IndusInd GENERAL INSURANCE
FORMERLY RELIANCE GENERAL INSURANCE

Proposal Form No:_____

INDUSIND COMMERCIAL CARE INSURANCE POLICY - SOOKSHMA (RETAIL) - 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 (Individual or Company or Franchisees or any other) (To be filled in BLOCK LETTERS)

1. Proposer's Full Name	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
2a. Address for Communication			
Flat/Building		Road/Street / Sector	
Area		City	
Pin Code		State	
Country		Phone	
Mobile		Fax	
Email			
2b. Address of the premises to be Insured			
Flat/Building		Road/Street / Sector	
Area		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	D D / M M / Y Y Y Y
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)

_____

_____

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 Insurance Policy-Sookshma (Retail). UIN No.: IRDAN103RP0002V04201314.
IGI/MCOM/CO/ICCIP-SOOKSHMA(RETAIL)/PF/Ver.1.0/070326.

11. Loan Account No	
12. Period of Insurance	From D D / M M / Y Y Y Y To D D / M M / Y Y Y Y
13. Description of business to be covered	
14. Age of Building (tick any one option) -	☐ Less than 5 years ☐ 5-10 years ☐ 10-20 years ☐ Above 20 years
15. Whether risk to be covered is of Kutcha construction? -	☐ Yes ☐ No

(Note: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.)

16. If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.

_____

17. Details of Fire Protection devices installed , if any –

- ☐ Portable Extinguishers and/or Fire Alarm System
- ☐ Trailer Pumps/Fire engines and/or Foam System
- ☐ Hydrant System and/or Small bore hose reels
- ☐ Sprinkler System and/or Fixed Water Spray System
- ☐ Gas Flooding System

18. Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force -	☐ Yes ☐ No
19. Distance between the risk to be covered and nearest Fire Brigade	☐ Within 5 kilometers radius ☐ Beyond 5 kilometers radius
20. Does any part of risk is situated in basement?	☐ Yes ☐ No

If Yes, kindly provide the use of basement by ticking the following:

- ☐ Basement with storage /manufacturing
- ☐ Basement with utilities(Example: lift, DG sets, AC units, transformers etc.)
- ☐ Basement exclusively used for parking

21. Whether Floater Cover (for stocks at various locations) required?	☐ Yes ☐ No

Maximum value at any one location:

_____

Whether stocks stored in open?	☐ Yes ☐ No

Sr. No.	If yes, please provide location postal addresses with Pin Codes	Sum Insured (in ₹)

22. Do You want to opt for Declaration Policy?	☐ Yes ☐ No
If yes, provide sum insured for stocks which fluctuate in value to be covered on (monthly) declaration basis - Amount	₹ _____/-

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23. 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

Bifurcation of Sum Insured):	
a. Building:	
• Building including plinth, Basement and additional structures...	₹ _____/-
b. Contents:	
• Plant & Machinery ...	₹ _____/-
• Furniture & Fixtures, Fittings and other equipements ...	₹ _____/-
• Raw Materials ...	₹ _____/-
• Stock in Process ...	₹ _____/-
• Finished Stock ...	₹ _____/-
• Other Contents ...	₹ _____/-
Total Sum insured	₹ _____/-

Note:
- 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).

24. Premium / Claim details for the past 36 months excluding the expiring policy period:

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/ please specify if claim is outstanding
D D / M M / Y Y Y Y			
D D / M M / Y Y Y Y			
D D / M M / Y Y Y Y			

II Business Interruption

A. Total sum insured	(i) Net profit	₹ _____/-
	(ii) Standing Charges	₹ _____/-
B. Period of Indemnity		_____ Month

III Machinery Breakdown (Items are required to be covered on RIV basis)

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

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				Total	

IV Electronic Equipment / Appliances (Items are required to be covered on RIV basis)

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

V. Burglary & Housebreaking

Contents (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)

S. No.	Item	Sum Insured (₹)
	Total	

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IX. Neon Sign and glow sign

S. No.	Item	Sum Insured (₹)
	Total	

X. Personal Accident

S. No.	Name	Age	Designation	Table opted for	Capital Sum Insured (CSI) (₹)
				Total	

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

Nominee Details

Nominee Name :	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T
Contact Details :	
Email ID :	
Permanent Address :	
Present Address:	Same as Permanent Address - Yes/No If No, please provide Present Address :
Relationship With Nominee :	
Bank Account Details :	
If Minor, Name of Authorised Person :	

XI. Infidelity / Dishonesty of employees

Do you require a floater cover? ☐ Yes ☐ No

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

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XII. Legal Liability

A. Towards Employees

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

B. Towards third parties: AOA = AOY = ₹ _____/-

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

25. 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	Detail Item Lost	Details of Loss	Amount of Loss (₹)	Name of the Insurance Company

26. Give details of previous insurance, if any

_____

Policy No.	
Company	
Expiry Date	D D / M M / Y Y Y Y

27. Any other information relevant to this insurance

_____

_____

PROPOSER'S BANK DETAILS

28. Name of the Bank Account Holder	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
29. Bank Account No.:		30. Account:	☐ Saving ☐ Current
31. Name of the Bank			
32. Branch			
33. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			
34. IFSC Code (11 character code appearing on your cheque leaf)			

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☐ 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.

35. 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 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.

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DECLARATION

"I/ We hereby declare that the value of insurable assets to be covered under Section I is less than Rs.5 Crore (Rupees Five Crore) 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.
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.