

# BURGLARY INSURANCE – COMMERCIAL

## Proposal Form



**WITH YOU ALWAYS**

**NOTE : PLEASE ANSWER EVERY QUESTION AND FULLY**

**1. (a) Name of the Proposer in full (BLOCK LETTERS)**

Mr. / Mrs. / Ms. / M/s. / Dr.

**Address of the Proposer**

City

State  Pin Code

Tel.:(O)  Fax

Mobile:  E-mail

**(b) Name of the Financial Institution/s (if any financial interest is involved)**

**(c) Nature of Trade or Business**

**Address of the premises to be insured**

City

State  Pin Code

Tel.:(O)  Fax

Mobile:  E-mail

**3. Period of Insurance** From         To

**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 occupants?

**5. What materials are used for construction? E.g. Concrete, Bricks, Iron Sheet or Timber etc.**

**a)** Walls

**b)** Roof

**c)** Floor

**6. What protection is provided to ;**

**a)** Doors :

**b)** Windows

**c)** Skylights, Ventilators, Exhaust Fans, Lights, Air conditioners, Trap Doors ?

**d)** Any other opening ?

**e)** Mention any special precautions you have adopted for safeguarding your property

**7. a)** Are the premises occupied by you at night ? if not, by whom ?

**b)** Will the premises be guarded by Watchman ?

**c)** Will the premises at any time be left un-occupied ?

**d)** If so, how often and for how long ?

**8. a)** Are all valuables secured in safe(s) outside business hours ?

CONTRACTORS PLANT & MACHINERY INSURANCE - COMMERCIAL UIN: IRDAN108CP0011V01201819

|  |  |                          |
|--|--|--------------------------|
|  | 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 ?                  |                          |
| <b>8.</b>  | 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 ?   |                          |
| <b>9.</b>  | 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?                                  |                          |
| <b>10.</b>   | Is the risk currently insured against Burglary? If so,   |                          |
|  | a) The name of Insurance Company   |                          |
|  | b) Policy No.  |                          |
|  | c) Period  |                          |
| <b>11.</b>   | 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 ?  |                          |
| <b>12.</b>   | Have you ever claimed upon any Company for loss by Burglary or House breaking ? If so, give details  |                          |
| <b>13.</b>   | Amount for which contents are currently Insured against fire and name of the Company                 |                          |
| <b>14.</b>   | Give full description of contents (i.e. the Property to be insured) of the premises                  |                          |
| <b>15.</b>   | Do you need cover against Riot and Strike, terrorist activities on payment Of additional premium?    |                          |
| <b>16.</b>   | PROPERTY TO BE INSURED (give full etails )   | <b>Sum Insured (Rs.)</b> |
|  | 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)  |                          |
|  |  | <b>Total Rs.</b>         |
| <b>N.B.</b> To obtain 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**

I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

• **Nationality :** Indian  Non-Indian  If Non-Indian, please specify the Country: \_\_\_\_\_

• **Type of Organization**

Corporations  Governments  Trust Partnership  Non Governmental Organizations  Society   
Trust  Cooperatives  Section 25 Company  International Organization

**Bank Details\***

|                             |                                     |  |  |  |  |  |  |  |  |  |         |                      |  |
|-----------------------------|-------------------------------------|--|--|--|--|--|--|--|--|--|---------|----------------------|--|
| Name of the Account Holder: | <input type="text"/>                |  |  |  |  |  |  |  |  |  |         |                      |  |
| Name of the Bank:           | <input type="text"/>                |  |  |  |  |  |  |  |  |  | Branch: | <input type="text"/> |  |
| Type of Account:            | <input type="checkbox"/> SB Account | <input type="checkbox"/> Current Account | Others (Please specify) <input type="text"/> |  |  |  |  |  |  |  |         |                      |  |
| Account Number:             | <input type="text"/>                |  |  |  |  |  |  |  |  |  |         |                      |  |
| IFSC Code:                  | <input type="text"/>                |  |  |  |  |  |  |  |  |  |         |                      |  |

**Declaration:**

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 of the Proposer : \_\_\_\_\_

Name & Signature of agent/intermediary : \_\_\_\_\_

**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.

|   |                      |
|---|----------------------|
| License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) | <input type="text"/> |
| Name of the specified Person and code                                 | _____                |
| Place: _____ Date: _____ Signature of Agent: _____                    |                      |

**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 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 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 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 lakh rupees.

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

**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.

PLACE : \_\_\_\_\_

DATE :

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 Fax: 022 6693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com  
IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425