

Cellular Network Insurance

Proposal Form



Name of the Insured

Additional Insured (Include address) (Agreed Bank Clause)

Mailing Address

PIN CODE

Period of Insurance desired From: _____ To _____

Address of Location to be Insured

PIN CODE

Description of Business

Particulars of premises

Age of structure _____ years

Construction – Cement walls & roof / Cement walls & metal roof / Fully steel / cement wall & wooden tiled roof / Other (describe)

Situation – Within office complex / commercial complex / residential complex / industrial complex / stand alone premises

Location – Basement / below street level / Ground floor / _____ floor(s)

Fire Fighting facilities – Hand held extinguishers only
Hand held extinguishers and Hydrants only
Hand held extinguishers and Sprinklers only
Hand held extinguishers, Hydrants and Sprinklers

Type of Security Features at the premises – _____

Previous Loss History

Coverage	Date	Cause	Amount (Rs)

The liability of the insurer shall be limited to those Coverage 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.

Coverage Section	Particulars of Insured interest	Total Sum Insured / Limit of Indemnity
A Material Damage	Building	Rs. _____
	Contents (describe) _____	Rs. _____
	Loss Limits	
	* Flood and Storm perils	Rs. _____
	* Earthquake	Rs. _____
	* Location Limit	Rs. _____
B Business Interruption	Indemnity Period: _____ Months	Rs. _____
C Inland Marine Transits	Total Transits during the policy period	Rs. _____
	Per sending / per bottom limit	Rs. _____
D Premises Liability	Legal Liability for third party death and/or third party bodily injury occurring and claimed during the Period of Insurance	Being the combined single indemnity limit (bodily injury and/or property damage) in respect of any one occurrence and in the aggregate of all occurrences during the Period of Insurance
E Terrorism Risk	Limit of liability	Rs. _____

Any one occurrence shall mean one loss/claim or a series of losses/claims arising out of one fortuitous event or cause.

Additional Coverage _____

Riders (Proposals) attached & included _____

