IndusInd GENERAL INSURANCE
FORMERLY RELIANCE GENERAL INSURANCE

Proposal Form No:_____

INDUSIND COMMERCIAL CARE PACKAGE 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. Name of the Proposer ☐ Mr. ☐ Mrs. ☐ Ms.: F I R S T M I D D L E L A S T			
2a. Address of the Proposer			
Flat / Building			
Road / Street / Sector			
Area			
Taluka / Village / District / City		Pin Code	
State		Country	
Phone		Mobile	
Email		Fax	
2b. Address of the premises to be Insured			
Flat / Building			
Road / Street / Sector			
Area			
Taluka / Village / District / City		Pin Code	
State		Country	
Phone		Mobile	
Email		Fax	
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	D D / M M / Y Y Y Y
9. Do you have a GST Registration Number			☐ Yes ☐ No
If yes, please specify			
10. Period of Insurance	From D D / M M / Y Y Y Y	To D D / M M / Y Y Y Y	

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 Package Policy (Commercial). UIN No.: IRDAN103CP0040V01201920. IGI/MCOM/CO/MI-29/ICCPP-(COMM.)/PF/Ver. 1.6/070326.

11. Description of Business	_____
12. 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 (A) - whether on Reinstatement Value (RIV) or Market Value (MV) Basis	☐ RIV ☐ MV
13. Is any part of risk is situated in basement?	☐ Yes ☐ No

If yes, please provide detailed use of basement

_____

14. Please fill up the detail for the Section opted by you in the format here in below (Please note that section I (B) is compulsory)

I	Fire & Allied Perils		Sum Insured (₹)
A.	Building	(a) (i) Superstructure	₹_____/-
		(ii) Plinth & foundation	₹_____/-
B.	Contents	(a) (i) Other than Stock & Stock in trade	₹_____/-
		(ii) Stock in trade	₹_____/-
		(b) Goods held in trust	₹_____/-
C.	Do you require Terrorism cover?		☐ Yes ☐ No
II	Business Interruption		
A.	Total sum insured	(i) Net profit	₹_____/-
		(ii) Standing Charges	₹_____/-
B.	Period of Indemnity		_____ Months
III	Machinery Breakdown (Items are required to be covered on RIV basis)		

S. No.	Description	Make & Model	Year of Manufacture	Identification No.	Sum Insured (₹)
				Total	

IV	Electronic Equipment / Appliances (Items are required to be covered on RIV basis)	
	Do you require Terrorism cover ?	☐ Yes ☐ No

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S. No.	Description	Make & Model	Year of Manufacture	Identification No.	Sum Insured (₹)
				Total	

V Burglary & Housebreaking

Building	(a) (i) Other than Stock & Stock in trade	₹_____/-
	(ii) Stock in trade	₹_____/-
	(b) (i) 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.	Item	Sum Insured (₹)
	Total	

IX Neon Sign and glow sign

Sr. No.	Item	Sum Insured (₹)
	Total	

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X Personal Accident

S. 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

Do you require a floater cover? ☐ Yes ☐ No

S. No.	Name	Designation	Limit of Liability (₹)

XII Legal Liability

A. Towards Employees

No. of Employees	Nature of work / duties	Estimated wages (₹)

B. Towards third parties : AOA = AOY = ₹
(Liability limited to 50% of sum insured under section I or ₹ 25,00,000/- whichever is less)

15. Have any of the items opted for coverage under various Sections enumerated overleaf suffered any damage previously?
If so, give detail of the same, Attach a separate sheet, if necessary.

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

16. Give details of previous insurance, if any _____

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Policy No.:

Company:

Expiry Date: D D / M M / Y Y Y Y

17. Any other information relevant to this insurance _____

_____

PROPOSER'S BANK DETAILS

18. Name of the Bank Account Holder	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
19. Bank Account No.:		20. Account:	☐ Saving ☐ Current
21. Name of the Bank			
22. Branch			
23. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			
24. 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.

25. Period of Insurance	From D D / M M / Y Y Y Y	To D D / M M / Y Y Y Y

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 IndusIndGeneral 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

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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.