PF000748079

Regd. & Head Office: Bajaj Allianz House, Airport Road,Yerawada,Pune –411006

Proposal form for Motor Dealer Package Cover

(This insurance does not commence until the proposal is accepted and premium paid.)

Important: This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

1. Name of the Proposer :

2. Address :

3. Location and address of all premises to be covered: 1.
(Please attach separate sheet, if required)

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.
You can update the same through Caringly yours App – http://onelink.to/v9zp7c , WhatsApp Service {Say 'Hi' on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on – 8080945060, SMS "WORRY" to 575758, Email – bagichelp@bajajallianz.co.in, website – https://www.bajajallianz.com/general-insurance.html , contact your agent or nearest branch.

2.

3.

4. Occupation / Business Activity :

5. Policy Period: : From:

To :

6. Coverage Part (Please tick mark the Covers required and answer the relevant questions)

1 COVER 1 - BUILDING AND CONTENTS (EXCLUDING VALUABLES)

Note: This section is compulsory. Please attach separate sheet wherever required. Money can be covered under this section, if specifically mentioned.

a. Building:

Construction of External Walls: Brick / Concrete / Glass/ Asbestos / Others (Please specify)

Construction of Roof: Concrete / Asbestos / Tiles / Others (Please specify)

b. Age of the building :

c. Is the Building owned by you? : Yes / No

d. Are you the sole occupant of the Building?: Yes / No

If No, who are the other occupants? Please give details:

f. If you are the owner of the Building please indicate the sum

To be insured: : Rs.

(Please note that the sum to be insured should represent the new reinstatement value of the building)

g. Contents (Please specify the sum to be insured for contents)

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Item	Sum to be Insured (Rs)
Furniture, Fixture and Fittings	
Office Equipments (Other than Electronic Equipments and Portable Computers covered under Section 7)	
Cash in safe or locked cupboard	
Other items (Please specify)	

1 COVER 2 – BURGLARY & ROBBERY INCLUDING THEFT

(Please note that the sum insured for this section will be the same as that for contents under Section 1A other than Money.)

a. Do you wish to opt this section? : Yes / No

b. Please give break up of sum to be insured:

Item	Sum to be Insured (Rs)
Furniture, Fixture and Fittings	
Office Equipments (Other than Electronic Equipments and Portable Computers covered under Section 7)	
Cash in safe or locked cupboard	
Cash in Till /counter	
Other items (please specify)	

1 COVER 3 – DAMAGE TO MOTOR VEHICLES

a. Please specify the maximum value of the model of the Vehicle handled by you? :

b. What is the Any One Incident Limit :

c. What is the annual limit :

d. Do you provide pick & drop facility to customers?

e. Did you have or are you having any Insurance Policy for this Cover with any other Insurer,

f. Have you ever suffered any losses due to damage to motor vehicle by an employee or by a customer while driving a motor vehicle for a trial run:

g.

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1 COVER 4 – NEON SIGN

a. Please give the location of the Neon Sign in the insured Premises:

b. What is the year of installation :

c. What is the estimated Reinstatement Cost :

1 COVER 5 – BUSINESS INTERRUPTION

a. What is the Turnover for last 12 months :

b. What is the estimated Turnover for next 12 months :

c. What is the sum to be insured :

NB: The sum to be insured is estimated Gross Profit for next 12 months which is Turnover less purchases and other variable business expenses

d. What is the indemnity period opted (Max 12 months) : 6 / 9 / 12 months

1 COVER 6 – BREAKDOWN OF BUSINESS EQUIPMENT

Note: 1. Equipments older than 10 years cannot be insured under this section
2. The sum to be insured should represent the new replacement value of the same type of equipment
3. Please add separate sheet, if required

Sr. No.	Description of the equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	Sum to be Insured (Rs)

1 COVER 7 – MONEY INSURANCE

a. Please specify the locations between which the transit Of money to be covered? :

b. What is the Any One Transit Limit :

c. How many transits take place in a month: :

d. What is the estimated Annual Transit :

e. What is the mode of transit :

f. Please specify security provided, if any? :

g. Whether casual employees are used for carrying money? :

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1 COVER 8 - PLATE GLASS

b. Please provide brief details of the Plate Glass to be insured and the value:

Position of each square of pane of glass	Size of each square of plane of glass		Description of glass State whether plain, plate or plain sheet, silvered, embossed, stained, bent or ornamental etc	Value (Rs)
	Height in cm	Width in cm		

Note: Please attach separate sheet if required. In the event of a loss all glass is considered as plain and of ordinary glazing quality unless specifically stated to the contrary here and in the schedule of the policy.

c. Is there any plate glass in the insured premises that is Not included in the above? :

c. Is there at present any broken or damaged plate glass? :

If Yes, please describe the position and size :

1 COVER 9 – ELECTRONIC EQUIPMENT

Note: 1. Equipments older than 10 years cannot be insured under this section
2. The sum to be insured should represent the new replacement value of the same type of equipment
3. Please add separate sheet, if required
4. Please specify the External Data Media that you wish to insure.

Sr. No.	Description of the equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	Sum to be Insured (Rs)

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1 COVER 10 – FIDELITY GUARANTEE

A.Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last five years?	Yes/No. If yes please provide details (Please attach a separate sheet of paper if necessary)		
	Date	Circumstances	Amount of loss (Rs)

B.Details of Employees to be covered		
Category of staff	No. of employees	Employee Sum Insured (Rs)

C a) Is there a requirement of dual signatories for cheques issuance, and is such requirement met? b) Do the employees who receive cash and cheques in the course of their duties issue pre-numbered official receipts as confirmation of the receipt? c) Are all the cash and cheques received banked in daily or at the latest the next banking day? If no please specify d) Is there an imprest system for handling of petty cash funds? If yes, please specify the persons who are authorised to manage the petty cash funds. e) What is the system of operation of Bank account followed and what are the precautions taken? f) Whether such payments/ withdrawals are authorized by a senior employee and compared with supporting documents?	Yes/No Yes/No Yes/No. Yes/No.
D. a) How often are the bank reconciliations and check of receipt counterfoils and vouchers being carried out? b) Under what circumstances will your customers qualify for credit privileges? c) How often is the balancing and control of debtor accounts with statements sent to all debtors? d) Are there stocks (of any kind) kept for the conduct of your business? e) How often are stock-takings conducted? f) Please list the persons responsible for carrying out stock-taking E. a) Please state the maximum amount of stocks each employee can requisition at any one time? Is this ever exceeded? b) Is there close supervision of storage and custody of all stocks maintained? c) Are all deliveries to and from stores properly authorised? F. When was the last stock audit undertaken, by whom, and what did it reveal?	
G. When was the proposer last audited, by whom, and what did the audit reveal?	

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1 COVER 11 – PERSONAL ACCIDENT

Note: 1. Please attach separate sheet wherever required

2. The sum to be insured per employee to be restricted to …..times the monthly salary

3. Please provide the details of the employees to be covered and the cover opted. The maximum age is restricted to 60 years.

4. Please indicate under the column cover required:

Part A for Death only
Part A & B for Death and Permanent Total Disability
Part A, B & C for Death, Permanent Total Disability and Permanent Partial Disability
Please add Part D if Temporary Disability is opted (available only if A,B and C are opted)

Sr. No.	Name of the Employee	Monthly Salary	Sum Insured (Rs)	Coverage Required

1 COVER 12 – OMISSION TO INSURE ADDITIONS UNDER COVER 1
Note: Coverage is for 5% of the sum insured under Section 1

Do you wish to opt this expression? : Yes / No

1 COVER 13 – ADDITIONAL EXPENSES FOR RENT
Note: Coverage is for maximum 24 months

Do you wish to opt this extension? : Yes / No

What is the extent of cover required : 12 months / 18 months / 24 months

What is the sum insured opted? : Rs.

1 COVER 14 – PUBLIC LIABILITY & WORKMEN COMPENSATION

Note: Liability under Public Liability Insurance Act is not covered.

Please select the limit to be insured per accident : Rs.

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Please select the limit to be insured in the aggregate : Rs.

PLEASE ANSWER THE FOLLOWING IF WC COVER IS REQUIRED.

Category/ Position	No. of workers	Annual wages

Payment Details
Mode of Payment: ☐ Cheque ☐ DD ☐ Cash ☐ Others
Cheque - Given by: ☐ Spouse ☐ Father ☐ Mother ☐ Son/Daughter ☐ Employer/Employee ☐ Financier

GoGreen **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.** ☐

Declarations and Warranty

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 undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

I/we hereby unconditionally allow the Company to share all my / our 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.

Date _____

_____
Proposer's Signature

Note:

The liability of the Company does not commence until the proposal has been accepted by the Company and the full premium paid

SECTION41 OFINSURANCEACT,1938

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 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 any 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 provisions of this section shall be liable for penalty which may extend to ten lakhs rupees.

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FOR OFFICE USE ONLY

Premium Calculation

Total Premium : Rs

Discount for Covering more than 4 Sections: ……% Rs.

Net Premium : Rs.

Service Tax; Rs.

Accepted by _____

Date & Time _____

Policy No. :

Bajaj Allianz General Insurance Co. Ltd.

DECLARATIONS – PHYSICAL 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." ☐ Yes / ☐ 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. ☐ Yes / ☐ No

- 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. ☐ Yes / ☐ No

- 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. ☐ Yes / ☐ No

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