

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: IRDAN113RP0018V01202324

7. PAN/TAN No. _____ Bank Details _____
 (in case of Premium equal to or more than Rs.1,00,000/-)

8. Details of other active policies of Bajaj Allianz General Insurance (if any)

9. Nature of your business	Wholesale: %	Retail : %
	Manufacturing: %	Pawn broking: %
10.		
a. Give the safe maker's name, cost when purchased (State whether new or second-hand and whether marked " Thief Resisting" or " Burglar Proof")		
b. Is the safe an automated safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Is your stock kept in a strong room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Will the premises be occupied at night by you or your representative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Will there be a watchman on the insured premise(s)? If "Yes" specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No Common Watchman <input type="checkbox"/> Yes <input type="checkbox"/> No Dedicated Watchman <input type="checkbox"/> Yes <input type="checkbox"/> No All 24 Hours <input type="checkbox"/> Yes <input type="checkbox"/> No Only During Business Hours <input type="checkbox"/> Yes <input type="checkbox"/> No Only Outside Business Hours <input type="checkbox"/> Yes <input type="checkbox"/> No Armed Watchman <input type="checkbox"/> Yes <input type="checkbox"/> No Unarmed Watchman <input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Is a burglar alarm system installed or any other special means of protection like CCTV adopted? If so, state what protection.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Is an inside grill fitted to your Gold and Gems Showroom, window or is any other protection Installed against loss by window smashing? If so, State what protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h. Are your display windows, protected by rolling shutter outside business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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<p>i. Give details of the following and how they are protected/ locked outside business hours</p> <p style="margin-left: 20px;">I. each outer door</p> <p style="margin-left: 20px;">II. each inner door</p> <p style="margin-left: 20px;">III. all windows other than display windows</p> <p style="margin-left: 20px;">IV. all skylights or fanlights or roof openings</p>	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
<p>j. Is the proposed premise located in Bharat Diamond Bourse /SEEPZ/Opera House/Any other similar high security location?</p> <p style="margin-top: 10px;">If No,</p> <p style="margin-left: 20px;">i. Is the proposed premises in Market Place/Ground or First Floor of Building?</p> <p style="margin-left: 20px;">ii. Is the Shops located in deserted & isolated location?</p>	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
<p>k. Is the proposed premise located within 100 metres distance from Police Station.</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
<p>l. Are firefighting equipments in place and in working conditions?</p> <p style="margin-top: 20px;">If Yes, Select the applicable</p>	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Fire Extinguisher <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Hydrant system <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Smoke detection systems <input type="checkbox"/> </div> </div>
<p>m. Is there any Documented Standard Operating Procedures laid down by you for Safety and Security of the Stock and Stock in trade in the Premises Proposed for Insurance?</p> <p style="margin-top: 10px;">If Yes,</p> <p style="margin-left: 20px;">i. Is there a SOP Compliance Procedure in Place?</p> <p style="margin-left: 20px;">ii. Is there a procedure in place for identification and immediate correction of breach in SOP.</p> <p style="margin-left: 20px;">iii. Is there Periodic Management Review of SOP</p>	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>

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<p>11. Stocks:</p> <p>a. What was</p> <p style="padding-left: 20px;">i. The average daily total value of your Stock during the past 12 months?</p> <p style="padding-left: 20px;">ii. Cash and Currency Notes during the Past 12 months?</p> <p>b. Will the whole of your stock when on your premises be kept in safe at night and at all times when the premises are closed? If No, please specify the percentage of Stock kept outside Safe/Strong Room anywhere in the Insured Premises after business hours.</p> <p>Note: If more than 10% of the Stock under Cover 1(A) is kept anywhere in the Insured Premises outside the Safe/Strong Room after business hours, no cover will be available unless specifically agreed by the Insurer Please specify if Cover is required for more than 10% of the Stock under Cover 1(A) kept anywhere in the Insured Premises outside the Safe/Strong Room after business hours.</p> <p>If yes , please specify the percentage limit required.</p>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>_____ % of Cover 1 (A) Sum Insured</p>
<p>12. Valuation Basis:</p> <p>Are the figures in this Form compiled on the basis of cost price for your own stock?</p> <p>If not give details:</p> <p>N.B. Unless otherwise mutually agreed the basis of valuation shall be your cost plus 10%.</p> <p>If you are not agreeable for the above valuation, please specify the basis of valuation required.</p> <p>(Eg: Market Value etc.)</p> <p>(Market Value for Jewellery means the value which can be realized from the market for such insured property immediately before the occurrence of loss on the date of loss)</p>	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>

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13. Losses: a. Have you ever sustained losses? b. If yes, give details of losses for past three years. c. Were you insured and if so, give the name of the Insurance Company and whether they paid the claim in full or a part thereof? (Please state how much)	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>
14. Please provide details of any other insurance policy insuring risks proposed to be covered under this policy (if any).	

COVERAGE PROPOSED : (Please tick the relevant Covers you require)

Please Note: Cover 1 (Stock in Premises) is a mandatory Cover. All other Covers are optional.

COVER 1: STOCK IN PREMISES

Is the Sum Insured required on floater basis to cover stocks at more than one location? ☐ Yes ☐ No

If yes, please provide Sum Insured in below columns on aggregate basis to cover stocks at all locations and details of all locations:

Sr. No	LOCATION DETAILS

DESCRIPTION	SUM INSURED
A. Stock and Stock in trade on Premises (In Display Windows , Counters, Strong Room , Safes)	
(i)	
(ii)	
B. Stock and Stock in trade outside Locked Safe/Strong Room anywhere in the Insured Premises outside of business hours.	
C. Cash and Currency Notes on Premises.	
D. Stock and Stock in trade in Vaults, Safes and Bank Lockers outside premises Address of Vault, Safe bank Lockers outside Premises: (Pls attach Annexure if more than one Location Exists)	
E. Certificate of Diamonds/ Diamond Grading Reports on Premises	

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F. Do you wish to Opt for waiver of Under Insurance Up to 15%?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Do you wish to opt for the Terrorism Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ **COVER 2: STOCK IN CUSTODY OF THE INSURED AND SPECIFIED PERSONS**

DESCRIPTION	SUM INSURED
A. Property Insured whilst in the custody of Director(s), Employee(s) including contract employee(s), Partner(s), Duly Constituted Attorney(s) and Consultant(s) and such other authorized persons of yours.	
B. Property insured whilst in the custody of Cutter(s), Broker(s), Agent(s), Gold smith(s), Dealer(s), Client(s), Job worker(s), Contractor(s), Sub-Contractor(s) and other such entities including the employee(s) of the above, whether or not in regular employment of yours.	
C. Property insured whilst in the custody of the employees of the Insured's Group / Associate / Sister Concern operating from the same premises as of the insured. Pls provide the Name of the Insured's Group / Associate / Sister Concern:	

Note: If the value of Property at any place were in excess of Rs. 5 Lacs, the same should be stored overnight or during non-business hours in a burglar proof safe.

<ul style="list-style-type: none"> Please select type of record keeping maintained by you Would the stock and stock in trade be entrusted to only your partners and employees? - If No ,please specify the category of persons to whom it would be entrusted (category of persons shall mean partner(S), employees, Cutter(s), Broker(s), Agent(s), Gold smith(s), Job worker(s), Contractor(s), Sub-Contractor(s)) Are the persons such as the Cutter(s), Broker(s), Agent(s), Gold smith(s), Job worker(s), Contractor(s), Sub-Contractor(s) in business for more than 3 years. - If Yes please state no. of years they have been in Business. Has there been any past losses known to you sustained by them whilst gold and other ornaments belonging to their customers was in their care and custody . 	<input type="checkbox"/> Computerized <input type="checkbox"/> Manual but Pre-Numbered Jangad Slips <input type="checkbox"/> Manual and not Pre-Numbered Jangad Slips <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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<ul style="list-style-type: none"> Under this Cover has there been any loss reported/sustained by you during the last three years. 	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
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☐ **COVER 3: STOCK IN TRANSIT (Destinations within India only)**

DESCRIPTION	SUM INSURED
A. By Registered Post Parcel	
B. By Air Transit	
C. By Angadia	
D. By Couriers/Logistic Companies	

<p>Are you willing to declare 100% of the value of the consignment to the Post Parcel /air carrier/angadia/ Couriers/logistic company?</p> <p>If No, please declare the percentage you are willing to declare to the Post Parcel /air carrier/angadia/ Couriers/logistic company.</p> <p>Are the transits by Air/Road through Professional and well reputed Facility Management Companies?</p> <p>If yes, please provide name(s) of the company(ies):</p> <p>Courier and Logistics Business Experience of the Facility Management Companies (In Years)</p> <p>Does the Facility Management Companies have state of art technology for track and trace of Cargo?</p> <p>Under this Cover has there been any loss reported during the last three years.</p> <p>If yes please give details:</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
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☐ **COVER 4A: BUILDING, FURNITURE, FIXTURE, FITTINGS, PLANT & MACHINERY AND CONTENTS EXCLUDING STOCK AND STOCK IN TRADE**

A. BUSINESS AND LOCATION OF BUSINESS:

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1	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					

B. DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION

2	The Insured property is	Please tick in the space below :
a.	Offices, shops, hotels etc.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b.	Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c.	Storage outside manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d.	Tanks / gas holders outside manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e.	Utilities located outside 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	____%
3	If used as an manufacturing unit give products manufactured at the location proposed(detailed block plan showing various facilities to be enclosed wherever applicable)	
4	If used as manufacturing unit, please state whether the factory is working or silent?	

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		Please Tick the correct answer in the box below.									
		<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.									
5	Fire Protection devices installed										
6	Indicate whether AMC(Annual Maintenance contract) is in force :	Yes <input type="checkbox"/> / No <input type="checkbox"/>									
7	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.</p> <p>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: 50%;">Less than 5 years</td> <td style="width: 50%;"></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											
8	Distance between the risk to be covered and nearest Fire Brigade										

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9	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)	
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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

Description of Block	Basis of Sum Insured	Building including plinth, Basement and additional	Plant & Machinery, Furniture & Fixtures, Fittings and other	Any curios or works of art	Total
	Reinstatement Value (Applicable to I & II)				₹
	Market Value (Applicable to I & II)				₹
	Agreed Value (Applicable to I & II)				₹

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

COVER 4B: BURGLARY AND ROBBERY COVER FOR FURNITURE, FIXTURE, FITTINGS AND CONTENTS EXCLUDING STOCK AND STOCK IN TRADE:

DESCRIPTION	SUM INSURED (Sum Insured should be same as mentioned in Cover 4A)
A. Furniture, Fixture and Fittings	
B. Contents Excluding "Electronic Equipments" covered under Cover 11 and "Portable Equipments" covered under Cover 9. In case Burglary Cover is required for "Electronic Equipments", the Sum Insured for "Electronic Equipments" for Burglary should be equal to Sum Insured under 4A.	
C. Chandeliers	

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Do you wish to cover contents on "First Loss Basis" if yes, please select the percentage required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 25 % of the Total Sum Insured Under Cover 4B. <input type="checkbox"/> 40 % of the Total Sum Insured Under Cover 4B.
D. Do you wish to opt for the Terrorism Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide Past Claims Experience , if any with regards to this Cover:	

Note:

Contents shall include furniture, fixtures, fittings including electrical installations, safes of insured premises, office machinery and electrical and mechanical appliances, tools and instruments for business, interior decorations, improvements, landlords fixtures and fittings, shop fronts, Chandeliers and any other similar belonging to the you or for which the you are responsible, at your premises related to the mentioned trade.

Content shall exclude Valuables and stock and stock in trade comprising of Jewellery, Gold or Silver Ornaments, Plates made of gold, silver or studded with precious stones, Pearls and Diamonds and Precious Stones, precious metals/articles of any sort or kind whatsoever, cash and currency notes and / or other merchandise and materials usual to the conduct of the Insured's business, belonging to and /or held in trust or on commission for which the Insured is responsible, curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument.

☐ **COVER 5: STOCK IN EXHIBITION/ PROMOTIONAL PHOTO SHOOT SITE**

A. Estimated Aggregate Sum Insured During Policy Period :	
B. Estimated number of Exhibitions/ Promotional Photo shoot you would be participating during the Policy period?	
C. Maximum Value Per Exhibition/ Promotional Photo shoot :	
D. Do you also wish to participate in Exhibitions/ Promotional Photo shoot held outside India? If yes , Maximum Value Per Exhibition/ Promotional Photo shoot:	<input type="checkbox"/> Yes <input type="checkbox"/> No Rs.
E. Location Type of Exhibition/ Promotional Photo shoot site	Open/ Closed/ Both
F. Age of the building of Exhibition/ Promotional Photo shoot site?	
G. Are firefighting equipments in place and in working conditions at Exhibition/ Promotional Photo shoot site? If Yes, Select the applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="margin-top: 20px;"> Fire Extinguisher <input type="checkbox"/> Hydrant system <input type="checkbox"/> Smoke detection systems <input type="checkbox"/> </div>

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H. Distance from nearest fire station from Exhibition/ Promotional Photo shoot site?	
I. Expected duration of the longest Exhibition/ Promotional Photo shoot including transit and storage	
J. Is transit cover also required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Is the transit by Professional Security & Logistic Company or your own vehicle?	
L. Will sales also happen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
M. Do you require cover for loss or damage caused by acts of terrorism during storage at exhibition/ Promotional Photo shoot site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Stock in Exhibitions/ Promotional Photo shoot whilst not being displayed/ being photographed by the promotional photoshoot photographer should be kept in locked safe/vault or approved security room.

☐ **COVER 6: FIDELITY GUARANTEE**

Please confirm if Fidelity Guarantee Cover is required on: ☐ Named Basis ☐ Unnamed Basis

Please confirm details available for Employees/ specified persons:

Mandatory documents	Yes <input type="checkbox"/> No <input type="checkbox"/>
Police Verification	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other background checks	Yes <input type="checkbox"/> No <input type="checkbox"/>

Average Tenure of Employees/ Specified Persons associated (In Years) _____

A. If on Named Basis ,please provide the following information in respect of all the employees in respect of whom insurance cover is sought :				
Employee Name	Designation	Monthly Salary	Amount of Cash / Stock held by the Employee	Amount of Guarantee
Please confirm if Cover is required on Floater Basis: Yes <input type="checkbox"/> No <input type="checkbox"/>				
If required on floater basis , please provide the following information:				
Total Number of Employees (Please specify details of contractual employees, if any separately)			Amount of Guarantee	
Please Specify a. Per Accident Limit: b. Per Person Limit :				

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B. If cover is required on floater Unnamed Basis ,please provide the following information in respect of all the employees in respect of whom insurance cover is sought :

Total Number of Employees (Please specify details of contractual employees, if any separately)	Amount of Guarantee
Please Specify a. Per Accident Limit: b. Per Person Limit :	
C. Is there a system to obtain references from previous Employers? If not, specify practice	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Has there been any occasion to question honesty or conduct of any person proposed for guarantee? If yes, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. How often are the employees required to account for money?	
F. Are books of accounts balanced every day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. What independent system including Audits is there to check that all sums received by employees are accounted for and how often are Audits done.	
H. Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last three years?	

☐ **COVER 7: PLATE GLASS**

Please provide the following information in respect of all the Plate Glass that you wish to insure:

Sr. No	Dimensions(in cms)			Whether embossed /Silvered/ lettered/ ornamental / curved/ plain/glazed	Frame work made from Wood /Metal /Any Other /If Others, Please specify	Sum Insured (Rs)
	Length	Breadth	Thickness			

A. Is there any Plate Glass in the Insured Premises that is not included in the above Sum Insured? If yes, please state reason:	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Is there at present any broken or damaged Plate Glass in the insured Premises? If Yes, please describe the position and size:	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Past Claims Experience , If any	
D. Do you wish to opt for the Terrorism Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No

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☐ **COVER 8: NEON SIGN**

Please provide the following information in respect of all the neon signs that you wish to insure:

Sr. No	Dimensions (in cms)			Year of Production	Name of Manufacturer	Sum Insured (Rs.)
	Length	Breadth	Thickness			

A. Do you wish to opt for the Terrorism Cover Yes ☐ No ☐

B. Past Claims Experience , If any

☐ **COVER 9: PORTABLE EQUIPMENTS**

Please provide the following information in respect of all the Portable Equipments that you wish to insure,:

Description of the Equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum Insured (Rs.)

Please provide loss details in respect of Portable Equipments incurred during the last 3 years:

Do you want coverage on worldwide basis: Yes ☐ No ☐

Note: Portable Equipment only up to the age of 5 Years shall be covered.

Portable Equipment means, Laptops, Mobile Phones, I- Pads, I Pods and any other Portable Equipment

☐ **COVER 10: EMPLOYEES COMPENSATION**

Particulars of work to be covered in Detail:

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Number of work shifts and duration of each shift _____

COVERAGE'S REQUIRED

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coveage Options [Yes/No]
Employees Compensation	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act 1923	
Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	a) Limit Per Employee for any number of accidents during Period of Insurance Rs. _____ b) Limit Per Accident for any number of Employees Rs. _____ c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance Rs. _____	

ALL PERSONS EMPLOYED MUST BE INCLUDED

* **Wages** means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a employee towards any pension or provident fund or a sum paid to a employee to cover any special expenses entailed on him by the nature of his employment; Also the definition of "Wages" as given under Employees' State Insurance Act, 1948 shall apply for the purpose of verifying as to whether employee is or is not covered under Employees' State Insurance Act, 1948.

OWN EMPLOYEE DETAILS**

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment

CONTRACTORS EMPLOYEE DETAILS [if the coverage has been opted for]**

Contractors Name	Registered Address	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment

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**** Please attach additional sheets if required.**

Kindly answer the below questions:

1)	Does the above, schedule include (a) All persons in your service? (b) All your contractors/ subcontractors?	(a) Yes <input type="checkbox"/> No <input type="checkbox"/> (b) Yes <input type="checkbox"/> No <input type="checkbox"/>
2)	Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business.	
3)	Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements.	
4)	Employee Safety Practices	
A)	Do you have documented SOP for employee safety in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
i.	Is there a compliance procedure in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii.	Is there a procedure in place for identification and immediate correction of breach in SOP for Employee safety?	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii.	Do you carry out periodic management review of SOP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B)	Fire prevention and safety measures available in your factory/establishment.	<input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Hydrant system <input type="checkbox"/> Smoke detection systems <input type="checkbox"/> 24 x7 Watch and Ward <input type="checkbox"/> Common Watchman
C)	Do you carry out frequent training sessions on Safety for your Employees?	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> More than Yearly
5)	Medical Facility	
i)	Do you have a medical facility with round the clock doctors, para medical staff and ambulance services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii)	Do you have a medical facility with round the clock para medical staff and ambulance services, but doctors on call only?	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii)	No medical facility available except first aid	Yes <input type="checkbox"/> No <input type="checkbox"/>
iv)	Hospital (public/private) within 5 k.m. from your factory/establishment with round the clock availability of doctors, para medical staff, ambulance services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6)	Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.	
	Has any proposal for an insurance in respect of your liability to your	(a) Declined.....

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7)	employees or renewal thereof ever been declined or withdrawn?	(b) Withdrawn.....
8)	Please provide Past Claims Experience, if any	
State the total Premium paid and particulars of accidents to your employees during the past three years.**		
Year [Past 3 years from this date]	Premium Paid	Wages Paid
State the total Premium paid and particulars of accidents to your contractors employees during the past three years.**		
Year [Past 3 years from this date]	Premium Paid	Wages Paid

☐ **COVER 11: ELECTRONIC EQUIPMENT**

Please provide the following information in respect of all the Electronic Equipments that you wish to insure,:

Description of the Equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum Insured (Rs.) (New Replacement value including freight , dues and custom duties, if any and erection cost)

A. Please provide details of breakdown and Repair cost incurred during the last 3 years for the above equipments (Please attach separate sheet if required)	
B. Do you require cover for External Data Media?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, provide details:	
C. Reinstatement value of Data Media	Rs.
D. Do you require cover for reproduction of Data lost Following indemnifiable damage to data media?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', what is the limit required?	Rs.

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Do you wish to opt for the Terrorism Cover :	<input type="checkbox"/> Yes <input type="checkbox"/> No
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☐ **COVER 12: PUBLIC LIABILITY**

A. Please provide the limit of Indemnity for: Any one Accident:	Rs.
Any one Year:	Rs.
B. Has there or have there been any instances of third party Bodily Injury and / or Property Damage in the past? If yes, please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ **COVER 13: MONEY IN TRANSIT**

A. i. Please specify the locations between which the transit of money to be covered. ii. What is the mode of transit?	
B. Any one Transit Limit : Estimated Annual transit:	Rs. Rs.
C. Is there a daily written record of the money in transit and is it updated every day ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Money in transit whilst in Custody of authorized employees/ Insured to/from Bank	Rs.
E. Do you require extension of cover for loss of money in transit caused by infidelity of the cash carrying employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Do you require extension of cover for loss of money caused by Riot, Strike, Malicious Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Past Claims Experience , If any	

☐ **COVER 14: MACHINERY BREAKDOWN**

Please provide the following information in respect of all the Machinery that you wish to insure,:

Description of the Equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum Insured (Rs.)*

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- Note:**
- a) Sum Insured of the machine should be declared as a whole and should not be apportioned towards part of machine
 - b) Each machinery should be entered separately with necessary specifications
 - c) The sum insured must be calculated on the present day new replacement value of the machinery to be insured including provision for packing, freight and also value of erection costs, customs duty, etc., to afford full protection under this policy.
 - d) If any of the machinery is a "stand by", this fact should be mentioned

Please provide details of breakdown and repair cost incurred during the last 3 years for the above mentioned equipments:

OPTIONAL COVERS

Below mentioned Covers are Optional. In case you wish to Opt for these Covers, please tick against the same.

☐ **Medical Expenses Re-Imbursement For Accidental Injury Arising During The Act Of Piercing**

Note: This Optional Cover can be opted under "Covers 1 (Stock in Premises).

a. Please indicate approximate number of customers Visiting your premises for the purpose of Ear and nose Piercing on daily basis.	
b. Do you have Employees Specially trained for the purpose of ear and nose Piercing	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Please inform whether there has been any instance(s) in the past where an injury due to ear or nose piercing has taken place. If yes, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Any One Accident Limit (AOA): Any One Year Limit(AOY): (Max AOA : AOY Limit = 25000 : 100000)	

☐ **Boiling, Casting And Or Laser Machine Operations**

Note: This Optional Cover can be opted under "Covers 1: Stock in Premises" against all risk of direct physical loss or damage to the property insured whilst it is kept in the equipment used for boiling or casting purpose inside the insured premises.

Please provide the following information , if you have opted for this Optional Cover:

Do you want to cover Boiling Activity in your premises? If Yes, please specify the Sum Insured :	Rs.
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<p>Do you want to cover Boiling, Casting and or Laser Machine Activity in your premises?</p> <p>If Yes, please specify the Sum Insured :</p>	<p>Rs</p>
<p>Please provide address of the premises where the Boiling , Casting and or Laser Machine Operations take place:</p>	
<p>How Old are the Equipments/Machines in which Boiling, Casting and or Laser Machine Operations is carried out.</p>	
<p>Are the Employees well trained for carrying out Boiling , Casting and or Laser Machine Operations</p>	
<p>Please mention the security and fire safety arrangements provided for premises where the Boiling , Casting and or Laser Machine Operations take place.</p>	
<p>Has there been any claim in the past on account of Boiling , Casting and or Laser Machine Operations? If so, please provide details</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

☐ **First Buy Cover Extension**

Note: This Optional Cover can be opted under "Cover 2 Stock in Custody and / or Cover 3 Stock in transit:" to cover the Stock and Stock in Trade whilst being carried or conveyed by the Insured or his authorized representative from the place of first purchase anywhere in India to the Insured premises anywhere in India.

Please provide the following information , if you have opted for this Optional Cover:	
Please mention the Place(s) of first Purchase.	
<p>Is the first purchase made by you or any authorized employee only?</p> <p>If not , please provide the details:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Please inform the mode of transport and the security arrangements done during the transit from the place of first purchase to your premises.	
Sum Insured	Rs.

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Has there been any claim in the past on account of first buy transit? If so, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
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☐ **Deemed Exports And Or Deemed Imports Cover**

Note: This Optional Cover can be opted under "Covers 2: Stock in Custody" to cover transit within India in respect of Deemed Exports and/or Deemed Imports.

Please provide the following information , if you have opted for this Optional Cover:	
Which are the locations in India between which the deemed export/deemed imports transit would take place?	
What is the mode of transit?	
Who would be carrying the Insured's Property?	
Sum Insured	
Whether there has been any claim in the past during deemed export /import transit. If yes, please provide the details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ **Terrorism Damage Cover**

Note: This Optional Cover can be opted only if "Cover 1 Stock in Premises/ Cover 4B Burglary and Robbery Cover/ Cover 11 Electronic Equipment has been opted.

☐ **Fidelity Guarantee Cover (Specified Persons Other Than Employees)**

Note: This Optional Cover can be opted only if "Covers 6: Fidelity Guarantee" cover has been Opted to cover Fraud / Dishonesty by Specified Persons.

"Specified Person" shall mean Duly Constituted Attorney, Consultant, Cutter, Broker, Agent, Gold Smith, Dealer, Job worker, Contractor, Sub-Contractor, Angadia and other such entities including the employees of the above.

Please provide the following information , if you have opted for this Optional Cover	
a. Do you wish to cover Specified Persons other than Permanent Employees and Contractual Employees	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, i. Please specify the Name of the Individual / Firm / Company/Organization whose employees shall constitute the specified persons: ii. Please specify in what functional capacity (example as Broker , Cutter , Goldsmith Etc.) the Individual/ Firm /	

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<p>Company/Organization have been associated with your business & also how long have they been associated with your business?</p> <p>iii. Please specify the occupation and designation of the Specified Persons of the Firm / Company/Organization for whom the fidelity guarantee cover is required to be taken:</p>	
<p>c. Have there been any instances in the past where there has been any incident of Fraud or dishonesty committed by these Specified Persons / their employees which is in your knowledge? If yes, please give details</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>d. Have you obtained references regarding the Specified Persons proposed to be covered from your business associates other partners, and other persons of repute in the trade.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>e. Whether the Amount of Guarantee shall be on named and Individual Basis or Named and Floater Basis or Unnamed and Floater Basis?</p> <p>If on Named and Individual Basis, please provide names of the specified person with the amount of guarantee required against each person:</p> <p>If on Named and Floater Basis, please provide names of the specified person and the amount of guarantee required on floater basis and the per person limit:</p> <p>If on unnamed and floater basis, please provide :</p> <p>No. of Specified Persons:</p> <p>Amount of Guarantee (AOY) :</p> <p>Any One Accident Limit:</p> <p>Any One Person Limit :Rs,</p>	

☐ **Stock in Exhibitions on Limit Any One Loss Basis**

Note: This Optional Cover can be opted only if "Covers 5: Exhibition" cover has been Opted to cover stock in exhibition/ promotional photo shoot site.

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a. Estimated number of exhibitions you would be participating during the Policy period	
b. Do you also wish to participate in exhibitions held outside India? If so mention the names of the Countries in which you would be participating in the Exhibitions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Expected duration of the longest Exhibition including transit and storage	
f. Is transit cover also required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Is the transit by Professional Security & Logistic Company or your own vehicle?	
i. Do you require cover for loss or damage caused by acts of terrorism during storage at exhibition site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you suffered any loss in the past in respect of Stock in Exhibition either in transit to and from exhibition site in India or abroad or during storage at exhibition sites. If so please provide details	
c. Limit Any One Loss required :	

Note 1: Stock in Exhibitions should be kept in locked safe/vault or approved security room

Note 2: Immediately upon the happening of any loss or damage, the Limit Any One Loss under this extension shall be reduced by the amount of loss or damage, and such reduced Limit Any One Loss shall limit the Company's liability in respect of any further losses or damages occurring during the current period of the **Policy** unless the Company consents upon payment of pro-rata additional **premium** by the **Insured** for the unexpired period of the **Policy** to reinstate the full Limit Any One Loss .

☐ **Spurious Gold Cover**

Please provide the following information , if you have opted for this Optional Cover:	
a. Whether checks / due diligence (as per industry standards) are implemented for testing the quality/ authenticity before purchasing any gold ornaments/ jewellery If yes, what are the checks/ process implemented	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gold Assaying Machines <input type="checkbox"/> Hallmark certification <input type="checkbox"/> Manual Verification
b. Whether any documents are sought before purchase of gold ornaments/ jewellery	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have there been any incident in past where losses have taken place. If yes, please specify when and how it was detected and whether the matter was reported to police and what action was taken	<input type="checkbox"/> Yes <input type="checkbox"/> No

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d. Any one Accident Limit:	Rs.
Any one Year Limit:	Rs.

☐ **Stolen Gold Cover**

Please provide the following information , if you have opted for this Optional Cover:	
a. Whether checks / due diligence (as per industry standards) for verifying the proof of ownership is conducted before purchasing any gold ornaments/ jewellery If yes, what are the checks implemented	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Whether any documents are sought to establish proof of ownership? If yes, what are the documents collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have there been any incident in past where losses have taken place. If yes, please specify when and how it was detected and whether the matter was reported to police and what action was taken	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Any one Accident Limit:	Rs.
Any one Year Limit:	Rs.

☐ **Tiger Kidnapping Cover**

Please provide the following information , if you have opted for this Optional Cover:	
a. Number of Members to be covered	
b. Details of member to be covered	
c. Have you, your relative or any Employee received any illegal threats or illegally held captive by a person (other than an Insured Person) or group (not including an Insured Person). If yes, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Have there been any incident in past where losses have taken place. If yes, please specify when and how it was detected and whether the matter was reported to police and what action was taken	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Any one Accident Limit:	Rs.
Any one Year Limit:	Rs.

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☐ **Occupational Diseases**

a) Limit Per Employee Rs. _____

Per Employee limit available (Rs.)
1,00,000
2,00,000
3,00,000
4,00,000
5,00,000
6,00,000
7,00,000
8,00,000
9,00,000
10,00,000

b) No of Employees _____

Aggregate liability of the company for all employees during the Period of Insurance shall be limited to 50% of the amount arrived at by multiplying per Employee limit with the number of Employees.

Contractors Employees	<input type="checkbox"/> Yes <input type="checkbox"/> No Limit: As per Employees Compensation Act 1923
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Road Ambulance	<input type="checkbox"/> Yes <input type="checkbox"/> No Rs.5000 Per Employee in the aggregate during the policy period
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Transportation of Mortal Remains	<input type="checkbox"/> Yes <input type="checkbox"/> No Rs.2000 Per Employee in the aggregate during the policy period
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Medical Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(If yes) Please tick the limit per Employee in the aggregate during the policy period from below options
	25000
	50000
	100000
	150000
	200000
	500000
	1000000
	2500000
	5000000
	10000000

Note: Below Optional Covers can be opted under "Covers 4A:

☐ **Chandelier Extension**

Please provide the following information , if you have opted for this Optional Cover:	
a. Please give full description of the chandeliers including whether it is made of Crystal, Glass or any other material.	
b. Please give details of how the chandeliers are fixed?	
c. How often are the chandeliers cleaned?	
d. Are the chandeliers removed for cleaning purpose?	
e. Who does the maintenance of the chandeliers?	
f. Has there been any loss in the past due to accidental external means whilst the chandeliers are been cleaned and or maintained. If yes , please provide the details of loss:	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Sum Insured : (Sum Insured under this Optional Cover should be equal to the Sum Insured for Chandeliers mentioned under Covers 4)	Rs.

☐ **Business Interruption Cover**

Please fill up the Annexure attached (Supplementary Proposal Form)

Terrorism Cover under Business Interruption can be opted only if it has been opted under Covers 4(A) also.

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Accidental Damage If this cover is opted kindly specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Building <input type="checkbox"/> Plant and Machinery <input type="checkbox"/> Furniture, Fixture and Fittings <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
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
Minor Works	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, __% of Sum insured and not exceeding Amount (₹): __ in the aggregate.
Escalation Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
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
Snow Damage Cover If this cover is opted Please answer i and ii:	<input type="checkbox"/> Yes <input type="checkbox"/> No <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

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	If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate				
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				
Immediate Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ___% of each and every loss not exceeding Amount (₹): ___ in the aggregate.				
Dewatering Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ___% of each and every loss not exceeding Amount (₹): ___ in the aggregate.				
Waiver of Improvement/ Involuntary Betterment (Not Applicable to Building and Stocks)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Adequacy of Sum Insured If yes, please specify the Claim Limit	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount (₹): _____				
Cover for (Please Tick) <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 20%;">Loss of Rent</td><td style="width: 80%;"></td></tr> <tr> <td>Rent for Alternative Accommodation</td><td></td></tr> </table>	Loss of Rent		Rent for Alternative Accommodation		Loss of Rent: <input type="checkbox"/> Yes <input type="checkbox"/> No I. Sum Insured: Amount (₹): _____ II. Number of Months: _____ Rent for Alternative Accommodation: <input type="checkbox"/> Yes <input type="checkbox"/> No I. Sum Insured : Amount (₹): _____ II. Number of Months: _____
Loss of Rent					
Rent for Alternative Accommodation					
Additions, Alterations Or Extensions	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate				
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				
Cover For Specific Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No Money: Amount (₹): _____ Deeds, manuscripts and business books, plans, drawings, securities, obligations or documents of any kind : Amount (₹): _____				

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	Computer programmes, information and data : Amount (₹): _____ Employees', Directors', visitors' personal effects of every description: Amount (₹) _____
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
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
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
Claim Preparation Costs	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate
Molten Material Spillage	Yes <input type="checkbox"/> No <input type="checkbox"/>
Decontamination And Cost Of Clean Up Expense	If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
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
Contract Works	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate.
Brands And Trademarks	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
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
Pair And Set/Consequential Reduction In Value	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire Extinguishing / Fighting Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate

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Obsolete Parts Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inadvertent Error & Omission	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
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.
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
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
Waiver Of Subrogation	Yes <input type="checkbox"/> No <input type="checkbox"/>
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
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
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
Unrepaired Damage	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
Seventy-Two Hours Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Insureds / Multiple Insured Clause (To Be Named In The Schedule)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Payments On Account	Yes <input type="checkbox"/> No <input type="checkbox"/>
Non-Vitiation Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Nominated Loss Adjusters	Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary And Non-Contributory	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle Load Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
Un-Occupancy Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No Building will remain unoccupied for ___Days
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
Loss Payee Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cost Of Clearing Drains	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
Broad Water Damage Clause:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional Customs Duty	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
Destruction Cost	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
Repeat Tests	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
Export Tax Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
Damage To Building (Occasioned By Theft)	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount (₹): ___ in the aggregate of Sum Insured.
Mould & Fungi Endorsement	Yes <input type="checkbox"/> No <input type="checkbox"/>

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	If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate Deductibles: __%
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
Ammonia Contamination	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
Original Equipment Manufacturer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Margin Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
Hire Purchase Or Lease Agreements / Interest Of Other Parties – Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
Green Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notice Of Loss Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
Waiver Of Contribution Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
Control Of Damage Property Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sprinkler Up-Gradation Cost	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
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
Automatic Extension Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of Days of Extension _____ from expiry date
Roads Pavements And Street Furniture	Yes <input type="checkbox"/> No <input type="checkbox"/> Total Amount of Roads Pavements And Street Furniture : Amount (₹):
EMI Protection (Only applicable if group 1	Yes <input type="checkbox"/> No <input type="checkbox"/>

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and/or group 2 and/or group 3 is opted)	
Undamaged Foundations	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
Destruction Of Sound Property	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
Leakage Of Firefighting Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
Metered Water	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
Damages To Underground Services	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
Professional Accountants Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of loss and not exceeding Amount (₹): ___ in the aggregate
Spoilage material damage cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spontaneous combustion (only applicable if group 1 is opted)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Start-Up And Shutdown Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of loss and not exceeding Amount (₹): ___ in the aggregate
Sue And Labour Charges	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
Unpacking Expense Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the aggregate
Additional Increase Cost Of Working	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, ___% of Sum insured and not exceeding Amount (₹): ___ in the

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	aggregate
Disposal Of Salvage	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pig Retrieval Clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
Landscaping Cover	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
Deliberate Damage	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
Customer's Goods Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>
Removal Of Debris Costs – Tenants Contents	If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate
Unnamed / Un-Specified Locations	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
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)
Professional Fees	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of loss and not exceeding Amount (₹): __ in the aggregate
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
Modification Cost & Incompatibility Cost	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
Contract price insurance clause	Yes <input type="checkbox"/> No <input type="checkbox"/>

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	If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
Voluntary deductible clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
Expiration clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate
Aggravation clause	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , __% of Sum insured and not exceeding Amount (₹): __ in the aggregate

Premium Details

	Mode of Payment	
	Payment Details	
	Amount	

Declaration:

1. 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.
2. 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 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:

5.1 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*?

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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 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.

5.2 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/juridical /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.

5.3 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."

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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

5.4 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

Date:

Signature of the Proposer

Place:

Name:

Date:

Signature (on behalf of the Proposer)

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.

* 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 or 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.