

PROPOSAL FORM

1. This proposal is for covering an enterprise whose total value of insurable assets at a location not exceeding ₹ 5 crore against Fire Perils.
2. Read the Prospectus Key Features Document/ Policy Wordings before filling up this proposal form to understand the meaning of the terms use herein better
3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

Policy Insuring Officer Address & Code	
Intermediary/ Agent Name & Code (if any)	

A. Details about Proposer and Policy Period

Name of Proposer											
Address of Proposer											
PIN Code											
Telephone											
Fax											
Email											
Contact Person Details											
a. Name											
b. Designation											
Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions						Period of Insurance	From				
							To				

B. Business and Location of Business

Business of Proposer											
	SL No.	Address	Pin Code	Occupancy	Age of Unit	Floor*	Address	Pin Code	Occupancy	Age of Unit	
	1										
	2										
	3										
	4										
*Floor: Ground Floor (GF)/ Mezzanine Floor (MF)/ Higher Floor (H)											

C. Details about business covered at the insured location

Indicate whether AMC (Annual Maintenance Contract) for Fire Protection Applications is in force	Yes	No
Construction Details	Please tick correct answer in the box	
a. Please state material used		
i. Walls	Kutcha	Pucca
ii. Floor	Kutcha	Pucca
iii. Roof	Kutcha	Pucca
<p>Note:</p> <p>Kutcha: Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction.</p> <p>Pucca: Buildings other than Kutcha are treated as Pucca constructions.</p>		

BUSINESS GUARD SOOKSHMA PACKAGE POLICY

UIN: IRDAN108RP0025V01202223



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Basement Storage	Yes	No												
	If yes, value stored Sum Insured: ₹													
b. Number of floors														
c. Age of the building	Less than 5 years													
	5-10 years													
	10-20 years													
	Above 20 years													
Distance between the risk to be covered and nearest Fire Brigade														
Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)														
Whether Insurance was declined by any other Company (Give details)														
Premium / Claim details for the past 36 months excluding the expiring policy period														

D. Limit of Liability and Other Details of Insured Property (Indicate Limit of Liability on the following basis)

a. For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: Reinstatement Value													
b. For raw material: Landed Cost													
c. For stock in process: Input Cost													
d. For finished stock: Manufacturing Cost of the finished stock or the Contract Price* of the goods sold but not delivered; as applicable													
*Contract Price is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price													

S. No	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total
1									₹
2									₹
3									₹

Would you like to delete any of following covers from the basis cover	
Deletion of Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood & Inundation	
Deletion of Earthquake	

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Would you like to opt any of the following covers-												
Coverages	Limit of Liability (in ₹) Wherever applicable											
Omission of insurance additions, alterations or extensions												
Escalation Clause												
Terrorism												
Wrong Fueling of Vehicles												
Floater Cover												
Declaration Policy for Stocks												
Accidental damage cover												
Involuntary betterment												
Rent insurance												
Protection and preservation of property												
Contract works												
Deterioration of stocks in cold storage premises												
New location cover												
Brands and trademarks												
Electrical injury												
Fuel contamination during decantation												
i. Do you want to opt Floater Cover?	Yes <input type="checkbox"/>	No <input type="checkbox"/>										
	If yes, give details below											
Floater Cover (for stocks at various locations)	Location (Postal Address with Pincode)	Limit of Liability (in ₹)										
	a. Maximum Values at any one location: ₹											
	b. Whether stocks stored in open										Yes <input type="checkbox"/>	No <input type="checkbox"/>

ii. Do you want to opt for Declaration Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (strikes off what is not included)										
	If yes, give details below											
Stocks which fluctuate in value to be covered on (monthly) declaration basis												
Amount (₹)												

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CONSEQUENTIAL LOSS (FIRE)					
Net Profit (₹)	Standing Charges (₹)	Gross Profit (₹)	Layoff Compensation (₹)	Wages (₹)	Premium
Would you like to opt for					
Prevention of Access	Yes		No		SI

BURGLARY	Location	Furniture & Fixture/ Other Equipment	Plant & Machinery/ Equipment	Stocks	Others- Specify	Limit of Liability	First Loss	First Loss Limit of Liability	Premium
	1								
	2								
	Covers theft by visible and forcible means only								
	Do you have dedicated security arrangement round the clock?			Yes/ No		TOTAL			
	Are the insured premises protected with		1. Solid Doors/ Gates/ Grills/ Rolling Shutters/ Glass Door						
			2. Burglary Alarm System						
Do you want to opt for theft?									

MONEY	Money in Safe (₹)	Money in till/ Counter (₹)	Money in Transit				Premium
			From	To	Annual Carrying	First Loss	
					Approx. Annual Carrying (₹)	Limit per Transit (₹)	
			Office	Bank & back			
			Office	Bank & back			
							TOTAL
	Covers Money/ Monetary Instruments (Indian Currency) belonging to your business while in Transit or in Safe. Choose either Money in Transit on Annual Basis or First Basis						

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PUBLIC LIABILITY						
	Liability Type	Paid on Capital (₹)	Annual Turnover (₹)	Any one Accident Limit (₹)	Any one-year Aggregate (₹)	Premium
					TOTAL	
Would you like to opt any of the following Cover?						
1. Food and Beverages						
2. Care, Control & Custody						
3. Extra Facility						
4. Act of God						

FIDELITY	Permanent Employees	Designation	Department	Any One Event Limit	Any One Year Aggregate Limit	Premium
	Unnamed					
	Named					
					TOTAL	

NEON SIGN	Description	Site Location	No's	Dimensions (LxB)	Limit of Liability	Premium
	Neon Sign					
	Neon Sign					
Would you also like to opt for Third Party Liability					TOTAL	

PLATE GLASS	Description	Site Location	No's	Dimensions (LxB)	Limit of Liability	Premium
					TOTAL	
Would you also like to opt for different cost of repairing and reinstating frames		Yes	No	Limit of Liability		

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ELECTRONIC EQUIPMENT	Equipment Details (Name & Capacity)	Make	Year of Mfg.	Serial No for Identification	AMC	Limit of Liability	Premium
					Yes/No		
					Yes/No		
						TOTAL	
Would you also like to opt for							
Coverages	Limit of Liability (in ₹) Wherever applicable						
Escalation clause							
Express freight							
Air freight							
Owners surrounding property							
Third party liability							
Additional customs duty							
Floater clause							
Endorsement for exclusion of damage caused by fire and allied perils							
Omission of insurance additions, alterations or extensions							

MACHINERY BREAKDOWN	Equipment Details (Name & Capacity)	Make	Year of Mfg.	Serial No for Identification	AMC	Limit of Liability	Premium
					Yes/No		
					Yes/No		
						TOTAL	

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Would you also like to opt for	
Coverages	Limit of Liability (in ₹) Wherever applicable
Omission of insurance additions, alterations or extensions	
Escalation Clause	
Express Freight	
Air Freight	
Owners Surrounding Property	
Third Party Liability	
Additional Customs Duty	
Carding Machines in Textile Industry	
Furnace Endorsement	
Dg Set Endorsement For 'Loss Minimization'	
Reduction Gear Box	
Patterns And Core-Boxes	
Expellers/Expellers Gears	
Plastic Extruders/Injection Molding Machines	
Alternate Working	
Stand-By Machinery	
Bakeries	
Gas Works Plants	
For All Types of Imported Machinery	
Glass And Graphite Equipment or Glass Lined Vessels	
Insurance Of Ropes in Lifts, Cranes and Ropeways	
Wind Mills Endorsement	
Refractory Materials in Boilers	
Depreciation Adjustment for Components Along the Hot Gas Path of Gas Turbines	
Overhaul Of Platen Presses	
Overhaul Of Electric Motors (Above 750 Kw for Motors With 2 Poles and Above 1,000 Kw for Motors With 4 And More Poles)	

All Risk	Portable Equipment Details	Make	Model	Year of Mfg.	Serial No for Identification	AMC	Limit of Liability	Premium
						Yes/No		
						Yes/No		
						TOTAL		

*Basis of Sum Insured should be new replacement value of same make / model.

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PERSONAL ACCIDENT	Name	Age	Occupation	Any Infirmary/ Disability	Nominee Name	Relation	Category I/II/III	Benefit Table A/B/C/D	Capital Limit of Liability	Premium
									TOTAL	
Covers Accidental Death, Permanent Total Disability, Permanent Partial Disability, Temporary Total Disability										
Covers only persons in the Age Group 18 to 65 years.										

BAGGAGE	Limit of Liability	Premium
Covers Accompanied baggage connected with business/personal effects of the Insured/ Partner/ Employees carried during Travel		
	TOTAL	

Boiler & Pressure Plant Insurance	Description - Maker Name, Maker No & Capacity	Registration No	Year of Mfg.	Limit of Liability	Premium
				Total	

Would you also like to opt for-		
Covers	Limit of Liability (in ₹) Wherever applicable	
OWNER'S SURROUNDING PROPERTY		
THIRD PARTY LIABILITY		
EXPRESS FREIGHT		
AIR FREIGHT		
ADDITIONAL CUSTOMS DUTY		

E. Payment Details

Mode of payment	
Payment Details	
Amount	

Assignment for Personal Accident Insurance
I/We hereby assign the money payable by TATA AIG General Insurance Company Limited. in the event of my death to the nominee named above and I further declare that his/her/their receipt shall be sufficient discharge to the company

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Declaration by Insured

I/ We hereby declare that the value insurable assets are less than 5 Crore and the statements made by me / Us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/Us and the _____.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Date: _____

Place: _____

Signature of Proposer

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 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.

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) _____

Name of the specified Person and code _____

Place: _____ Date: _____ Signature of Agent: _____

