

TATA AIG General Insurance Company Limited
Jewellers Package Insurance – Proposal Form



Proposer Details

Proposer's Name

Proposer's Address

Building No. & Name

Street Name

City

Pin Code

Telephonic

Fax

Mobile

Email:

Business Information

Risk Address (es)

Building No. & Name

Street Name

City

Pin Code

TelephoneFax

Mobile

E-mail

State the floor on which your premises are situated

How long have you carried on business?

In these premises? Years

Elsewhere? Years

Address where property is depicted?

Name and Address of Bank Lockers/Vaults?

Name and Address of Carriers?

Financier Interest/Details of Hypothecation

Whether the policy is to the hypothecated? Yes No

Name of the Bank

Nature of your Business

Manufacturing %

Wholesale %

Retail %

Pawn Broking %

How many employees do you have?

What is the minimum number of employees including principals in the sales section of your premises at any time during business hours, including lunchtime?

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Property Values

- a) What was the AVERAGE total value during the last twelve (12) months of
- a1) Your own Property and banknotes?
 (The Property figure is to be declared on the basis cost price on the basis as in question 4 above)
- a2) Property in trust (other than for safe custody, Property on approval repairs and the like?)
 TOTAL
- b) What was the MAXIMUM value of your own Property & Property in trust (other than for safe custody) & bank notes at any time during the last twelve (12) months?

Values out of Safe

What will be the Maximum Value of all jewellery, gold and platinum goods, precious stones and pearls (including those in windows) out of the locked safe or strong room?

Premises

- a) Has a Security Survey been conducted concerning the Premises? Yes No
 If YES, please specify the date (dd/mm/yy) of the Security Survey
 IF YES, have the recommendations complied with Yes No
- b) Is the building protected by employment of exclusive watchman/watchmen all 24 hours of the day? Yes No
- c) Is the building, protected by employment of common watchman/watchmen for the whole building or night watchman/watchmen? Yes No

Cellar/Basement

Are there any openings leading to a cellar or a basement from outside the shop? Yes No
 If YES, please give details and protection measures:

Doors, Windows, and Openings, Area

Give details of the following and how they are protected:

a) Each outer door

b) Each inner door

c) All windows other than display windows

d) Covered Area of Premises

Burglar Alarms

- a) Is there a burglar alarm? Yes No
 b) IF YES, state name and forward copy of maker's specifications to the underwriters (or if not available give full details)
- c) Are hold-up/panic buttons incorporated in the system? Yes No
- d) Is the system maintained under contract? Yes No

Safes

- a) Give the maker's name, sale cost (State purchased - whether new or second hand), and give details of any descriptive markings on the door.
- b) Approximate size and weight (please state measures) Size:
 Weight:
- c) Approximate age Years:
- d) Whether illuminated and visible from the street at night Yes No

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Strong Rooms

- a) Is there a strong room?
 b) If YES, give full details:

Yes No

Keys

Are all keys (including your alarm, safe and strong room keys) removed from the premises outside business hours?

Yes No

Special Protection

- a) Is there a 'Closed Circuit T.V.' (CCTV)?
 How many Days of back up is stored?

Yes No

- b) Is the premises protected by Armed Guards on 24 hr. basis

Yes No

- c) Please specify fire protection and other features:

Property Records

- a) When was your last annual stocktaking?
 b) Do you keep proper records of all sales purchases and transactions?

Yes No

Losses

- a) Have you ever sustained a loss or losses?
 b) If YES, give statement covering the past 3 years with particulars, including the amount of each loss, and if insured whether paid in full or otherwise

Yes No

	Year 1	Year 2	Year 3	Remarks
1. No. of Claims				
2. Claim Amount				
3. Insurance Company				

Receipts

- a) Is it your practice to give receipts for Property left with you by non-trade customers for repairs, valuation, sale, or any other purpose and to require surrender of such receipts before Property are returned to the customer?

Yes No

- b) Do you use entrustment slip/approbation notes in respect of all entrustment?

Yes No

Home Risk (Private Dwelling House)

Does any Partner, Director take Property to his private residence for any purpose?
 if YES, please give following information:

Yes No

Address and details of any protective devices

Please attach Annexure for multiple Residences/Addresses.

Maximum value taken:

Is the property ever left unattended at the private dwelling house?

Yes No

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Exhibitions and Displays

a) During the past twelve (12) months, did you exhibit any portion of your property at any exhibition, other than one promoted or financially assisted by any public authority or by any trade association, or entrust Property for any display or performance?

Yes No

if YES; give full particulars including values:

b) Do you exhibit Property, in any showcase in any hotel, club or elsewhere away from your premises? if YES, give full particulars including values and details of protections

Yes No

(i.e., type of glass, locks and the like)

Sum Insured

Section - I: Property in Insured Premises including Property in Trust or on Commission

Limit for Any one Loss

Sum Insured

a) Property Insured on the Premises including Display windows and locked safe

a1) Property in Display Window

a2) Property insured in locked safe on the premises

Additional benefit (Costs for securing safes after key loss)

Section - II: Property in Custody Including Property in Trust or on Commission

Limit for Any one Loss

Sum Insured

a) Property Insured whilst in the custody of Insured, Director(s), Employees(s), Partners(s), Duly constituted Attorney(s) and Consultant(s) and such other authorized representatives of the Insured.

b) Property insured whilst in the custody of brokers or agents or cutters or goldsmiths, minakar, Polisher, certifying agencies or any other person/ agencies who are not in regular employment of the insured, but to whom such property is entrusted subject to appropriate written evidence of consent of Insured being available relating to such entrustment.

Additional benefit (Costs for securing safes after key loss)

Section III: Property in Transit including Property in Trust or on Commission

Limit for Any one Loss

Sum Insured

a) Registered Insured Post parcel

b) Air Freight

c) Professional Courier & Logistics Company/ Angadias/ Carrying and forwarding agencies

Section IV: Fraudulent / Dishonest Acts Committed by Salaried Employee

Infidelity of Employees with Limit as per category detailed below:

	No. of Employees	Limit per Employee	Limit for Any one Loss	Sum Insured
a) Category - 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Category - 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
c) Category - 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
d) Category - 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Section - V: Property in Exhibition/Photoshoot/Fashion Show Including Property in Trust or on Commission

	Count	Limit per Exhibition/Photoshoot/Fashion Show	Sum Insured
a) Exhibitions	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Photoshoots	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Fashion Shows	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Additional benefit (Costs for securing safes after key loss)</i>			<input type="text"/>
Geographical area(s), Specify	<input type="text"/>		

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Section - VI: Building and Contents (Fire & Burglary)

Sum Insured

- | | | |
|----|--|--|
| a) | Structure / Building | |
| b) | Furniture, Fixtures, Fittings at the business premises | |

Please attach Annexure for multiple Risk Locations/Addresses.

Section-VII: Fixed Glass and Related Fittings

Fixed Glass - details with dimensions and description of tinted embossed ornamental or painted items

Sr. No.	Description	Dimension	Sum Insured

Section - VIII: Neon & Illuminated Signs & Hoardings

a) Neon & Illuminated Signs

Sr. No.	Description	Dimension	Sum Insured

b) Hoarding

Sr. No.	Description	Dimension	Sum Insured

Section - IX: Electronic Equipment

Sum Insured

- | | | | | |
|----|--------------------------------|--|--|--|
| a) | Equipment, year of manufacture | | | |
| b) | Equipment, year of manufacture | | | |

Section - X: Public Liability

Particulars

- | | | |
|----|---|--|
| a) | Any one Accident Limit | |
| b) | Sum Insured for all accidents in Policy Period | |
| | <i>Additional benefit (Liability for accusations of visitor misconduct)</i> | |

Section - XI: Employee Compensation

Particulars

- | | | |
|----|--|--|
| a) | Number of Employees | |
| b) | Nature/Description of Work | As per Annexure A |
| c) | Wages during Policy Period | |
| | Scope of Coverage | |
| a) | The Employee's Compensation Act, 1923 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) | Fatal Accidents Act, 1855 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) | Common Law | |
| | i. Limit Per Employee for any number of accidents | |
| | ii. Limit Per Accident for any number of Employees | |
| | iii. Aggregate Limit for all accidents and claims arising there from | |

Section - XII: Money

Limit for Any One Loss

Sum Insured

- | | | | |
|----|-------------------------|--|--|
| a) | Money in safe | | |
| b) | Money in Transit | | |
| c) | Money in Counter / Till | | |

Section XIII: Consequential Loss (Fire)

Particulars

- | | | |
|----|--|--|
| a) | Since when has the works to be insured come into existence | |
| b) | What type of repair work can be carried out without external help? | |
| c) | Annual Gross Profit | |
| d) | Indemnity period (No. of Months) | |

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Add-on Covers

	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum Insured
I) Sabotage and Terrorism Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
II) Sold Property	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
III) Personal Jewellery	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
IV) Medical Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
V) Machinery Breakdown	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
VI) Boiling and/ or Casting / Laser Machine Operations	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
VII) Personal Accident (<i>Details to be filled in Annexure B</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
VIII) Extension to Section I – (Property in Insured Premises)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
a. Property kept Outside Locked Safe/Strong Room anywhere in the Insured Premises after business hours		<input style="width: 100%;" type="text"/>
b. Property in Bank Lockers / Private locker		<input style="width: 100%;" type="text"/>
c. Property at Insured's residence		<input style="width: 100%;" type="text"/>

Do you want Underinsurance Condition to be waived-off? Yes No

Other Insurances

- a) Has any other insurer ever cancelled or refused to issue or to continue any insurance for you? Yes No
- b) Have you previously been insured? Yes No
 If YES, please state with whom, risks covered and for what amount and please attach copy of the policy

References

Unless proposing for renewal, give two (2) references from your trade

Important Notices

Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance? Yes No
 if YES, please specify

Claims History

Please attach separate liability claims history (both paid and outstanding and any related fees or expenses including legal fees) for the last 5 complete years net of any deductible and advise of any deductible applicable. Please also attach details of any existing litigation.

Signature: _____ Date: _____

Company Position: _____

Declaration & Warranty on behalf of all persons proposed to be Insured

- I/ We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/ are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full payment of the premium chargeable. 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.
- I/We authorize the company to share information/data/details provided by me/us to any other person in connection with the proposal for the sole purpose of underwriting, Policy servicing and/or claims servicing & settlement

Signature of the Proposer: _____ **Date:** _____ **Place:** _____

Agent Declaration

I, _____

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_____ (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).

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/Specified Person: _____
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/Thumb impression of the Proposer: _____
Name & Signature of agent/intermediary/Specified Person: _____
Signature of the Proposer: _____

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.

Insurance Act 1938 Section 41- Prohibition of Rebates

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 the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

1. Nationality:

- Indian
- Non-Indian; If Non-Indian, please specify Country: _____

Additional Information

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

Signature of the Proposer: _____

For office use only - Employee ID: _____ **Partner Reference ID:** _____

