

Application Number: _____

INDUSIND CLINIC PROTECT POLICY (COMMERCIAL) - PROPOSAL FORM

The property proposed for insurance is not covered until the proposal is accepted and premium received.

INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)

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

Section II - Proposer Details (To be filled in BLOCK LETTERS)

1. Name of Proposer	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
2. Customer ID			
3. Address of the Proposer			
Flat/Building		Road/Street/Sector	
Area		Taluka/Village/District/ City	
Pin Code		State	
Country		Phone	
Mobile		Fax	
Email			
4. Address of the premises to be Insured			
Flat/Building		Road/Street/Sector	
Area		Taluka/Village/District/ City	
Pin Code		State	
Country		Phone	
Mobile		Fax	
Email			
5. Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
6. Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		
7. PAN No.		8. UID Aadhar No.	
9. CIN (In case of Corporate)		10. Date of Birth / Date of Incorporation	DD/MM/YYYY
11. Do you have a GST Registration Number		☐ Yes ☐ No	
If Yes, please specify			

12. Professional qualification & the year of such Qualification:			
13. Medical Registration No.		14. Year of Registration	YYYY
15. Period of Insurance		From DD/MM/YYYY To DD/MM/YYYY	
16. Description of Business/trade			
17. How long have you been practicing?			
18. a. Are you attached to/or attending as a visiting physician/surgeon in a hospital/nursing home/ clinic etc...?			☐ Yes ☐ No
If Yes Please give details.			
b. Are they covered under a Medical Establishment errors and omission insurance policy?			☐ Yes ☐ No
19. a. Specify facilities such as X-Ray, Radio Therapy, Scanning etc... available/operated by you or under your control and the average number of persons using each facility in a day?			
b. Are these facilities being maintained through regular service contracts with the manufactures/ specialised servicing agencies? Please Give details			
c. If these facilities are operated by employees please state their (i) Name (ii) Technical Qualifications (iii) Experience (iv) Name of the facility operated (please use separate sheet).			
20. State the average number of patients you are attending per day?			
21. Has any claim been made upon you or legal proceedings instituted or likely to be instituted against you by patients in respect of your treatment etc?			☐ Yes ☐ No
If yes please give details			
22. Limit of Indemnity required: For Any One Accident (AOA)		For Any One Year (AOY)	
23. a. Whether the premises owned or rented		☐ Owned ☐ Rented	
b. Do you wish to cover the building under section I?		☐ Yes ☐ No	
c. Do you wish to cover plinth & foundation also?		☐ Yes ☐ No	
d. Please state the basis of valuation opted for under section 1 – whether on Reinstatement Value (RIV) or Market Value (MV) Basis		☐ RIV ☐ MV	
24. Please fill up the details for the section opted by you in the format herein below (Please note the section I (B) is compulsory)			

I. Fire & Allied Perils					Sum Insured (₹)
A. Building:					
• Superstructure					₹ _____
• Plinth & Foundation					₹ _____
B. Contents:					
a. i. Other than stock & Stock in trade					₹ _____
ii. Stock in trade					₹ _____
b. Goods Held in Trust					₹ _____
Do you require terrorism cover?					☐ Yes ☐ No
II Business Interruption					
i. The indemnity: The amount which the insured is entitled to recover under the provisions of the attached specifications which is declared to be incorporated in and to form part of schedule but not exceeding the total sum insured hereby.					₹ _____
ii. Total sum insured					₹ _____
iii. Period of Indemnity					_____ Months
III. Machinery breakdown (Item are required to be covered on RIV Basis)					
Sr. No.	Description	Make & Model	Year of Manufacture	Identification No.	Sum Insured (₹)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Total					
IV. Electronic Equipments/ appliance (Items are required to be covered on RIV basis)					
Do you require Terrorism cover?					☐ Yes ☐ No
Sr. No.	Description	Make & Model	Year of Manufacture	Identification No.	Sum Insured (₹)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Total					


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V. Burglary and housebreaking

Contents

a. i. Other than stock & Stock in trade	₹ _____
ii. Stock in trade	₹ _____
b. Goods Held in Trust	₹ _____

VI. Money Insurance

Please indicate the amount to be insured

a. In transit-limit per carrying	₹ _____
b. In safe	₹ _____
c. In Till	₹ _____

VII. Baggage Insurance

Sum Insured ₹ _____

VIII. Fixed Plate Glass and sanitary Fittings (Items are required to be covered on RIV basis)

Sr. No.	Items and Description	Sum Insured (₹)
1.		
2.		
3.		
4.		
Total		

IX. Neon Sign and Glow Sign

Sr. No.	Items and Description	Sum Insured (₹)
1.		
2.		
3.		
4.		
Total		

X. Personal Accident

Sr. No.	Name	Age	Designation	Table Opted For	Capital Sum Insured (CSI) (₹)

Do you wish to cover reimbursement of medical expenses due to accident? ☐ Yes ☐ No

XI. Infidelity / Dishonesty of employees

Due you require a floater cover?

☐ Yes ☐ No

Sr. No.	Name	Designation	Limit of Liability (₹)
1.			
2.			
3.			
4.			
5.			

XII. Legal Liability

A. Towards Employees

Sr. No.	No. of Domestic servants	Nature of work / duties	Estimated wages (₹)
1.			
2.			
3.			
4.			
5.			

B. Towards third parties:

AOA = AOY = ₹ _____

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

XIII. Professional Indemnity (This Section is applicable to clinics practicing in allopathic medicine only)

Date of occurrence	Details of Items Lost (₹)	Details of Loss	Amount of Loss (₹)	Name of the Insurance Company

AOA = AOY = ₹ _____

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

25. Have any of the items opted for coverage under various Sections enumerated above suffered any damage previously?

☐ Yes ☐ No

If Yes, give detail of the same. Attach a separate sheet, if necessary.



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Date of occurrence	Details of Items Lost (₹)	Details of Loss	Amount of Loss (₹)	Name of the Insurance Company

26. Give details of existing insurance, if any

Policy No.

Company

Expiry Date

DD/MM/YYYY

27. Any other information relevant to this insurance

PROPOSER'S BANK DETAILS

Name of the Bank Account Holder M/s

☐ Mr. ☐ Mrs. ☐ Ms. 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 I any payment I 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.

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.



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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.

DECLARATION BY PROPOSER

I/We hereby declare and warrant that 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 IndusInd General Insurance Company Limited. In any additions/alterations are carried out in the risk proposed after the submission of this proposal form then the same shall be conveyed to the IndusInd General Insurance company Limited immediately

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 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 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."

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

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.

