

INDUSTRIAL ALL RISKS INSURANCE (COMMERCIAL) - PROPOSAL FORM

(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:

PROPOSER'S DETAILS (To be filled in BLOCK LETTERS)

1. Name of the Insured			
2. Location of the Risk			
Flat/Building		Road/Street / Sector	
Area		Taluka/Village/District/City	
Pin Code		State	
Country		Phone	
Mobile		Fax	
Email			
3. Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
4. Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		
5. PAN No.		6. UID Aadhaar No.	
7. CIN (In case of Corporate)		8. Date of Birth / Date of Incorporation	DD / MM / YYYY
9. Do you have a GST Registration Number			☐ Yes ☐ No
If Yes, please specify			
10. Policy Period:	From DD / MM / YYYY To DD / MM / YYYY		
11. If any Add-on covers for Section - I required, Please specify with sub-limits under Annexure D			
12. Details required under Business Interruption - Section II:			
Gross Profit:	₹	Standing charges:	₹
Indemnity Period:	Months	Time Exclusion:	Days
13. Whether MLOP is desired to be covered.		☐ Yes ☐ No	
If yes, details thereof -			
14. If any Add-on covers for Section - II required, Please specify with sub-limits:			
15. Voluntary Deductible proposed to be opted for			
a) Material Damage Claims - Section I			
b) Business Interruption Claims - Section II			
16. Premium Data			


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Please furnish details of Sum Insured and Premium paid locationwise for the past 5 years (If available for 10 years) in Annexure B.

17. Claims Data

Please furnish details of Claims for the past 5 Years in Annexure C.

18. Terrorism Cover Required?

☐ Yes ☐ No

If Terrorism Cover is required than kindly advise

a) Whether the risk was insured against terrorism in the previous year/s?

☐ Yes ☐ No

b. If yes, whether premium was paid as per the terms of the Indian Market Terrorism Risk Insurance Pool or as per the terms quoted by other reinsurers?

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.

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".



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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.


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INDUSTRIAL ALL RISKS POLICY
ANNEXURE A

Name of the Company

Location of Risk:

Pin Code

Sr. No.	Block No.		Description of the risk	Class of construction	Sum Insured in ₹							Total Sum Insured
	Main	Communicating, if any			Bldg.	Machinery	Furniture Fixtures & Fittings etc.	Cabling	Stock & Stock-in-process	Stock in Godown	Material in open/Gas holders/ Tank Farms	

 Authorised Signatory
 IndusInd General Insurance Co. Ltd

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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.Industrial All Risks Insurance (Commercial). UIN No. IRDAN103CP0019V01201920. IGI/MCOM/CO/FI-03/P-F/Ver.1.0/131223.

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PREMIUM DATA

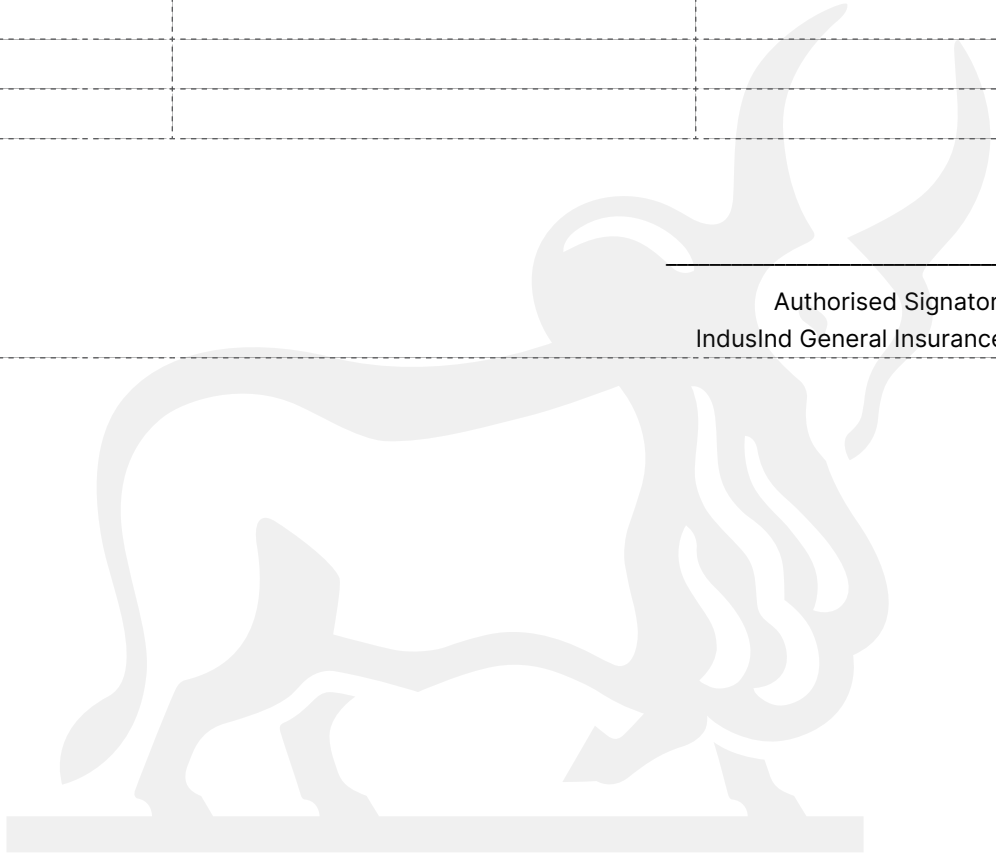
ANNEXURE B

Location / Premises:

Policy / Perils - Fire Policy C/EQ/STFI/EEI/B.I(Fire)/B.I(MLOP) (Please submit details of premium on a separate sheet for each Policy/Peril)

Policy Period	Sum Insured (₹ in Lakhs)	Premium (₹ in Lakhs)

 Authorised Signatory
 IndusInd General Insurance Co. Ltd



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CLAIM DATA SHEET
ANNEXURE C

Please submit a separate Claim Data Sheet for each claim

	Material Damage	Business Interruption
Date of Loss	DD / MM / YYYY	DD / MM / YYYY
Policy Period		
Policy/Peril		
Cause of Loss		
Sum Insured	₹	₹
Amount Assessed by Surveyor	₹	₹
Amount Paid	₹	₹
Deductible		
For Business Interruption Losses please give the following additional information:		
Indemnity Period	_____ Months	
Interruption Period	_____ Days	
Time Excess	_____ Days	
_____ Authorised Signatory IndusInd General Insurance Co. Ltd		


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ADD-ON COVERS SHEET

ANNEXURE D

		Sum Insured/Sub-Limit (₹)
1 Additional Customs Duty Clause	☐ Yes ☐ No	
2 Aggravation Clause	☐ Yes ☐ No	
3 Architects, Surveyors and Consulting Engineers Fees (in excess of 3% claim amount)	☐ Yes ☐ No	
4 Brand and Trademark Clause	☐ Yes ☐ No	
5 Capital additions _____% of Material Damage Sum Insured	☐ Yes ☐ No	
6 Catalyst and Consumable (Including Lining and Refractory) Interest in Process	☐ Yes ☐ No	
7 Claim Preparation Clause	☐ Yes ☐ No	
8 Cleaning up and other Costs Clause	☐ Yes ☐ No	
9 Decontamination Expenses Clause	☐ Yes ☐ No	
10 Deliberate Damage	☐ Yes ☐ No	
11 Earthquake (Fire and Shock)	☐ Yes ☐ No	
12 Expenses for Loss Minimization / Loss Prevention	☐ Yes ☐ No	
13 Highest Single Deductible	☐ Yes ☐ No	
14 Hire Purchase or Lease Agreements / Properties under Consignment, Care, Custody and Control	☐ Yes ☐ No	
15 Immediate Repairs	☐ Yes ☐ No	
16 Inadvertent Omission- _____% of Material Damage Sum Insured Excluding Stocks	☐ Yes ☐ No	
17 Inland Transit	☐ Yes ☐ No	
18 Insurance of Additional Expenses of Rent for an Alternative Accommodation	☐ Yes ☐ No	
19 Landscaping Cost Clause	☐ Yes ☐ No	
20 Leak search / Finding Cost Clause	☐ Yes ☐ No	
21 Loss of Rent Clause	☐ Yes ☐ No	
22 Margin Clause- _____% of Sum Insured	☐ Yes ☐ No	
23 Molten Metal	☐ Yes ☐ No	
24 Non Invalidation	☐ Yes ☐ No	
25 Non-Vitiation Clause / Multiple Insured Clause	☐ Yes ☐ No	
26 Obsolete Equipment Clause	☐ Yes ☐ No	
27 Obsolete Parts Clause	☐ Yes ☐ No	
28 Omission to Insure Additions, Alterations or Extensions- _____% of BMA Sum Insured Excluding Stocks	☐ Yes ☐ No	
29 Pair and Set Clause	☐ Yes ☐ No	


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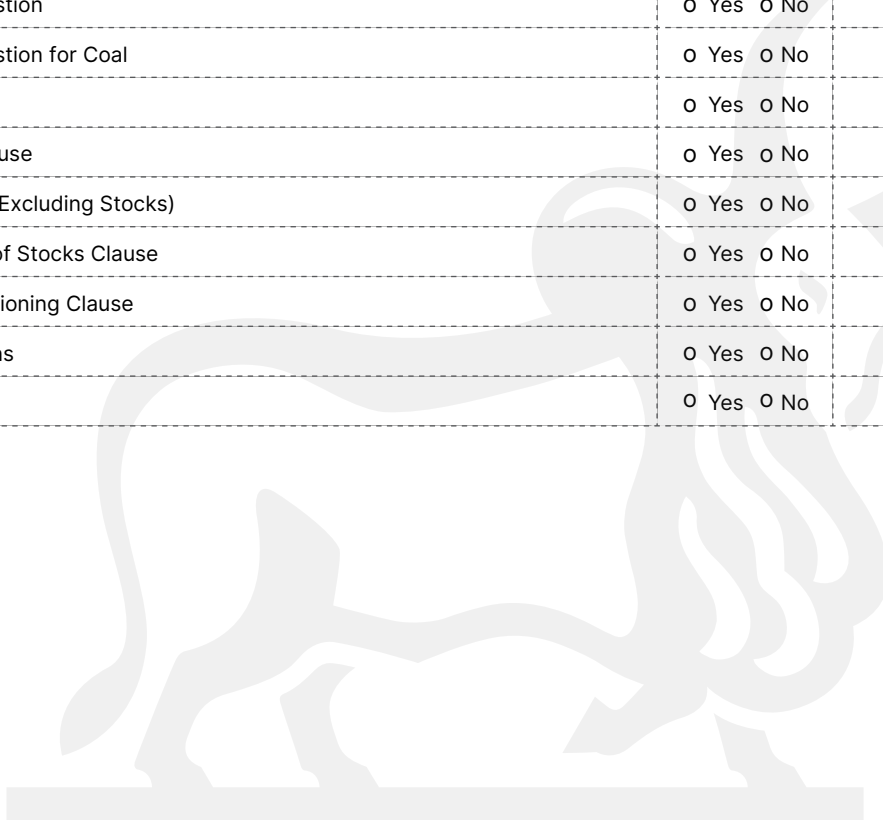
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30 Personal Effects Clause / Property of Employees and Visitors	☐ Yes ☐ No	
31 Plans, Documents & Computer Systems Records	☐ Yes ☐ No	
32 Professional Fees	☐ Yes ☐ No	
33 Property in Course of Construction / Minor Works	☐ Yes ☐ No	
34 Protection and Preservation of Property	☐ Yes ☐ No	
35 Removal of debris (in excess of 1% Claim Amount)	☐ Yes ☐ No	
36 Removal of Debris (Including External Debris)	☐ Yes ☐ No	
37 Shutdown / Startup Costs	☐ Yes ☐ No	
38 Spontaneous Combustion	☐ Yes ☐ No	
39 Spontaneous Combustion for Coal	☐ Yes ☐ No	
40 Start up Expenses	☐ Yes ☐ No	
41 Stock Declaration Clause	☐ Yes ☐ No	
42 Temporary Removal (Excluding Stocks)	☐ Yes ☐ No	
43 Temporary Removal of Stocks Clause	☐ Yes ☐ No	
44 Testing and Commissioning Clause	☐ Yes ☐ No	
45 Un-specified Locations	☐ Yes ☐ No	
46 Vehicle Load Clause	☐ Yes ☐ No	


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