

Proposal Form No: _____

INDUSIND SHOPKEEPER PACKAGE POLICY- LAGHU (COMMERCIAL) - PROPOSAL FORM

The property proposed for insurance is covered only when the proposal is accepted and 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	☐ 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		Taluka/Village/District/City	
Pin Code		State	
Country		Phone	
Mobile		Fax	
Email			
2b. Address of the Shop 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 Aadhar 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. Period of Insurance	From DD/MM/YYYY To DD/MM/YYYY		
11. Description of Business/trade			

indusindinsurance.com 022 4890 3009 (Paid) 74004 22200 (WhatsApp)

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 Shopkeeper Package Policy - Laghu (Commercial). UIN No.: IRDAN103CP0003V01202122. IGI/MCOM/CO/MI-27/ISPP-LAGHU(COMM.)/PF/Ver. 1.0/060326.


IndusInd
 Insurance App


Download Now



12. a. Whether the Shop is owned or rented?	☐ Owned ☐ Rented
b. Do you wish to cover the building under Section IA?	☐ 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 18 - whether on Reinstatement Value (RIV) or Market Value (MV) Basis (The basis of valuation adopted for Section II will be the same as that adopted for section 1B)	☐ Yes ☐ No
e. Is any part of risk is situated in basement?	
If Yes , kindly provide the use of basement and de-watering facility available	

12. Please fill up the detail for the Section opted by you in the format herein below (Please note that section 1(B) is compulsory)	
I. Fire & Allied Perils	
A. Building:	Sum Insured
i. Superstructure	₹ _____
ii. Plinth & foundation	₹ _____
B. Contents:	
i. Other than stock & stock in trade	₹ _____
ii. Stock & stock in trade	₹ _____
Do you require Terrorism cover?	☐ Yes ☐ No
II Burglary & Housebreaking	
	Sum Insured
i. Contents-Other than stock & stock in trade	₹ _____
ii. Stock & stock in trade	₹ _____

III. Electrical & Mechanical Appliances (Item are required to be covered on Current Replacement Value basis)					
Sr. No.	Description	Make & Model Manufacture	Year of No.	Identification	Sum Insured (₹)
1.					
2.					
3.					
4.					
5.					
				Total	

IV. Electronic Appliances (Items are required to be covered on Current Replacement Value basis)					
Do you require Terrorism cover?					☐ Yes ☐ No
Sr. No.	Description	Make & Model Manufacture	Year of No.	Identification	Sum Insured (₹)
1.					



2.					
3.					
4.					
5.					
6.					
				Total	

V. Money Insurance

Please indicate the amount to be insured

- a. In transit-limit per carrying ₹ _____
- b. In safe ₹ _____
- c. In Till ₹ _____

VI. Baggage Insurance

Sum Insured ₹ _____

VII. Fixed Plate Glass and sanitary Fittings (Items are required to be covered on RIV basis)

Sr. No.	Item	Dimension	Sum Insured (₹)
1.			
2.			
3.			
4.			
5.			
6.			
			Total

VIII. Neon Sign and Glow Sign

Sr. No.	Item	Dimension	Sum Insured (₹)
1.			
2.			
3.			
4.			
5.			
			Total

IX. Personal Accident

Name	Relationship with proposer	Date of Birth	Profession/ Occupation	Annual Income (₹)	Capital Sum Insured (CSI) (₹)	Table of Benefit	Cumulative Benefit	CSI under any existing P.A policy & (table of benefit)

Do you wish to cover reimbursement of medical expenses due to accident?

☐ Yes ☐ No

X. Infidelity / Dishonesty of employees

Whether floater cover required?

☐ Yes ☐ No

Sr. No.	Name	Designation	Limit of Liability (₹)
1.			
2.			
3.			
4.			
5.			

XI. Legal Liability
A. Towards Employees (Domestic servants)

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

B. Towards third parties:

AOA = AOY = ₹ _____

(Liability limited to 50% of sum insured under section I or Rs. 10,00,000/- whichever is less)

13. Have any of the items opted for coverage under various Sections enumerated above suffered any damage previously?

☐ Yes ☐ No

If Yes, 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


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IndusInd
 Insurance App


Download Now



14. Details of previous claims experience (claims as percentage of premium)

15. Give details of existing insurance, if any

Policy No.

Company

Expiry Date

DD/MM/YYYY

16. Any other information relevant to this insurance

PAYMENT DETAILS

Payment by

☐ Cheque ☐ DD

Cheque or DD Amount

₹

Amount in words

₹

Bank Name

Cheque/DD No.

Cheque/DD Date

DD/MM/YYYY

PROPOSER'S BANK DETAILS

17. Name of the Bank
Account Holder M/s

☐ Mr. ☐ Mrs. ☐ Ms.

F I R S T M I D D L E L A S T

18. Bank Account No.:

19. Account:

☐ Saving ☐ Current

20. Name of the Bank:

21. Branch

22. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

23. IFSC Code (11 character code appearing on your cheque leaf)

☐ I understand that any refund due on the premium payment I any payment I 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.



indusindinsurance.com



022 4890 3009 (Paid)



74004 22200 (WhatsApp)



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 that the value of insurable assets to be covered under Section I is more than Rs.5 Crores and upto Rs.50 crores 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 hereby 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.