

Proposal Form No: _____

MASTER PROPOSAL FORM FOR INDUSIND COMMERCIAL CARE PACKAGE POLICY (SOOKSHMA) - GROUP

Please Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.

The liability of the Company commences only when this proposal is accepted by the Company and the premium is received.

INTERMEDIARY DETAILS (TO BE FILLED IN BLOCK LETTERS)

Intermediary Name		Code:	
Branch Name		Code:	
Sales Manager Name		Code:	

MASTER POLICYHOLDER DETAILS (TO BE FILLED IN BLOCK LETTERS)

1. Proposer's Full Name	o Mr. o Ms. o Mrs.		
2. Address of the proposer			
Flat / Building		Road/Street/Sector	
Area		Taluka/Village/District/City	
State		Pin Code	
Country		Phone	
Mobile		Fax	
Email			
Contact person details (where proposer is not an individual)			
Name			
Designation			
Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions:			
Period of Insurance	From DD / MM / YYYY To DD / MM / YYYY		
3. Group Size			
4. PAN No.			
5. UID Aadhar No.			
6. Corporate Identity No. (CIN)		EKYC No.	
7. Do you have a GST Registration Number			☐ Yes ☐ No
If Yes, please specify			
8. Do you have any existing Fire insurance Policy with IndusInd General Insurance?			☐ Yes ☐ No
If Yes, Please provide Policy Number			


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9. Location of risk/business to be covered - full postal address with Pin Code Address of the premises to be Insured:

Occupancy(s): _____

Geography(s): _____

10. Whether risk to be covered is of Kutcha construction? ☐ Yes ☐ No

(Note: 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.)

11. Any other details of the premises proposed to be insured under the Master Policy (please attach a separate sheet, if necessary): _____

12. COVER DETAILS:

Please select the covers (and Sum Insured/Limits if applicable) to be offered under this Master Policy:

I. Section I (Fire and Allied Perils) Built-in covers:

Sl. No	Name of Add-on cover	Applicability	Sum insured / Limits to be offered
1.	Additions, alterations or extensions upto 15% of the sum insured for that item (excluding stocks)	☐	₹ _____
2.	Temporary removal of stocks	☐	₹ _____
3.	Cover for Specific Contents	☐	₹ _____
4.	Start-up Expenses	☐	₹ _____
5.	Professional fees	☐	₹ _____
6.	Cost for removal of debris	☐	₹ _____
7.	Costs compelled by Municipal Regulations	☐	₹ _____

Add-ons to Section I

1. Earthquake, volcanic eruption or other convulsions of nature) ☐ Yes ☐ No

2. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation ☐ Yes ☐ No

3. Terrorism Damage Cover Endorsement (Material Damage only) ☐ Yes ☐ No

4. Accidental Damage ☐ Yes ☐ No

5. Escalation Clause: (_____%) ☐ Yes ☐ No

6. Cover for Rent: ☐ Yes ☐ No

- Rent for Alternate Accommodation/
- Loss of Rent (for owners only)

II. Burglary & Housebreaking ☐ Yes ☐ No

Theft Extension ☐ Yes ☐ No

If Yes, Specify the details below: _____

III. Money Insurance ☐ Yes ☐ No

Theft Extension ☐ Yes ☐ No


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If Yes, Specify the details below:

IV. Infidelity / Dishonesty of employees

☐ Yes ☐ No

V. Legal Liability

☐ Yes ☐ No

A. Towards Employees

B. Towards third parties : AOA = AOY = ₹

(Liability limited to 50% of sum insured under section I or ₹ 25,00,000/- whichever is less)

Food and Beverages Extension

☐ Yes ☐ No

Swimming Pool Extension

☐ Yes ☐ No

Lift Liability Extension

☐ Yes ☐ No

VI. Machinery Breakdown

☐ Yes ☐ No

13. Give details of previous insurance, if any

Policy No.

Company

Expiry Date

D D / M M / Y Y Y Y (Please attach details of experience)

DECLARATION:

I/ We hereby declare that the value of insurable assets to be covered under Section I shall be less than ₹5 Crore (Rupees Five Crore) for each Policy issued under the Master Policy, and the statements made by me / Us in this proposal form are true to the best of my / our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to IndusInd General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

I/We further agree and undertake not to receive from IndusInd General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract

"I/we hereby agree to be notified by insurer on my registered mobile number/ email id through mail or SMS or any such mode, information about various insurance policy services."

Place: _____

Date: _____

Signature of Proposer/Authorised Signatory

Name of Authorised Signatory: _____

Designation: _____

AML Guidelines

"I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly/ indirectly governing the prevention of Money Laundering in India.

Nationality	☐ Indian ☐ Non- Indian, If Non Indian please specify the country
Type of Organization	☐ Corporations ☐ Government ☐ Non Government Organizations ☐ Society ☐ Trust ☐ Partnership ☐ International Organization ☐ Cooperatives ☐ Section 25 companies

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?	☐ Yes ☐ No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	☐ Yes ☐ No
If yes, please mention the name and relation and the position held by such close relative/family member.	

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/ CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

NOTE :

"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."
 (db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of stateowned corporations and important political party officials".

PROHIBITION OF REBATES - SECTION 41 OF 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 the 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 prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

ACKNOWLEDGMENT (ON BEHALF OF INDUSIND GENERAL INSURANCE COMPANY LIMITED)

Proposer's Full Name	☐ Mr. ☐ Ms. ☐ Mrs. FIRST MIDDLE LAST		
Intermediary Name		Code	
Branch Name		Code	
Sales Manager Name		Code	
Intermediary Signature			


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ANNEXURE

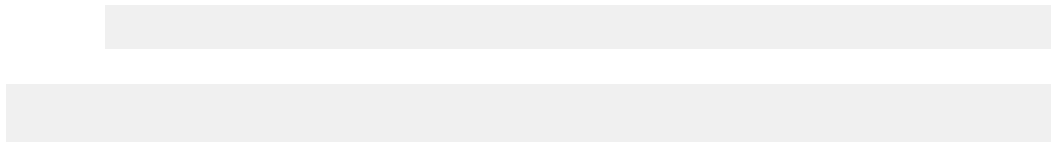
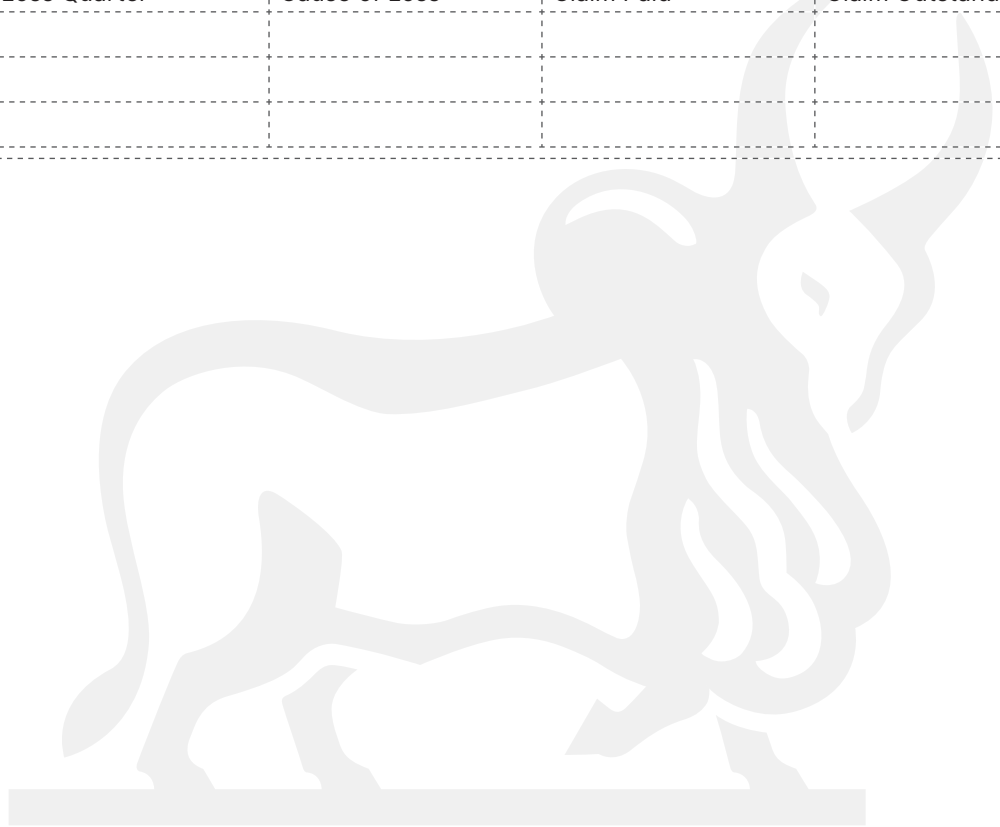
Premium and Claim details for the past 36 months excluding the expiring policy period (sample format below):

Premium Details:

Financial Year	Financial Quarter	Premium

Claim Details:

Loss Year	Loss Quarter	Cause of Loss	Claim Paid	Claim Outstanding



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IRDAI Registration No. 103. IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Commercial Care Insurance Policy (Sookshma) - Group. UIN: IRDAN103RPMS0051V01202425. IGI/MCOM/COJFI-01/CFNER.1.1/280125.



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