IndusInd GENERAL INSURANCE
FORMERLY RELIANCE GENERAL INSURANCE

Proposal Form No:_____

INDUSIND OFFICE PACKAGE POLICY (COMMERCIAL) - PROPOSAL FORM

(The property proposed for insurance is not covered until the proposal is accepted and the premium 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 for Communication

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		Floor No.	
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	
11. Description of Business			
12. Financial interests			

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 Office Package Policy (Commercial). UIN No. IRDAN103CP0047V01201920. IGI/MCOM/CO/MI-24/IOPP (COMM.)/PF/Ver. 1.6/070326.

A.	B.
C.	D.

a. Is the premises owned or rented?	☐ Owner ☐ 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 IA and IB	☐ Reinstatement Value ☐ Market Value
e. Does any part of risk is situated in basement	☐ Yes ☐ No
If Yes, kindly provide the use of basement and de-watering facility available _____	

13. Please fill in the details for the Sections opted by you in the format herein below (Please note that Section I. (B) is compulsory)

I. Standard Fire & Allied Perils	
A. Building :	Sum Insured (₹)
I. Superstructure	(₹) _____
II. Plinth & foundation	(₹) _____
B i. Contents-Other than incidental stock	(₹) _____
ii. Incidental stock	(₹) _____
Do you require Terrorism cover?	☐ Yes ☐ No
II. Burglary & Housebreaking	
i Contents-Other than incidental stock	(₹) _____
ii Incidental stock	(₹) _____
iii Do you wish to extend this section to cover "Theft"?	☐ Yes ☐ No
iv Do you wish to opt for coverage on First Loss basis ?	☐ Yes ☐ No
If yes, Please mention the Percentage opted for First Loss limit	_____% of sum insured

III. Electrical & Mechanical Appliances (Item are required to be covered on Current Replacement Value basis)

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

IV. Electronic Appliances (Items are required to be covered on Current Replacement Value 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. Money Insurance	Sum Insured (₹)
a. In transit-limit per carrying	(₹) _____
b. In safe	(₹) _____
c. In Till	(₹) _____
VI. Baggage Insurance	(₹) _____

VII. Fixed Plate Glass and Sanitary Fittings (Items are required to be covered on Reinstatement Value basis)

Sr. No.	Item / Description	Sum Insured (₹)
	Total	

VIII. Neon Sign and Glow Sign

Sr. No.	Item / Description	Sum Insured (₹)
	Total	

IX. Personal Accident

Name	Relationship with Proposer	Date of Brith	Profession/ Occupation	Annual Income (₹)	Capital Sum Insured (CSI) (₹)	Table of Benefit	Cumulative Benefit	CSI under any existing PA policy & (table of benefit)

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

X. Infidelity / Dishonesty of employees

Whether floater cover is required?	☐ Yes ☐ No

If 'Yes' please mention the limit of liability

Per person (₹) _____ (if required)	Per annum (₹) _____

If 'No' please furnish the following:

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

XI. Legal Liability

A. Towards Employees

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

B. Towards third parties (₹) _____

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

XII. Additional rent for alternate accommodation (₹)	Sum Insured	_____
XIII. Tenant's legal liability	Sum Insured (₹)	_____

14. Have any of the items opted for coverage under various Sections enumerated overleaf suffered any damage previously? If so, give details 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

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15. Details of previous claims experience (claims as percentage of premium) _____

16. Give details of existing insurance, if any _____

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

17. Any other information relevant to this insurance _____

PAYMENT DETAILS

☐ Cheque ☐ DD

Cheque or DD Amount:	_____/-	Amount in words:	
Bank Name:			
Cheque/DD No.:		Cheque/DD Date:	D D / M M / Y Y Y Y

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.

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

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

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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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