IndusInd GENERAL INSURANCE
FORMERLY RELIANCE GENERAL INSURANCE

Proposal Form No:_____

INDUSIND BHARAT LAGHU UDYAM SURAKSHA POLICY (RETAIL) - PROPOSAL FORM

Important:

1. This proposal is for covering an enterprise whose total value of insurable assets at a location exceeds Rs 5 Crore but does not exceed Rs. 50 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.

INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)	
Intermediary Name:	Code:
Branch Name:	Code:
Sales Manager Name:	Code:

A. Details about Proposer and Policy Period		
1	Name of Proposer	
2	Address of Proposer	
3	Telephone No (Landline)	
4	Mobile No	
5	Email	
6	PAN No.	
7	UID Aadhar No.	
8	CIN (In case of Corporate)	
9	Date of Birth / Date of Incorporation	D D / M M / Y Y Y Y
10	Contact person details, if not an individual a. Name b. Designation	
11	Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
12	Period of Insurance	From: _____ To: _____

B. Business and Location of Business:

13	Business of Proposer						
14	Location of risk/business to be covered - full postal address with Pin Code	Sl No.	Address	Pin Code	Occupancy	Age of Unit	Floor*
		Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor					

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C. Details about business covered at the insured location		
15	Details of insured property	Please tick in the space below:
	a. Offices, shops, hotels etc.	☐ Yes ☐ No
	b. Industrial / manufacturing risks	☐ Yes ☐ No
	c. Storage outside Industrial/ manufacturing risks	☐ Yes ☐ No
	d. Tanks / gas holders outside industrial/ manufacturing risks.	☐ Yes ☐ No
	e. Utilities located outside Industrial/ manufacturing risks.	☐ Yes ☐ No
	f. Boundary wall	☐ Yes ☐ No
	g. Basement storage	☐ Yes ☐ No If, yes value stored SI: Rs. _____
	h. Others (please specify)	
16	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.	
17	If used as an Industrial Manufacturing unitgive products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable)	
18	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
19	Fire Protection devices installed	Please Tick the correct answer in the box below.
		☐ Portable Extinguishers
		☐ Small bore hose reels
		☐ Trailer Pumps/Fire engines
		☐ Hydrant System
		☐ Hydrant System Sprinkler System
		☐ Fixed Water Spray System
		☐ Foam System
		☐ Fire Alarm System
		☐ Gas Flooding System
		☐ Others, please specify below.
20	Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force:	☐ Yes ☐ No
21	Construction Details	
	a. Please state material used	Please tick the correct answer in the box

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	Walls	☐ Kutcha ☐ Pucca	
	Floor	☐ Kutcha ☐ Pucca	
	Roof	☐ Kutcha ☐ Pucca	

Note:
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.
Pucca: Buildings other than Kutcha are treated as Pucca constructions

	b. Number of Floors			
	c. Age of the Building	Less than 5 years		
		5-10 years		
		10-20 years		
		Above 20 years		
22	Distance between the risk to be covered and nearest Fire Brigade			
23	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)			
24	Whether Insurance was declined by any other Company (Give details)			
25	Premium / Claim details for the past 36 months excluding the expiring policy period	Year	Premium Rs.	Claim Rs.
			Rs.	Rs.
			Rs.	Rs.
			Rs.	Rs.
			Rs.	Rs.
			Rs.	Rs.
		Total	Rs.	Rs.

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).

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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 Rs.**

E. Standard add-ons

I. Do You want to opt for Floater Cover?: Yes/No (strike off what is not applicable). If yes, give details below:

27	Floater Cover (for stocks at various locations)	Location (Postal Address with Pin Code)	Sum Insured (in Rs.)
		I) Maximum value at any one location: Rs._____ ii) Whether stocks stored in open: ☐ Yes ☐ No	
	II. Do You want to opt for Declaration Policy?: Yes/No (strike off what is not applicable).If yes, give details below:		
28	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (Rs):		

F. Premium Details

Mode of Payment	
Payment Details	
Amount (in ₹)	

PROPOSER'S BANK DETAILS

Name of the Bank Account Holder	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
Bank Account No.:		Account:	☐ Saving ☐ Current
Name of the Bank			
Branch			
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			
IFSC Code (11 character code appearing on your cheque leaf)			

☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

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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 state-owned corporations and important political party officials".

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____ _____

Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

G. Declaration

"I/ We hereby declare that the value of insurable assets to be covered under Section I is more than Rs.5 Crores and upto Rs.50 crores 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 hereinabove 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.

Special Declaration related to PA

1. "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 on these other persons.

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2. I understand that the information provided by me will form the basis of the 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 receipt of the premium chargeable.
3. I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."

   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.
6. I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.
7. 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
8. "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

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 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.

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