i>(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.</i></p> <p><i>Construction other than Kutcha Construction is a 'Pucca Construction')</i></p>	<table border="1"> <thead> <tr> <th></th> <th>Construction*</th> </tr> </thead> <tbody> <tr> <td>Walls</td> <td>Kutcha / Pucca</td> </tr> <tr> <td>Floor</td> <td>Kutcha / Pucca</td> </tr> <tr> <td>Roof</td> <td>Kutcha / Pucca</td> </tr> </tbody> </table> <p>(*strike out what is not applicable)</p>			Construction*	Walls	Kutcha / Pucca	Floor	Kutcha / Pucca	Roof	Kutcha / Pucca
	Construction*										
Walls	Kutcha / Pucca										
Floor	Kutcha / Pucca										
Roof	Kutcha / Pucca										

### E. Details of Home Contents

	<p><b>Please note the following:</b></p> <p>i. <b>Home Contents</b> refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of <b>General Contents</b> and/or <b>Valuable Contents</b>.</p> <p>ii. <b>General Contents</b> are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.</p> <p>iii. <b>Valuable Contents</b> of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.</p> <p>iv. <i>If You have opted for Home Building and Home Contents cover, the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakhs (Rupees Ten Lakh) are automatically covered.</i></p>								
19.	<p>If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured</p> <p>Or</p> <p>If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents.</p> <p>(Sum Insured represents Cost of Replacement)</p> <p>Item wise Sum Insured for General Contents (in ₹):</p> <table border="1"> <thead> <tr> <th>Items</th> <th>Sum Insured</th> </tr> </thead> <tbody> <tr> <td>Furniture, Fixtures and Fittings (Home Furnishings)</td> <td> </td> </tr> <tr> <td>Electrical/Electronic</td> <td> </td> </tr> <tr> <td>Others</td> <td> </td> </tr> </tbody> </table>	Items	Sum Insured	Furniture, Fixtures and Fittings (Home Furnishings)		Electrical/Electronic		Others	
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20	In case of Basement, If there are contents in it, please provide the Sum Insured	
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### F. In- Built Cover (Loss of Rent & Rent for Alternative Accommodation)

21	Cover for (Please Tick)	Loss of Rent: I. Sum Insured: II. Number of Months: Rent for Alternative Accommodation: I. Sum Insured II. Number of Months		
	<table border="1"> <tr> <td>Loss of Rent</td> <td></td> </tr> <tr> <td>Rent for Alternative Accommodation</td> <td></td> </tr> </table>		Loss of Rent	
Loss of Rent				
Rent for Alternative Accommodation				

### G. Optional Covers (available on payment of additional premium)

22	Do You require 'Personal Accident Cover' for Yourself and Your spouse?	Yes/No  If Yes,  Name & age of Your spouse:  Your age:
23	Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)':  <i>(Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.)</i>  <i>(You have to submit a Valuation Certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is upto ₹ 5 Lakh and Individual item value does not exceed ₹ 1 Lakh).</i>	Yes/No  If Yes, please attach list of items and Sum Insured:  Valuation certificate attached? (Yes/No)

### H. Additional/Add-on Covers (over and above optional covers available on payment of additional premium)

Sl. No	Name of Add-on cover	Sum insured

### I. Premium Details

Mode of Payment	
Payment Details	
Amount ( in ₹ )	

### J. Claims details

Please specify details of any loss to the proposed Property in last 3 years:

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

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### K. Declaration by Insured

I/ We hereby declare that 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: \_\_\_\_\_

### INSURANCE ACT 1938 SECTION 41- 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 an 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  
In witness whereof this Policy has been signed at

Place: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Signature of the Proposer

### For office Use only

Net Premium: \_\_\_\_\_ Service Tax: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Total Premium: \_\_\_\_\_

Date and Time: \_\_\_\_\_