

Proposal Form No: _____

JEWELLERS' PACKAGE INSURANCE POLICY (COMMERCIAL) - PROPOSAL FORM

1. The property proposed for insurance is not covered until the proposal is accepted and premium received.
2. Property covered means stock and stock-in-trade consisting of jewellery, gold or silver ornaments, plate, pearls and precious stones of any sort or kind whatsoever, cash and currency notes and or other merchandise and materials usual to the conduct of the Insured's business, belonging to and /or Held in trust or on commission for which Insured is responsible.

INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)

Intermediary Name:	Code:
Branch Name:	Code:
Sales Manager Name:	Code:

PROPOSER'S DETAILS

1	Name of the Proposer ☐ Mr. ☐ Mrs. ☐ Ms.: F I R S T M I D D L E L A S T
2	Customer ID
3	Address of the Proposer to which all correspondence should be directed
	Flat / Building
	Road / Street / Sector
	Area
	Taluka / Village / District / City
	Pin Code
	State
	Country
	Phone
	Mobile
	Email
	Fax
4	Source of Funds ☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others
5	Monthly Income: ☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above
6	PAN No.
7	UID Aadhaar No.
8	CIN (In case of Corporate)
9	Date of Birth / Date of Incorporation DD/MM/YYYY
10	Do you have a GST Registration Number ☐ Yes ☐ No
	If yes, please specify
11. a.	Nature and description of Business:
b.	Name of the Bankers who are to be named in the policy, in the order of preference
	i. _____ ii. _____ iii. _____


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022 4890 3009 (Paid)



74004 22200 (WhatsApp)



12 a.	Number of employees				
b.	What is the minimum number of employees including principals in the sales section of your premises at any time _____ during business hours, including lunchtime?				
c.	Turnover of the last completed accounting year				
13 a.	State the complete address of all premises to which the Policy is to apply (if more than one, please attach a separate sheet)				
	Flat / Building				
	Road / Street / Sector				
	Area				
	Taluka / Village / District / City			Pin Code	
	State			Country	
	Phone			Fax	
b.	How long have you carried on business in the present premises? _____ yrs. elsewhere in the past _____ yrs.				
14	Period of Insurance	From	DD / MM / YYYY	To	DD / MM / YYYY
15 a.	Construction details Note: Buildings having walls and/or roofs of wooden planks/thatched leaves and or grass/hay of any kind/bamboo/plastic cloth/asphalt+cloth canvas / tarpaulin and the like are treated as "Kutchha" construction.				
	Please specify whether you have used any of the mentioned materials in the above note in				
	i Wall	☐ Yes ☐ No	ii Floor	☐ Yes ☐ No	iii Roof ☐ Yes ☐ No
b.	Height of Building	_____ Meters			
c.	Age of Building	☐ Less than 5 years ☐ 5-10 years ☐ 10-20 years ☐ Above 20 years			
d.	Confirm whether the electrical systems are proper	☐ Yes ☐ No			
Safes					
16 a.	Whether each premises is provided with burglary proof safe			☐ Yes ☐ No	All location excluding
	Makers Name & Serial No.	Size	Weight (kgs)	Date of Purchase	New ☐ Second Hand ☐
				DD/MM/YYYY	☐ ☐
				DD/MM/YYYY	☐ ☐
				DD/MM/YYYY	☐ ☐
				DD/MM/YYYY	☐ ☐

BURGLAR ALARMS

17 a.	Is there a burglar alarm?	☐ Yes ☐ No	All location excluding
If so, please provide the below details			

Makers Name	Specification	Panic button incorporated	System under continuous maintenance agreement	Alarm keys removed from premises outside business hrs
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
b. The premises has a Burglary Alarm System capable of being triggered and activated to the nearest Police Station upon any unlawful entry into the premises when it is locked after the business hours.			☐ Yes ☐ No	All location excluding
STRONG ROOMS				
18. a. Is there a strong room?			☐ Yes ☐ No	All location excluding
b. If all excluding, give full details all those excluded				
c. Are the strong room keys removed from the premises outside business hours?			☐ Yes ☐ No	All location excluding
d. Size of each strong room				
OTHER SAFETY FEATURES				
19. a. Is an inside grill fitted to windows or is any other protection installed against loss by window smashing?			☐ Yes ☐ No	All location excluding
If so, what protection				
b. Is CCTV installed in the premises? If so, give details about placement, operation etc.				
c. Whether your CCTV has recording system?			☐ Yes ☐ No	All location excluding
d. How often the recording of CCTV reviewed?			☐ Daily ☐ Weekly ☐ Bimonthly ☐ Monthly ☐ Others	
e. Whether CCTV with recording facility under continuous maintenance agreement?			☐ Yes ☐ No	
If so details of the same.				
f. How are the doors secured outside business hour?				
g. Whether illuminated and visible from the street at night			☐ Yes ☐ No	All location excluding
WATCH AND WARD				
20. Whether the premises proposed for insurance shall be protected by employment of watchman				
a. Where you are the sole occupant of the premises,				
- is the premises protected at all times by employment of watchman, for all the 24 hours of a day			☐ Yes ☐ No	All location excluding
- whether he/they is/are your employee/s?			☐ Yes ☐ No	All location excluding
b. Where your premises is a part of a building or complex,				
- is the premises protected by employment of watchman during business hours.			☐ Yes ☐ No	All location excluding

- is the building or complex, where in the premises of the proposer is situated, have a common watchman for all 24 hours of a day.	☐ Yes ☐ No	All location excluding
PROTECTION OF THE PREMISES		
21. Are the premises occupied at night time after normal business hours		
a. by Proposer	☐ Yes ☐ No	All location excluding
b. by employee or caretaker	☐ Yes ☐ No	All location excluding
22. Are there any openings leading to cellar or basement from outside the premises?		
If yes, give details _____	☐ Yes ☐ No	

23. Give details of the following and how they are protected/locked		
a. each outer door _____		
b. each inner door _____		
c. all windows other than display windows _____		
d. all skylights or fanlights or roof openings _____		
STOCK VALUES		
24. a. What was the average daily total value of your		
i. stock during the past 12 months?	₹ _____/- (Amount)	
ii. cash and currency notes during the past 12 months,	₹ _____/- (Amount)	
b. Will the whole of your stock when on your premises be kept in safe at night and at all times when the premises are closed?	☐ Yes ☐ No	All location excluding
If not, state value and class of stock which will be left outside the safe and reasons therefor. _____		
STOCK RECORDS		
25. a. When was your last annual stocktaking - quantity and lots _____		
b. System of stock taking _____		
c. Do you keep proper quantitative records of all sales purchases and transactions of incomings and outgoings _____		
d. If so, give statement covering the past five years _____		
e. Give brief description of system adopted for recording such transactions. _____		
LOSSES		
26. a. Have you ever sustained a loss or losses ?	☐ Yes ☐ No	
b. If so, give statement covering losses suffered in the past five years with particulars of amount of loss, section of the policy under which such loss was sustained etc _____		

- c. Were you insured and if so, give the name of the Insurance Company and whether they paid the claim in full or a part thereof along with the value or amount of claim _____

INSURANCE COVERAGE

Please give the amount to be insured in respect of the following. Please note that this amount must reflect the COST PRICE + 10%.

SECTION I

Property to be insured	Sum Insured (₹)
1. Property on the premises	
a. Property in locked safe on the premises	₹ _____/-
b. Property elsewhere on the premises	₹ _____/-
2. Cash and currency notes	₹ _____/-
3. Property in Bank Lockers & Private Lockers (separate records to be maintained for deposits and withdrawals of diamonds etc)	₹ _____/-

SECTION II (Outdoor risks)

4. Limit of Liability in respect of the property outside the premises (in custody / in transit / entrusted to persons)	
a. Property in the custody of the proposer, directors, partners, employees, duly constituted attorneys and sorters of diamond employed by the proposer.	₹ _____/-
b. Property excluding cash and currency notes in the custody of brokers or agents or cutters or as sorters or goldsmiths who are not in regular employment of the Insured	₹ _____/-

The Limit of Liability under Section II (a) and II (b) shall not exceed 25% of the total sum insured under Section I.

SECTION III

5. Limit of Liability in respect of the property excluding cash and currency notes whilst in transit within India by	
a. Registered Insured Parcel Post up to Rs. 5 lakhs or 10% of Sum Insured under Section I whichever is less	₹ _____/-
b. Air freight (Carriers to be specified)	₹ _____/-
c. Angadia	₹ _____/-
d. Courier	

The Limit of Liability under Section III shall not exceed 10% of the total sum insured under Section I

SECTION IV

6. Office, furniture, fixtures, fittings at premises not used as residence and safes at residence	₹ _____/-
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REFERENCES

Unless proposing for renewal, give two references FROM YOUR TRADE

Name	Company	Contact No

OTHER INSURANCES

a. Has any insurance company ever cancelled or refused to issue or to continue any insurance for you?	☐ Yes ☐ No
b. Have you previously been insured?	☐ Yes ☐ No
If yes, state with whom, risks covered, and for what amount, when expires _____	

PAYMENT DETAILS

☐ Cheque ☐ DD			
Cheque or DD Amount:	_____/-	Amount in words:	
Bank Name:			
Cheque/DD No.:		Cheque/DD Date:	DD / MM / YYYY

PROPOSER'S BANK DETAILS

27. Name of the Bank Account Holder	☐ Mr. ☐ Ms. ☐ Mrs.	FIRST MIDDLE LAST
28. Bank Account No.:	29. Account:	☐ Saving ☐ Current
30. Name of the Bank		
31. Branch		
32. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)		
33. 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.	

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.


Acknowledgment (on behalf of IndusInd General Insurance Company Limited)

Proposer's Full Name	☐ Mr. ☐ Mrs. ☐ Ms.: F I R S T M I D D L E L A S T		
Sum Insured			
Cheque/DD No.	Cheque/DD Date: DD/MM/YYYY	Cheque/DD Amount	
Drawee Bank			
Intermediary Name		Code	
Branch Name		Code	
Sales Manager Name		Code	

Intermediary Signature _____

This acknowledgement is not an automatic acceptance of risk.



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.