

INDUSTRIAL ALL RISK - COMMERCIAL Proposal Form



WITH YOU ALWAYS

1. Name of the proposer

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

2. Address of proposer

City

State

Pin Code

Tel.:(O)

Fax

Mobile:

E-mail

3 i) Business of the Proposer

ii) Years in operation

4. Nature of Business organization

Public Limited Company

☐

Private Limited Company

☐

Partnership firm

☐

Proprietary concern

☐

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

6. Period of Insurance

From

To

7. Is this same property insured with any other Insurance Company (If YES, give details)

Yes/ No : _____

Insurance Company : _____

Nature of Coverage : _____

8. Has any Insurance Company in the past declined to offer insurance or imposed any Special Conditions (If YES, give details)

Yes/ No : _____

Insurance Company : _____

Conditions imposed : _____

9. Details of Financial Institution

10. Premium / Claim details

SR . No.	details for the past 5 policy periods	Premium	Claims Paid	Claims Outstanding
1				
2.				
3.				
4.				
5.				

Details of Location wise annexure

SR . No.	Location/ Premises Insured	Business	Sum Insured
1			
2.			
3.			
4.			
5.			

N.B.: Detailed Schedule of the Property proposed for Insurance for each location/ premises be submitted in the format given in Annexure A.

(a) Material Damage Claims – Section I

(b) Business Interruption Claims – Section II

Please furnish details of Sum Insured and Premium paid location wise for the past 5 years (if available for 10 years) in Annexure B

Claims Data for each claim be furnished in the format given in Annexure C

Name of the Company																						
Location of the Risk																						
												City										
State											Pin Code											

[illegible]

Location of the Risk																														
											City																			
	State										Pin Code																			

Policy Period	Sum Insured (Rs. in Lakhs)	Premium (Rs. in Lakhs)

(Please submit separate Claim Data sheet for each claim)

Policy Period	Sum Insured (Rs. in Lakhs)	Premium (Rs. in Lakhs)
Date of Loss		
Policy Period		
Policy/Peril		
Cause of Loss		
Sum Insured		
Amount Assessed by		
Surveyor		
Amount Paid		
Deductible		

Indemnity Period _____ months

Interruption Period _____ days

Time Excess _____ day

AML Guidelines

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.”

• **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 ☐

PAN card number (Mandatory):

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 | Email: customersupport@tataaig.com | Website: www.tataaig.com
IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425