

Proposal No: XXXXXXXXXXXXXXXX

INDUSIND SOOKSHMA BUSINESS YOUR CHOICE POLICY (RETAIL) - PROPOSAL FORM
Important:

1. This proposal is for covering an enterprise whose total value of insurable assets at a highest location does not exceed ₹ 5 Crore, against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)

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

A. Details about Proposer and Policy Period (The details marked * below are mandatory)

1. Name of Proposer*	☐ Mr. ☐ Ms. ☐ Mrs. FIRST MIDDLE LAST		
2. Address of Proposer*			
3. Telephone No (Landline)*		4. Mobile*	
5. Email*			
6. PAN No.			
7. UID Aadhar No.*			
8. EKYC No.* (If not available, please provide PAN No.)			
9. Corporate Identity No. (CIN)			
10. Date of Birth	DD/MM/YYYY		
11. Contact person details (where proposer is not an individual)			
a. Name			
b. Designation			
12. Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions			
13. Period of Insurance*	From: DD/MM/YYYY HH:MM:SS To: DD/MM/YYYY HH:MM:SS		

B. Business and Location of Business:

14. Business of Proposer


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74004 22200 (WhatsApp)

IndusInd
 Insurance App


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Location of risk/business to be covered - full postal address with Pin Code	SL No.	Address	Pin Code	Occupancy	Age of Unit	Floor*
	1.					
	2.					
	3.					
	4.					
*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor(H).						

C. Details about business covered at the insured location													
15. Details of insured property	Please tick in the space below :												
a. Offices, shops, hotels etc.	☐ Yes ☐ No												
b. Industrial / manufacturing risks	☐ Yes ☐ No												
c. Storage outside Industrial/ manufacturing risks	☐ Yes ☐ No												
d. Tanks / gas holders outside industrial / manufacturing risks	☐ Yes ☐ No												
e. Utilities located outside Industrial/manufacturing risks	☐ Yes ☐ No												
f. Boundary wall	☐ Yes ☐ No												
g. Basement storage	<table border="1"> <tr> <td></td> <td>Please Tick</td> </tr> <tr> <td>Basement storage</td> <td></td> </tr> <tr> <td>Basement with Storage/Manufacturing</td> <td></td> </tr> <tr> <td>Basement with utilities (Example: lift, DG sets, AC units, transformers etc)</td> <td></td> </tr> <tr> <td>Basement with only Parking</td> <td></td> </tr> <tr> <td>No basement</td> <td></td> </tr> </table>		Please Tick	Basement storage		Basement with Storage/Manufacturing		Basement with utilities (Example: lift, DG sets, AC units, transformers etc)		Basement with only Parking		No basement	
	Please Tick												
Basement storage													
Basement with Storage/Manufacturing													
Basement with utilities (Example: lift, DG sets, AC units, transformers etc)													
Basement with only Parking													
No basement													
h. Others (please specify)													
16. If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.													
17. If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable)													
18. If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?													
19. Fire Protection devices installed	<table border="1"> <tr> <td></td> <td>Please Tick</td> </tr> <tr> <td>Fire Protection devices installed</td> <td></td> </tr> <tr> <td>Portable Extinguishers and/or Fire Alarm System</td> <td></td> </tr> </table>		Please Tick	Fire Protection devices installed		Portable Extinguishers and/or Fire Alarm System							
	Please Tick												
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	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	
20. Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force :	☐ Yes ☐ No	
21. Construction Details		
a. Please state material used	Please tick the correct answer in the box	
	Construction Details	Please Tick
	Kutchra	
	Pucca-Structure of RCC Construction Wall & Roof (Class A)	
	Pucca-Structure with RCC roof and burn brick or Masonry wall	
	Pucca-Structure with ACC/GI/tin or any hard sheet roof and wall made up Burn brick or Cladding	
Note: Kutchra: 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 Kutchra Construction. Pucca: Buildings other than Kutchra are treated as Pucca constructions.		
b. Number of Floors	Floor No.	Please Tick
	Ground Floor	
	1-4	
	5-10	
	10-15	
	15-20	
	Above 20	
c. Age of building	Age of the building	Please Tick
	0-5 years	
	5-10 years	
	10-20 years	
	Above 20 years	

22. Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)			
23. Whether Insurance was declined by any other Company (Give details)			
24. Premium / Claim details for the past 36 months excluding the expiring policy period	Year	Premium	Claim
		₹	₹
		₹	₹
		₹	₹
		₹	₹
	TOTAL	₹	₹
25. Distance from Fire Brigade	Distance from Fire Brigade		Please Tick
	Within 5 kms radius		
	Outside 5 kms radius		
26. Electrical Installation	Electrical Installation		Please Tick
	Armoured Concealed Wiring as per Industry Standard with MCB & MCCB		
	Fire Resistance Low Smoke Cable		
	Lightening Arresters		
	Non Concealed Wiring as per Industry Standard without MCB & MCCB		
	Non Industry Standard Electrical Wiring		
	Loose Electrical Wiring		
27. Layout	Layout		Please Tick
	Multi Block (Separate Storage/Utility/ Process Block)		
	Single Block		
28. Security Measures	Security Measures		Please Tick
	24 hrs security Guard & CCTV		
	CCTV		
	No Guards		
29. Other Good Features and Construction details			

a. Other Features	Good Feature/Loadings for STFI	Please Tick
	Plinth height - Ground floor elevation from natural ground (> 50 Cm)	
	Hump or drain from entry from ground level to basement	
	Flood barrier walls	
	Water pumping systems	
	Exterior Glass Cladding (if in cyclone zone 3,4)	
	Plinth Height <50 cm	
b. Earthquake Resistant Design	EQ Resistant Design -EQ Factors(plaza type building, free standing apartment blocks with no common walls and connected by corridors/lobbies, skewed locations of lifts, staircases, lobbies and overhead water tanks)	Please Tick
	Yes	
	No	

D. Sum Insured and Other details of Insured Property

(Indicate Sum Insured on the following basis:

- 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).

Sr. No.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Stock and Stock-in-process	Other Contents (Please specify)	Total
1.							₹
2.							₹
3.							₹
4.							₹
5.							₹

E. Details for Floater Cover (for stocks at various locations) :

SN	Location (Postal Address with Pin Code)	Sum Insured (in ₹)

i) Maximum value at any one location ₹ _____

ii) Whether stocks stored in open : Yes/No

F. In-built Covers :

Sr. No.	Name of the Cover	Pick Tick, if to be opted for	Sum insured / Limits chosen
1.	Additions, alterations or extensions upto 15% of the sum insured for that item (excluding stocks)	☐	Rs. _____
2.	Floater Cover (for stocks at various locations)	☐	Rs. _____
3.	Temporary removal of stocks	☐	Rs. _____
4.	Cover for Specific Contents	☐	Rs. _____
5.	Start-up Expenses	☐	Rs. _____
6.	Professional fees	☐	-
7.	Cost for removal of debris	☐	Rs. _____
8.	Costs compelled by Municipal Regulations	☐	-

G. Add-on Covers :

Sr. No.	Name of Add-on cover	Pick Tick, if to be opted for	Sum insured / Limits chosen
1.	Earthquake, volcanic eruption or other convulsions of nature)	☐	Rs. _____
2.	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	☐	Rs. _____
3.	Terrorism Damage Cover Endorsement (Material Damage only)	☐	Rs. _____
4.	Stocks which fluctuate in value to be covered on (monthly) declaration basis:	☐	Rs. _____
5.	Seventy Two Hours Clause	☐	-
6.	Interest Cover for Working Capital Loan /Asset purchase loan	☐	Rs. _____
7.	Adequacy of Sum Insured	☐	-
8.	Expenses for Loss Minimisation / Loss Prevention	☐	Rs. _____


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9.	Un-specified locations	☐	Rs. _____ at any one location each and every loss and Rs. _____ in the aggregate for the policy period.
10.	Involuntary Betterment	☐	Rs. _____
11.	Escalation Cover (_____%)	☐	Rs. _____
12.	Cover for Rent : 1. Rent for Alternate Accommodation/ 2. Loss of Rent (for owners only)	☐	Rs. _____
13.	Additional Customs Duty	☐	Rs. _____
14.	Accidental Damage	☐	Rs. _____
15.	Deliberate Damage	☐	Rs. _____
16.	Temporary removal (other than stock)	☐	Rs. _____

G. Premium Details

30.	Mode of Payment
	Payment Details
	Amount

PROPOSER'S BANK DETAILS

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

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 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.