

Business Guard - Agri-Pumpset
(Small Business Solutions) - Commercial

Proposal Form



Note: 1) Policy wordings are available on request. **2)** Please complete all sections in capitals and tick boxes wherever applicable. **3)** Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract VOID. **4)** Attach separate sheets if space given is insufficient.

Insured / Business Name																										
Contact Person																										
Address for Correspondence																										
																					PIN					
Tel:											Fax:											M				
Description of Business																		Period of Insurance	From:___:___ hrs		D	D	M	M	Y	Y
Bank / Financing Institution																			To: (midnight)		D	D	M	M	Y	Y

L	RISK LOCATION				
	Survey No.	Street	Village / City	District / State	PIN

		✓ to include Add on cover/Rider			
<input type="checkbox"/> Flood Inundation	<input type="checkbox"/> Burglary and Housebreaking (Not covered if equipment not housed in permanent enclosure)				
DESCRIPTION OF PUMPING SET					
PUMP	DRIVING UNIT				
	Electric Motor		Diesel Engine		
Make : _____	Make : _____		Make : _____		
Model : _____	Model : _____		Model : _____		
Year of Mfg : _____	Serial No. : _____		Serial No. : _____		
Serial No. : _____	HP : _____ RPM : _____		HP : _____ RPM : _____		
Type : Centrifugal / Submersible	AMPs : _____ Voltage : _____		No. of Cylinder : _____		
			Stroke : _____ mm Bore : _____ mm		
SUM Insured in Rs.	Rate for Fire, RSMD and Lightening and Machinery Breakdown % 0		Rate for Flood Inundation % 0	Rate for Burglary % 0	Total Rate % 0

Sources of funds (Please ✓ where applicable) : ☐ Salary ☐ Business Other (Please specify) _____

Insured's PAN Card Number :

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 Insured's PAN Card Number : in the absence of PAN Card, please give details of any other authorized photo identification card.

Card Type _____ Number

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Declaration by Proposer

I/We hereby that the statements made by me/us herein and in the attachments hereto are true to the best of my knowledge and belief and I/We hereby agree that this Proposal shall from the basis of the insurance contract between me/us and Tata AIG General Insurance Company Limited (referred as the Company). I/We further confirm that if any additions or alterations are carried out in the risk proposed for insurance hereinafter the submission of this proposal then particulars of such shall be forthwith conveyed to the Company. I/We further agree that the submission of this Proposal to the Company and its receipt thereof shall not constitute an acceptance of risk by the Company.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer: _____

Name & Signature of agent/intermediary: _____

Code: _____

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer: _____

Name & Signature of agent/intermediary: _____

Anti Money Laundering (AML) declarations

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons * nor are their close relatives / family members / associates . I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

“Politically Exposed Persons” shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.”

Agent Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

[illegible][illegible]

Place: _____

Date: _____

Signature of Agent

[illegible]

Cheque/DD No:																	A) TOTAL PREMIUM (ALL Coverage Sections):								
Date:	D	D	M	M	Y	Y	Valid upto:	M	M	Y	Y						B) Service Tax: ()								
Bank:																	A + B Total Amount Payable:								

IMPORTANT

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. No person shall allow or offer to allow either directly or indirectly as inducement to any Person to take 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, not shall any person taking out or renewing or continuing a Policy accept such a rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any Person making default in complying with the provision of this section shall be punishable with fine which may extend to ten Lakh rupees.

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale.

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013

24X7 Toll Free No: 1800 266 7780 Email: customersupport@tataaig.com

Website: www.tataaig.com IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425

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