

Part :2

A. Money (other than described in Part 1 A above) whilst on the premises to be insured during business hours or whilst secured in a locked Safe or Strong Room on the Insured Premises, outside business hours, against the risk of Burglary, housebreaking, dacoity, Robbery and hold up.

Maximum amount of money held at any one time Rs.

B. Money (other than described in Part 2A above) whilst in the Insured Premises during business hours

Maximum amount of money held at any one time Rs.

1. Questions regarding money in transit and safe	
1.1 Addresses of premises between which the money will be carried	
1.2 What is the maximum distance over which the money will be conveyed ?	km
2.1 Which employees are authorized by you to and will be carrying money, if none state category of employees who will be carrying money?	
2.2 Are employees authorized by you to carry/handle money covered under a Fidelity Guarantee Policy ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details :
2.3 Which employees are authorized to carry money?	
3. How is money carried ? (i.e. whether in bags, trunks etc.)	
4. What means of transport do The persons carrying the money use	<input type="checkbox"/> own car <input type="checkbox"/> public transport Others <input type="text"/>
5. Are the persons carrying the money Accompanied by an armed guard/s ? If no, please state what protection is provided For them	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you need cover against Riot & Strike and Terrorist Activities on payment of additional premium	
7. State following particulars of safe(s) and/or strong room in which money will be kept outside business hours.	Maker's name : Weight : Dimensions : Identification Number :
7.1 Is the safe fixed to the wall or floor ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2 How many keys are necessary to open the safe ?	

<p>7.3 Is it possible to open the safe by a combination ? If yes, how many people are aware about the combination ?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No _____ people</p>
<p>7.4 Where are the keys of the safe or Strong room stored outside the business hours?</p>	<p><input type="checkbox"/> outside of the room, where the safe is located, but within the insured building <input type="checkbox"/> outside the Insured building</p>
<p>Note : It is expected, that the key is not In the same premises.</p>	
<p>8. (i) Is the insured location protected by a burglary alarm system ? If yes or will be installed, please give details of the Alarm system .</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Will be installed within _____ days</p>
<p>(ii) Are there any other security systems or aids deployed, and if so what?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Is the burglary alarm system under a maintenance contract ? If yes,</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> quarterly maintenance <input type="checkbox"/> ½ yearly maintenance <input type="checkbox"/> annual maintenance</p>
<p>10. Have you ever sustained any loss of money whilst in transit or whilst in your premises ? please give a brief description</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have any measures been taken to prevent such damages in future ? please describe, which prevention</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

II. General Questions : (No. 1 to 13 need not be answered if a Burglary cover has been obtained from Bajaj Allianz Insurance Company Ltd. after completing the relevant proposal form)

Section A (for building)

<p>1. What materials are used for the construction of</p> <p>a) Walls</p> <p>b) Roof</p> <p>c) Floor</p>	<p><input type="checkbox"/> Concrete <input type="checkbox"/> Bricks <input type="checkbox"/> Iron sheet <input type="checkbox"/> Timber <input type="checkbox"/> Others _____</p> <p><input type="checkbox"/> Concrete <input type="checkbox"/> Bricks <input type="checkbox"/> Iron sheet <input type="checkbox"/> Timber <input type="checkbox"/> Others _____</p> <p><input type="checkbox"/> Concrete <input type="checkbox"/> Bricks <input type="checkbox"/> Iron sheet <input type="checkbox"/> Timber <input type="checkbox"/> Others _____</p>
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2. Use / kind of building	<input type="checkbox"/> Residential and business building, No of flats <input type="text"/> <input type="text"/> Business Building <input type="checkbox"/> Shop, department store, shopping centre <input type="checkbox"/> Barrack, improvised construction <input type="checkbox"/> Others <input type="text"/>
3. Are you the sole occupant of the building ? if no, please mention the other occupants	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the building situated in	<input type="checkbox"/> a pure residential area <input type="checkbox"/> a residential cum business area <input type="checkbox"/> a shopping street, pedestrian zone <input type="checkbox"/> a commercial or industrial area <input type="checkbox"/> Others
5. Distance of the building from the next permanent occupied building	<input type="checkbox"/> less than 50 metres <input type="checkbox"/> more than 50 metres, that is <input type="text"/> <input type="text"/> <input type="text"/> meters.

Section B (for the premises)

6. The insured rooms are located in if so, please answer No. 7	<input type="checkbox"/> Cellar <input type="checkbox"/> Ground floor/ 1. Floor <input type="checkbox"/> floor
7. Are there doors, windows or other openings reachable by outside bars, outside stairs balconies, ramps, scaffolds, facade construction, fire ladders or anything similar ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are the insured premise occupied by you at night ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are the premises at any time left un-occupied ? If yes, please mention No of consecutive days	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is there any guard at the insured location outside of the daily business hours? If yes, that is	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. How are the doors protected ? Which kind of locks ?	
12. How are the windows and other openings protected ?	
13. Are there any other special precautions you have adopted for safeguarding your property ? if yes, please describe which kind of precautions	<input type="checkbox"/> Yes <input type="checkbox"/> No

I. Previous Insurance / previous damages	
1. Has any company in respect of money Insurance	
a. declined your proposal ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. cancelled or refused to renew your policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. accepted your proposal on special terms and conditions ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the risk been previously insured ? If yes, please give the following information :	
a. The name of the Insurance Company	
b. Policy Number	
c. Period of Insurance	
d. Rate charged	
e. Any special term and condition imposed	
3. Have you ever claimed against other Insurers in respect of money Insurers? If yes, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have other Insurance policies currently ? (f.i. Fire etc.) If yes, please mention the name of the insurance company	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV Policy Period	From <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y To <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y

Payment Details Mode of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Cash <input type="checkbox"/> Others Cheque - Given by: <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Employer/Employee <input type="checkbox"/> Financier


 To support our Go Green initiative, we will send policy copy link on your registered mobile number / email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy.

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Bajaj Allianz and I/We agree to accept a policy, subject to the conditions prescribed by Bajaj Allianz and to pay premium on the amount estimated above at the end of each policy period.

I/we hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephone / email / web-inputs means or other means, as updated from time to time within group entities.

Proposer's Signature

Agent Report

The Proposer is known to me years and I recommend acceptance of this proposal.

Date :

Place : _____

Signature of Agent

Name and Code No. _____

Prohibition or Rebates

1. 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 or continuing a policy accept rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakhs rupees.

For Office use Only

Accepted by : _____ Date & Time : _____

Rate : _____ Remarks : _____

Policy No. : _____ Collection / Scroll No. : _____