

Proposal Form



WITH YOU ALWAYS

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

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	

[illegible]

9.	Business of Proposer						
10.	Location of risk/ business to be covered - full postal address with Pin Code	Sl No.	Address	Pin code	Occupancy	Age of unit	Floor*
		1.					
		2.					
		3.					
		4.					
		*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H).					

11. Details of insured property	Please tick in the space below :	
a. Offices, Shops, Hotels etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Industrial / Manufacturing risks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Storage outside Industrial/ Manufacturing risks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Tanks / Gas holders outside Industrial/ Manufacturing risks.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Utilities located outside Industrial/Manufacturing risks.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Boundary wall	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Basement storage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If, yes value stored SI:₹	
h. Others (please specify)		
12. If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.		
13. If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)		
14. If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?		
15. Fire Protection devices installed	Please tick the correct answer in the box below.	
	<input type="checkbox"/> Portable Extinguishers	
	<input type="checkbox"/> Small bore hose reels	
	<input type="checkbox"/> Trailer Pumps/Fire engines	
	<input type="checkbox"/> Hydrant System	
	<input type="checkbox"/> Sprinkler System	

	<div><input type="checkbox"/> Fixed Water Spray System</div> <div><input type="checkbox"/> Foam System</div> <div><input type="checkbox"/> Fire Alarm System</div> <div><input type="checkbox"/> Gas Flooding System</div> <div><input type="checkbox"/> Others, please specify below.</div>															
16. Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force	Yes <input type="checkbox"/> No <input type="checkbox"/>															
17. Construction details																
a. Please state material used	Please tick the correct answer in the box.															
i. Walls	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>															
ii. Floor	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>															
iii. Roof	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>															
Note: Kutchha: 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 Kutchha Construction. Pucca: Buildings other than Kutchha are treated as Pucca constructions																
b. Number of Floors																
c. Age of the Building	<table><tr><td>Less than 5 years</td><td></td></tr><tr><td>5-10 years</td><td></td></tr><tr><td>10-20 years</td><td></td></tr><tr><td>Above 20 years</td><td></td></tr></table>	Less than 5 years		5-10 years		10-20 years		Above 20 years								
Less than 5 years																
5-10 years																
10-20 years																
Above 20 years																
18. Distance between the risk to be covered and nearest Fire Brigade																
19. Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)																
20. Whether Insurance was declined by any other Company (Give details)																
21. Premium / Claim details for the past 36 months excluding the expiring policy period	<table><tr><td>Year</td><td>Premium</td><td>Claim</td></tr><tr><td></td><td>₹</td><td>₹</td></tr><tr><td></td><td>₹</td><td>₹</td></tr><tr><td></td><td>₹</td><td>₹</td></tr><tr><td>TOTAL</td><td>₹</td><td>₹</td></tr></table>	Year	Premium	Claim		₹	₹		₹	₹		₹	₹	TOTAL	₹	₹
Year	Premium	Claim														
	₹	₹														
	₹	₹														
	₹	₹														
TOTAL	₹	₹														

D. Sum Insured and Other details of Insured Property (Indicate Sum Insured on the following basis:

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: **Reinstatement Value;**
- For raw material: **Landed Cost;**
- For stock in process: **Input cost;**
- For finished stock: **Manufacturing cost** of the finished stock or the **Contract Price*** of 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).

22.	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
									₹
									₹
									₹

E. Details for in-built cover for Floater

23.	Floater Cover (for stocks at various locations)	<table><tr><th>Location (Postal Address with Pin Code)</th><th>Sum Insured (in ₹)</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> <div>i) Maximum value at any one location: ₹ _____ ii) Whether stocks stored in open: <input type="checkbox"/>Yes <input type="checkbox"/> No</div>	Location (Postal Address with Pin Code)	Sum Insured (in ₹)						
Location (Postal Address with Pin Code)	Sum Insured (in ₹)									

F. Standard add-ons

II. Do You want to opt for Declaration Policy? ☐ Yes ☐ No. If Yes, give details below:

24.	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹): _____
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G. Premium Details

25.	Mode of Payment	
	Payment Details	
	Amount	

OPTIONAL COVERS (Select minimum 2 covers)

BURGLARY	L	Furniture & Fixture / Office Equipment	Plant & Machinery / Equipment	Stocks	Others - specify	Sum - Insured	First Loss (25 / 50%)	First Loss Sum Insured
	1							
	2							
	Covers Theft by visible and forcible means only. Do you have dedicated security arrangement round the clock? <input type="checkbox"/> YES <input type="checkbox"/> NO					TOTAL		
Are the insured premises protected with <input type="checkbox"/> Solid Doors / Gates / Grills / Rolling Shutters / Glass Door <input type="checkbox"/> Burglary Alarm system								

PORTABLE EQUIPMENT	Portable Equipment# Details		Make	Model	Year of Mfg.	Serial No. For Identification	AMC	Sum Insured*
							Yes / No	
							Yes / No	
	* Basis of SI should be new replacement value of same make / model. # Mobile Phones / PDA's are excluded.							TOTAL

ELECTRONIC EQUIPMENT / MACHINERY BREAKDOWN	L	Electronic Equipment / Machinery Breakdown	Equipment Details (Name & Capacity)	Make	Year of Mfg.	Serial No. For Identification	AMC	Sum Insured*
	1	EEI / MB					Yes / No	
	2	EEI / MB					Yes / No	
	Covers Electronic Equipment (upto 7 yrs) / Machinery Breakdown (upto 7 yrs)							TOTAL

MONEY	L	<input type="checkbox"/> Money in Safe (Max. 3 Lacs) (Rs.)	<input type="checkbox"/> Money in Transit				<input type="checkbox"/> First Loss Limit per Transit (Max. 1 lac (Rs.))
			From	To	<input type="checkbox"/> Annual Carrying		
					Approx Annual Carrying (Rs.)	Limit per Transit (Max. 3 Lacs) (Rs.)	
	1		Office	Bank & Back			
	2		Office	Bank & Back			
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.							TOTAL

PLATE GLASS / NEON SIGN	L	Description	Site Location		No's	* Dimensions (L x B)	Sum Insured
	1	Plate Glass / Neon Sign					
	2	Plate Glass / Neon Sign					
	Covers All Plate Glass and Neon Signs secured & fixed within the stated premises only. * For ornamented / curved / glazed / etched glass and cover for specific items, give item wise dimensions.						TOTAL

WORKMEN'S COMPENSATION	Nature of Work		Work Place (Office / Godown etc.)	No. of Employees (Permanent)	Total Annual Wages / Salaries	Contract Workers (attach details)	Sum Insured
	Covers permanent employees on Un-Named (Designation / Nature of occupation) & Total Annual Wages basis. Contractual employees are covered on Name & Total Annual Wages basis.						TOTAL

PERSONAL ACCIDENT	Name		Age	Occupation	Any Infirmary / Disability	Nominee Name	Relation	Catortory I / II / III	Benefit Table A/B/C/D	Capital Sum Insured (Rs)
	1. Covers only persons in the Age Group 18 to 65 years. 2. Death, permanent disability, partial disability & temporary total disability covers are available. Temporary total disability is available only for class I & II employees.									TOTAL

PUBLIC LIABILITY	Liability Type		Paid up capital (Rs.)	Annual Turnover (Rs.)	Any One Accident Limit (Rs.)		Any One Year Aggregate (Rs.)
	Non-Industrial						

BAGGAGE	Sum Insured						
	Covers accompanied Baggage connected with business / personal effects of the Insured / Partner / Employees carried during Travel anywhere in India.						

FIDELITY	Permanent Employees		Designation	Department	Any One Event Limit		Any One Year Aggregate Limit
	Un-named						
	Named						

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

Declaration by Insured

I/ We hereby declare that the value of insurable assets is more than ₹ 5 Crore but less than ₹ 50 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 clearly 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."

Business Guard - Commercial Policy Package (Small Business Solutions) - Retail UIN: IRDAN108RP0001V02100001

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) _____

Name of the specified Person and code _____

Place: _____ Date: _____ Signature of Agent: _____

GST Number: _____	
GST Address: _____	
Amount:	
Cheque/DD No:	
Date:	Valid upto:
Bank:	
Direct Debit Authorisation: _____ Transaction ID _____	

Sources of funds (please ✓ where applicable) : ☐ Salary ☐ Business Other (Please specify) _____

Insured's PAN card Number : _____ Insured's PAN card Number :in the absence of PAN Card, please give details of any other authorized photo ID. Photo ID Type _____ Number : _____

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 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 prospectus or tables of the insurers.

(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.

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.

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