

INDUSIND INDUSTRY CARE POLICY (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. Proposer's Full Name			
2a. Address of the proposer ☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T			
Flat/Building		Road/Street/Sector	
Area		Taluka/Village/District/City	
Pin Code		State	
Country		Phone	
Mobile		Fax	
Email			
2b. 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			
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 to be issued in favour of (List out all the parties who have insurable interest including the financial institutions)			
11. Loan Account No			
12. Period of Insurance From DD / MM / YYYY To DD / MM / YYYY			


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)



13. Description of Business	
14. a. Whether the premises is 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 I and V - whether on Reinstatement Value (RIV) or Market Value (MV) Basis	☐ RIV ☐ MV
15. Is any part of risk situated in basement	☐ Yes ☐ No
If yes, please provide detailed use of basement	
16. Please fill up the details for the Sections opted by you in the format hereinbelow (Please note that section I (b) is compulsory)	
I. Fire & Allied Perils	Sum Assured
a. Building:	
(i) Superstructure	₹ _____/-
(ii) Plinth & Foundation	₹ _____/-
b. Contents:	
(i) Other than Stock & Stock in Trade	₹ _____/-
(ii) Stock and Stock in Trade	₹ _____/-
Do you require Terrorism cover?	☐ Yes ☐ No
II. Business Interruption	
Total Sum Insured Amount to be insured on	Sum Assured
a. Gross Profit (Net profit plus Standing Charges)	₹ _____/-
b. Wages (i) On weeks basis	₹ _____/-
(ii) On dual basis	₹ _____/-
State the basis of indemnity required:	
a. Turnover basis or	
b. Output basis or	
c. Difference basis	
Does the Proposer wish to include fees payable to Auditors for certifying particulars required in connection with claim? If so,	☐ Yes ☐ No
Please state the amount	₹ _____/-
Does the Proposer require the following extensions?	
a. His property at other Location	☐ Yes ☐ No
b. Electricity, Gas works or Water works	☐ Yes ☐ No
c. Supplier's premises	☐ Yes ☐ No
If so, give details	
Period of Indemnity	_____ Month


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)



III. Machinery Breakdown (Items are required to be covered on Current New Replacement Value basis)					
S. No.	Description	Make & Model	Year of manufacturing	Identification No.	Sum Insured (₹)
				Total	

[illegible]

V. Burglary & Housebreaking		
Contents (a) (i) Other than Stock & Stock in Trade		₹ _____/-
(ii) Stock and Stock in Trade		₹ _____/-

VI. Money Insurance		
Please indicate the amount to be insured	a. In transit-limit per carrying	₹ _____/-
	b. In Safe	₹ _____/-
	c. In Till	₹ _____/-

VII. Goods in Transit	
Total Sum Insured (raw materials, finished goods, semi finished goods, spares, consumable)	₹ _____/-
Per bottom limit	₹ _____/-
Details/Description of goods	
Description of Packing	
Mode of Transit	

VIII. Personal Accident							
S. No.	Name	DOB	Designation	Total opted for	Capital Sum Insured (CSI) (₹)	Nominee Name	Relationship with Nominee

[illegible]

18. Give details of previous insurance, if any

Policy No.	Expiry Date	DD / MM / YYYY
Company		

19. Give details of other existing insurance if any

20. Any other information relevant to this insurance

21. Has any insurer refused insurance coverage for this property

PROPOSER'S BANK DETAILS

22. Name of the Bank Account Holder	o Mr. o Mrs. o Ms. F I R S T M I D D L E L A S T		
23. Bank Account No.:	24. Account:	o Saving o Current	
25. Name of the Bank			
26. Branch			
27. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			
28. IFSC Code (11 character code appearing on your cheque leaf)			

o 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.

29. Period of Insurance From DD / MM / YYYY To DD / MM / YYYY

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)? o Yes o No

If yes, please mention the position held

Is any of your close relation or family member a PEP? o Yes o 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".

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

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.


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IndusInd
 Insurance App


Download Now

