

BUSINESS GUARD - COMMERCIAL POLICY - COMMERCIAL Proposal Form



WITH YOU ALWAYS

Put a (✓) mark wherever applicable.

1. Proposer's Name

2. Address of Proposer

State City

Pin Code

Tel.:(O) Fax

Mobile: E-mail

3. Period Of Insurance From To

4. Financial Institution Details

5. i) Business of the Proposer _____

ii) Years in operation _____

6. Nature of Business organisation Public Limited Company Private Limited Company
 Partnership firm Proprietary concern

7. Names of the Persons or parties to be named in the Policy as the Insured(s)

8. Is this same property insured with any other Insurance Company Yes No

(If YES, give details) _____

Insurance Company : _____

Nature of Coverage : _____

9. Has any Insurance Company in the past declined to offer insurance or imposed any Special Conditions Yes No

(If YES, give details) _____

Insurance Company : _____

Conditions imposed : _____

10. Premium / Claim details for the past 3 policy periods	Premium	Claims Paid	Claims Outstanding
1.			
2.			
3.			

Note : Details of loss incident (If any) during this period may be provided in additional sheets.
 The liability of the insurer shall be limited to those Coverages and Extensions stated hereunder and indemnity under the insurance shall be limited in the annual aggregate to the maximum amounts of the Limit of Liability specified herein or in the attachment

Particulars of the Premises proposed for insurance

Sr. No.	Risk Location Address	PIN Code	Occupancy	Type of Construction	Age
1					
2					
3					
4					
5					
6					

Type of Construction : Cement walls & roof (A), Cement walls & metal roof (B), Fully steel (C), Cement wall & wooden tiled roof (D), Other (describe) (O) Occupancy: Residential (D) / Office (O) / Shops (S) / Standalone Warehouse (W)/ Manufacturing (M) - Give description of the Occupancy e.g. Shop Dealing in Garments, Manufacturing - metal pipes/ metal auto parts/ garments etc... (Multiple occupancy details may be given in separate rows 1-6 above)

Section A- Fire and Allied Perils

Risk Location	Building Including/ excluding Plinth and foundation	Plant & Machinery	F/F/F and other equipments	Stocks and Stocks in process**	Total Sum Insured
1.					
2.					
3.					
4.					
5.					
Total					

Note : 1. Include the sums insured KUTCHA buildings as above in this list

 Yes

 No

(If YES, provide details) _____

2. Attach additional / separate sheet in same format if space is insufficient

(Attach separate sheet if the space provided is not sufficient) (Full break up of Sum Insured mandatory except for Office and Shop Contents)

If Separate Sum Insured for Plinth and foundation (P&F) is not provided please tick mark Building Sum Insured :

 Include P & F

 Excludes P & F

Exclude Storm, Tempest, Flood, Inundation etc perils:

 Yes

 No

The basis proposed for Insurance

 Yes

 No

i) Market Value basis

 Yes

 No

ii) Reinstatement Value Basis

 Yes

 No

Exclude Riot, Strike, Malicious Damage perils:

 Yes

 No

Declaration facility (Stocks only) desired

 Yes

 No

Add-On Covers required with Limit of Indemnity / Sum Insured

Add-On Covers	Sum Insured / Limit of Indemnity
Earthquake (Fire & Shock)	
Architects, Surveyors and Consulting Engineers Fees (in excess of 3% claim amount)	
Removal of Debris (in excess of 1% claim amount)	
Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril	
Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril	
Forest Fire	
Impact Damage due to Insured's own Rail/Road Vehicles, Fork lifts, Cranes, Stackers and the like and articles dropped therefrom	
Spontaneous Combustion	
Omission to Insure additions, alterations or extensions	
Spoilage Material Damage Cover	
Leakage And Contamination Cover	
Temporary Removal of Stocks	
Loss Of Rent	
Insurance Of Additional Expenses of Rent For An Alternative Accommodation	
Start up Expenses	
Other Addons (Please Specify)	

Section B- Burglary

Risk Location	F/F/F and other equipments	Office Equipment	F/F/F and other equipments	Plant/Machinery/ Equipment	Stocks	First Loss Limit (%) Rs	Total Rs.
1.							
2.							
3.							
4.							
5.							
Total							

1. a) How long have you been an occupant of premises. _____
 b) Are you the sole occupant? _____
 c) If not, who are other occupants? _____
2. 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? _____

Section C : Money in Safe

Money Indian Currency / Monetary Instruments in Indian Currency belonging to the Business of the Proposer

Sr. No	Risk Location Address	Details of Safe	S.I of Safe in Rs.
1			
2			
3			
4			
5			

- a) State following particulars of safe/s and/or strong room in which money will be kept outside business hours _____
- b) Addresses of premises where safe is kept. _____
- c) Is it fixed to the walls or floor? _____
- d) By whom are the keys of the safe(s) and/or strong room held? _____
- e) Are all such keys removed from the premises outside business hours? _____
- f) Will the premises guarded whilst they are closed for business? If so, by whom? _____
- g) Have you ever sustained any loss of money whilst in transit or whilst on your premises? If so, give full particulars. _____

Section D- Public Liability

Risk Location	Occupancy	Any One Accident	Annual Aggregate Limit

Public liability for Hotels, Cinema halls, Multiplexes, Auditoriums, Clubs, health clubs and manufacturing / storage / transportation risk should not be included in this form.

Full description of lifts, elevators, escalators etc (specify make and capacity)

Do you require extension coverage for lifts/escalators/ elevators

Yes

No

Riders

Section C-Riders

a. Money in Counter

Sr. No	Risk Location Address	Sum Insured (Rs.)
1		
2		
3		
4		
5		

b. Money in Transit Rider

Sr. No	Money in Transit Details	Maximum amount of Money in Transit at any one time (Rs.)	Estimated Annual total amount of Money in transit (Rs.)
	Particulars Of Transit		
1			
2			
3			
4			
5			

- a) What is the maximum distance over which the money will be conveyed? _____
- b) Addresses of premises between which money will be carried. _____
- c) Are the persons carrying the money accompanied by an armed guards? If not, state what protection if any, is provided for them. _____
- d) Frequency of transit in a day (no. of times/trips) _____

Section F: Employee Fidelity Rider

Particulars of Employees to be Insured

Name of Person/Position	Particulars/ Description of Duties

Per Event Limit: _____ Annual Aggregate Limit _____

- a) Has there been any occasion to question honesty or conduct of any person proposed for guarantee. _____
- b) How often are the employees required to account for money? _____
- c) What independent system is there to check that all sums received by employees are accounted for ? _____
- d) How often the cash book is balanced, the entries checked with vouchers and Bank's pass book and with counterfoils of receipt books ? _____
- e) Scope and Frequency of Internal Audits _____
- f) Is a written audit policy document available in the organisation ? Yes No
- g) Additional Information _____

Section G-Plate Glass Rider

Location of Plate Glass	Specification of Plate Glass	Dimensions of Plate Glass	Sum Insured

No insurance is granted in respect of glass not completely and securely fixed. Glass that forms facade of the building is not insured unless specifically stated in the Policy. Specifications : This should include information of whether glass is flat, or ornamented (describe), bears any surfacing (eg. sun filing) or has its surface treated (eg. glazing, silvering)

1. Is there at present any broken or damaged glass? If so, describe its position and size. _____
2. Is there any glass in the Premises not included in the Schedule? If so, specify details _____
3. Would like to cover all Fixed plate glass of your premises
- a. Yes
- b. No

If No for please specify details

Section H: Electronic Equipment Rider

Section 1: Equipments

Sr No	Type of equipment	Make	Model	Serial No. / Identification Details	Year Of Manufacturing	Sum Insured

Valid Maintenance Contract in force?

Yes

No

Is there a risk of flood and Inundation?

Yes

No

If YES, specify if _____

By Torrential Rainfall

and/or

Bodies of Water if YES, specify _____

Other source/cause (specify): _____

Technical Staff : Have operators been trained with manufacturer

Yes

No

Please specify, other competence training received _____

Are dangerous material in vicinity?

Yes

No

If YES, specify (eg acids, prepared or sensitized papers, dyes, test solutions, Developers, explosives, isotopes, inflammable materials etc)

Section 2: Electronic Data Media

Description	
Data Media (type and quantity)	
Expenses for Reconstruction and re-recording of information	

Total Sum Insured _____

Section 3: Increased Cost of Working

Total Sum Insured:

Description	Sum Insured
Rental of Substitute EDP Equipments	(Rs. X Weeks)
Indemnity Limit Per Hour Rs.	
Indemnity Period per occurrence Weeks	
Limit per occurrence	
Aggregate indemnity limit during the period of insurance	
Personnel Expenses	
Transportation of Materials	

Section M: Machinery Breakdown

Type of Machine	Identification /Serial no.	Make	Year of Manufacturing	Sum Insured (Rs.)

a. Are regular periodical inspections of the machinery carried out?

Yes

No

b. If so, at what intervals? _____

c. Are you aware of any defects/ damages existing in the machinery? If yes, please specify

Yes

No

d. Add-ons Required

o Express Freight(Excluding air freight, overtime and holiday rates of wages)

Yes

No

o Owners Surrounding Policy

Yes

No

o Third Party Liability

Yes

No

Section P: Consequential Loss (Fire) Rider

1. Details of previous interruptions

- o Period of interruption _____
- o Nature of interruption with cause _____
- o Loss in Gross Profit/ Turnover during interruption _____

2. Details or Chartered Accountant who has audited accounts and at what intervals _____

3. When was the firm established? _____

4. Since when had the present production method used in the work to be insured ? _____

5. Indemnity Period in months _____

6. Sum Insured

- o Net Profit _____
- o Annual specified standing charges _____
- o Layoff and retrenchment compensation payable _____

8. Claim settlement basis _____

9. Addons Required

Section R: All Risk (Portable equipments)

Sr No	Type of equipment	Make	Model	Serial No. / Identification Details	Year Of Manufacturing	Sum Insured

a. Geographical Limit (Anywhere in India/ Anywhere in the world) _____

b. If Maintenance contract is in force state

Yes No

1. Name of independent Contractors/ Agency _____

2. Full Nature of service and duration of contract _____

3. If there is no maintenance contract, state the internal maintenance programme ? _____

c. Includes transit within India as accompanied baggage

Transit will be by Road Rail Air

Section S: All Risk (Signs)

Sr No	Dimensions(and length of tubing in case of Neon Sign)	Type of sign (Metal / Plastic / Glow Sign / Neon Sign)	Specification if any	Location	Sum Insured

1. Is the sign subjected to any regulation by any local authority ?

Yes No

If so, give name of Authority and state whether the sign conforms with the regulation _____

Section T: Travel Baggage Rider

Sr No	Risk Description	Sum Insured

Per Baggage Limit _____

Any One Accident Limit _____

1. What is the probable duration of journey? _____

2. Whether cover is also required outside India ?

Yes No

3. If yes give details of places visited and respective durations _____

4. Have you suffered any loss relating to baggage in the past?

Yes No

If so, give full details thereof as under: (Irrespective of whether insured or not) _____

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 Partnership International Organization Cooperatives Section 25 Company

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