## BURGLARY INSURANCE – COMMERCIAL Proposal Form



NOTE : PLEASE ANSWER EVERY QUESTION AND FULLY

1. (a)	Nam	e of the Proposer in fu	III (BLOC	K LET	TTEF	RS)																								
		rs. / Ms. / M/s. / Dr.				,																								
Address of the Proposer																T													<u> </u>	
																(	City													$\overline{\Box}$
			State													F	Pin	Cod	е											
			Tel.:(O)													F	Fax													
			Mobile:													E	E-m	ail												
(b) Name of the Financial Institution/s (if any financial interest is involved)															1 1							1								
(c) Nature of Trade or Business																_								_						
		of the premises sured														(	City													
			State													Pin Code							T							
			Tel.:(O)													F	Fax												Ť	
			Mobile:													E	E-mail												Ť	
												Fro									_	-								
3.		Period of Insurance											om		J D M		IVI	r i		Y		То		)	IVI	IVI	Y	Y Y	Ŷ	
4.	a)	Whether Warehouse, godown, Shop or Office ?																												
	b)	How long have you been an occupant of premises.																												
	,																													
	c)	Are you the sole occupant?																					 							
	d)	If not, who are other o	occupant	ts?																										
5.		What materials are u	sed for c	onstr	ructio	on? E.	g. Co	ncre	ete, E	Brick	s, Iro	n She	et o	r Tir	mber etc	:.														
	a)	Walls	Walls																											
	b)	Roof																												
	c)	Floor																												
6.		What protection is pr	rovided t	to;																										
	a)	Doors :																												
	b)	Windows																												
	/	Skylights, Ventilators,	, Exhaust	Fans	, Lia	hts <i>.</i> A	r cor	nditio	oners	s, Tra	p																			
	c)	Doors ?			, 3	,				•	•												 							
	d)	Any other opening ?																					 							
	e)	Mention any special p your property	orecautio	ons yo	ou ha	ive ad	opteo	l for	safe	guar	ding												 							
7.	a)	Are the premises occ	upied by	you a	at ni	ght ? i	not,	by v	whor	n?													 							
	b)	Will the premises be g	guarded	by Wa	atch	man ?																	 							
	c)	Will the premises at a	any time l	be lef	ˈt un-	occup	ied ?																							
	d)	If so, how often and f	or how lo	ong ?																										
8.	a)	Are all valuables secu	ured in sa	afe(s)	outs	ide bu	sines	s ho	ours	?																				

	b)	Provide (1) Maker's Name	
		(2) Height	
		(3) Width	
		(4) Depth and	
		(5) Weight of Safe(s),	
		How many keys are there to the Safe(s) and with whom are they	
		kept ? Can the safe(s) be opened by a single key or by a combination of	
		two or more keys ?	
8.	a)	Are Stock and Sales books maintained?	
	b)	How frequently are these entered ?	
	c)	How often is stock taken ?	
	d)	Where are these books kept outside Business hours ?	
9.	a)	Have any premises occupied by you been entered by thieves ?	
	b)	If so, give full particulars stating when and how access was obtained and the extent of the loss.	
	c)	What precautions have been adopted to prevent such a recurrence?	
	U)		
10.		Is the risk currently insured against Burglary? If so,	
	a)	The name of Insurance Company	
	b)	Policy No.	
	c)	Period	
11.		Has any Company in respect of your Burglary Insurance:	
	a)	Declined your proposal?	
	b)	Cancelled or refused to renew your policy?	
	c)	Accepted your proposal on Special terms and conditions ?	
12	,	Have you ever claimed upon any Company for loss by Burglary or House breaking ? If so, give details	
12.		Amount for which contents are currently Insured against fire and	
13.		name of the Company Give full description of contents (i.e. the Property to be insured) of	
14.		the premises Do you need cover against Riot and Strike, terrorist activities on	
15.		payment Of additional premium?	
16.		PROPERTY TO BE INSURED (give full etails )	Sum Insured (Rs.)
	a)	Stock-in-Trade (as described in Item 14 above)	
	b)	Goods held by the Proposer in Trust or on commission for which Proposer is responsible.	
	c)	Furniture, Fixtures, Fittings, Utensils and Appliances in trade.	
	d)	Coins and/or Currency Notes in Locked safe	
	e)	Others (to be specified)	
	-1	, , , , , , , , , , , , , , , , ,	Total Rs.
N.B.	lo ol	otain full indemnity it is necessary to insure for the full value of the property in the	premises. Please attach a separate sheet to fill more details

## AML Guidelines

DATE : D D M M Y Y Y Y

- 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."

• Nationality : In	ndian N	on-Indi	an	lf	Non-	Indian,	, plea	se spe	ecify	the C	Countr	y:													
<ul> <li>Type of Organiz</li> </ul>	zation		_					_															_		
Corporations	Govern	nments	;		Trust	Partne	rship			Ν	lon Go	verni	nent	al Org	janiza	ation	IS			Socie	ety				
rust Cooperatives					Comp	any		International Organization																	
PAN card numb	oer (Mandatory):																								
Bank Details*																									
Name of the	Account Holder:																								
Name of the	Bank:															Br	anch								
Type of Acco	unt:		SB	Account	:		Cu	rrent	Ассо	unt			Othe	ers (Pl	ease	spe	cify)		-						
Account Num	ber:						_																		
IFSC Code:																									
abide by the po Signature of the	this form along wit licy terms & condi Proposer ure of agent/interm	tions.	:			conditi																			rm to
	laration (Certificat	,	-															Coue	·						
Agent Declarati I, Corporate Agen nature of the qu to questions co accepted by the Form/including and further mor	ure of agent/interm	loyee c in this any de uance davits, s	of the Propo tails so of the statem	Broker/R osal Form ought he Policy. I nents, su osure of	elatio to the rein v have bmiss any r	onship ne Prop will for furthe sions, f materia	Office ooser m the r exp furnisl	er, do incluc basi lainec ned/to the p	here ding s s of t d that o be f policy	by de stater he C if ar urnis	(F eclare ment(s contrac ny unti shed, t	ull Na that I s), info t of In ue sta	me) i have prma nsura atem	in my e expl tion a ance t ent(s) ny sh	capa ainec nd re petwe / infc all ha	d all spo en t orma ve th	the c nse(s he C ition/ ne rig	onter ) subr ompa respo ht to	nts of mitte ny a nse(s vary	f this d by I nd the s) is/a the be	Prop him/ł e Pro re co enefi	osal F ner in pose ontain ts whi	orm, this P , if thi ed in ich ma	incluc ropos s Proj this P iy be j	al Form bosal is roposa bayable
License No.(Int	termediary/Corpor	ate Ag	ent/Br	oker/Rel	ations	ship Of	ficer)																		
	pecified Person and																								
Place:		Date:					Sign	ature	of A	gent	:														
1. No person sh kind of risk relat person taking o the insurer. 2. A Insurance is the Section 64 VB o	Rebates - Section 4 hall allow or offer t ting to lives or proj ut or renewing or a ny person making subject matter of t of the Insurance A at of risk cover und	to allov perty ir continu defaul <b>the soli</b> ct 1938	w eithe n India ling a t in co citatio	er directl a, any reb policy ac omplying on. For m	y or i bate o ccept with	indirec of the w any rel the pro <b>etails c</b>	tly as vhole bate, ovisio on risk	an in or pa excep ns of a <b>facto</b>	iduce rt of t ot suc this s	men the c th rel sectio	t to ar ommis bate as on sha <b>and co</b>	iy per ssion s may II be I onditio	son f paya be a iable <b>ons, j</b>	to tak ble or llowe for p <b>please</b>	e out any d in a enalty read	i or i reba acco y wh I <b>Pol</b>	renev ate of rdano iich n icy W	pren ce wit nay e	nium h the xtenc gs ca	show publ to te	n on isheo n lak	the p d pros th rup	olicy, spectu ees.	nor sl s or ta	nall any ables of
PLACE :																									

CONTRACTORS PLANT & MACHINERY INSURANCE - COMMERCIALL UIN: IRDAN108CP0011V01201819

SIGNATURE OF PROPOSER

NAME & TITLE OF SIGNATORY

## 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