

## BUSINESS SURAKSHA-LAGHU (RETAIL) PROPOSAL FORM

**IMPORTANT:**

1. **Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.**
2. **Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.**
3. **It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.**
4. **Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.**

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	
POSP PAN (if applicable)	

**Details about Proposer and Policy Period:**

1.	Name of Proposer	
2A.	Present Address of the Proposer	
2B.	Permanent address of the proposer (if left blank, will be construed as being same as Present Address)	
3.	Telephone No (Landline)	
4.	Mobile No	
5.	Email	
6.	CKYC Number (if available)	
7.	Contact person details, if not an individual a. Name b. Designation	
8.	Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
9.	Period of Insurance	From :  To :

**Business and Location of Business:**

10.	Business of Proposer						
11.	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							

### Details about business covered at the insured location

#### Section 1- Fire and Allied Perils

12.	The Insured property is	Please tick in the space below:
a)	Offices, shops, hotels etc.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b)	Industrial / manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c)	Storage outside Industrial/ manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d)	Tanks / gas holders outside industrial/ manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e)	Utilities located outside Industrial/manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f)	Boundary wall	Yes <input type="checkbox"/> / No <input type="checkbox"/>
g)	Basement storage	Yes <input type="checkbox"/> / No <input type="checkbox"/>  If yes value stored SI: ₹.....
h)	Others (please specify)	_____
13.	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.	
14.	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)	

15.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?									
16.	Fire Protection devices installed	<p>Please Tick the correct answer in the box below.</p> <p><input type="checkbox"/> Portable Extinguishers  <input type="checkbox"/> Small bore hose reels  <input type="checkbox"/> Trailer Pumps/Fire engines  <input type="checkbox"/> Hydrant System  <input type="checkbox"/> Sprinkler System  <input type="checkbox"/> Fixed Water Spray System  <input type="checkbox"/> Foam System  <input type="checkbox"/> Fire Alarm System  <input type="checkbox"/> Gas Flooding System  <input type="checkbox"/> Others, please specify below.</p> <hr/>								
17.	Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force:	Yes <input type="checkbox"/> / No <input type="checkbox"/>								
18.	Construction Details									
a.	Please state material used	Please tick the correct answer in the box								
i.	Walls	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>								
ii.	Floor	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>								
iii.	Roof	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>								
	<p><b>Note:</b>  <b>Kutchha:</b> 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 Kutchha Construction.  <b>Pucca:</b> Buildings other than Kutchha are treated as Pucca constructions.</p>									
b.	Number of Floors									
c.	Age of the Building	<table border="1"> <tr> <td>Less than 5 years</td> <td></td> </tr> <tr> <td>5-10 years</td> <td></td> </tr> <tr> <td>10-20 years</td> <td></td> </tr> <tr> <td>Above 20 years</td> <td></td> </tr> </table>	Less than 5 years		5-10 years		10-20 years		Above 20 years	
Less than 5 years										
5-10 years										
10-20 years										
Above 20 years										
19.	Distance between the risk to be covered and nearest Fire Brigade									
20.		<table border="1"> <tr> <td>Year</td> <td>Premium</td> <td>Claim</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> </table>	Year	Premium	Claim		₹	₹		
Year	Premium	Claim								
	₹	₹								

Premium / Claim details for the past 36 Months for Fire and Allied perils Section excluding the expiring policy period		₹	₹
		₹	₹
		₹	₹
	<b>TOTAL</b>	₹	₹

**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).

21.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please specify)	Total
									₹
									₹
									₹

**Standard add-ons**

- I. Do You want to opt for Floater Cover? Yes/No (strike off what is not applicable). If yes, give details below:

22. Floater Cover (for stocks at various locations)		
	Location (Postal Address with Pin Code)	Sum Insured (in ₹)
i) Maximum value at any one location: ₹.....		
ii) Whether stocks stored in open: Yes <input type="checkbox"/> / No <input type="checkbox"/>		

II. Do You want to opt for Declaration Policy? Yes/No (strike off what is not applicable). If yes, give details below:

23. Stocks which fluctuate in value to be covered on (monthly) declaration basis:  Amount (₹):
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**Details of additional covers (add-ons) offered with the policy:**

Sr. No.	Add On Covers Name	Yes / No
1	Involuntary Betterment (UIN: IRDAN132RPMS0021V01202223/A0121V01202223)	
2	Additional Custom Duty (UIN: IRDAN132RPMS0021V01202223/A0122V01202223)	
3	Brands and Label (UIN: IRDAN132RPMS0021V01202223/A0123V01202223)	
4	Escalation (UIN: IRDAN132RPMS0021V01202223/A0124V01202223)	
5	Immediate Repair Clause (UIN: IRDAN132RPMS0021V01202223/A0125V01202223)	

6	Loss Of Rent Clause (UIN: IRDAN132RPMS0021V01202223/A0126V01202223)	
7	Insurance Of Additional Expenses Of Rent For An Alternative Accommodation (UIN: IRDAN132RPMS0021V01202223/A0127V01202223)	
8	Deterioration Of Stocks In Cold Storage Premises (UIN: IRDAN132RPMS0021V01202223/A0128V01202223)	
9	Accidental Damage (UIN: IRDAN132RPMS0021V01202223/A0129V01202223)	

**Section II: Fire Loss of Profit**

Tick	Description	Sum Insured in Rs.
<input type="checkbox"/>	Net Profit	
<input type="checkbox"/>	Standing Charges or Fixed Charges	
<input type="checkbox"/>	Wages- if required separately	
<b>Gross Profit (TOTAL)</b>		

**a. Critical Equipment's & their Lead time:**

**Please mention the type of Process :**  Continuous /  Non-Continuous

**b. Please select Extension/s that you wish to opt**

	Description	Sum Insured in Rs.
<input type="checkbox"/>	Auditor Fees	

<input type="checkbox"/>	Customers Premises _____ No. Dependence _____ %	
<input type="checkbox"/>	Suppliers Premises _____ No. Dependence _____ %	
<input type="checkbox"/>	<b>Loss due to accidental failure of public electricity/gas/water supply</b>	

### Section III: Burglary

Please provide a description of all valuables in the insured premises, excluding jewellery, electronic equipment, Television, domestic appliance and the like which can be insured in the respective covers under the Policy. *(Please attach separate sheet, if required)*

Description	Sum Insured

a. Please specify if Watch & ward facility is available for 24 hours.  YES  NO

b. Please provide details of any other security facilities available at the premises.

\_\_\_\_\_

c. Do you wish to avail cover on first loss basis?  YES  NO

If YES, please specify the % of First Loss basis  
(Min25%): \_\_\_\_\_

d. Please mention the First Loss Sum insured:

\_\_\_\_\_

### Section – IV: Machinery Breakdown:

Please provide in respect of all Machineries which you wish to insure, the following information:  
*(Please add separate sheet, if required)*

Description	Type of item along with serial number	Year of manufacture	Reinstatement Value (Rs)


**Section – V: Electronic Equipment**

Please provide in respect of all the Electronic Equipment's that you wish to insure the following:  
(Please attach separate sheet if required)

Note: We will not provide insurance cover in respect of Electronic equipment's, which are more than Ten years old from the year of manufacture of such equipment's.

Description	Type of item along with serial number	Year of manufacture	Reinstatement Value (Rs)

a. Is a valid maintenance contract in force for the items insured above?  YES  NO  
If YES, please enclose a copy of the same.

b. Do you wish to include External Data Media and/or Increased Cost of working covers?  
 YES  NO

If YES, please fill a separate EEI proposal form.

**Section – VI: All Risks**

Description	Make	Sr. No.	Year of manufacture	Sum insured Rs.

**Section – VII: Accident Suraksha Note:**

1. Please restrict the sum assured under this cover to 60 times monthly income
2. Sum assured for non-working spouse and children above 18 years is restricted to Rs.1,00,000 and for children below 18 years is restricted to Rs.50,000
3. You should note that the Cover under Temporary Disability Benefits and Hospital Confinement Allowance are not available for dependent Children.

Please provide following information for each of the insured members:

Name of the insured person	Date of Birth	Occupation	Relationship with Proposer	Details of existing infirmity or disability	Name of Nominee	Relationship with the Insured

**Section VIII: Liability**

**A. Tenant Liability:**

Please specify the Limit of Indemnity required for Tenant Liability:

Rs. \_\_\_\_\_

(Limit for both Any One Accident and Any One Year shall be the same. Maximum limit is Rs.10,00,000/-)

**B. Workers Compensation:** Please specify the following:

- i. Number of employees to be insured:

\_\_\_\_\_

- ii. Job description:

\_\_\_\_\_

- iii. Annual wages for each category of employees: \_\_\_\_\_

Please attach separate sheet if required.

**C. Public Liability:**

Please specify the following:

- i. Annual turnover: \_\_\_\_\_
- ii. Type of industry: \_\_\_\_\_
- iii. Nature of work: \_\_\_\_\_
- iv. Limits required (AOA: AOY): \_\_\_\_\_
- v. Expiring policy details: \_\_\_\_\_

**Section IX: Baggage**

Please provide details in relation to accompanied baggage, clothing, personal effects, medicines and all other articles that are generally carried during the period of travel anywhere within India, including a break-up of the value of such articles and a total value of all these articles combined as well

Description of item	Value (Rs)
<b>Total</b>	

**Section X: Plate Glass**

Please provide a description of the Plate Glass which you wish to insure and its value

Description	Size	Value in Rs.

**Section – XII: Money Insurance**

Please specify the following:

Description	Sum Insured in Rs.
Money in Transit (Annual Turnover)	

Money at Counter	
Money in safe	
Per Carrying Limit	

Location for Money in safe:

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From where to where:

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Mode of Transport:

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### Section – XIII: Fidelity Guarantee

Please note only Permanent employees are covered. Attach separate list of No of employees to be covered, their names & designation.

Any One Person Limit:

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Any One-Accident Limit:

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Any one Year Limit:

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Expiring policy details:

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### Section XIV: Pedal Cycle

Please provide in respect of all pedal cycles that you wish to insure, the following information:  
(Maximum Sum insured is restricted to Rs.5000/-)

Name of the manufacturer	Year of production	Frame no.	Value including accessories (Rs)

<b>Total</b>	
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**Section – XV: Neon Sign / Glow Sign** Please provide the details as follows:

Location/Height	Size	Type/Age	Value (Rs)

**Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)**\_\_\_\_\_

**Whether Insurance was declined by any other Company (Give details)**\_\_\_\_\_

**Premium and Claim details (past 36 months excluding the expiring policy period)**

Section	Covers	Year	Premium in Rs.	Claim Details in Rs.
Section – I	Fire and Allied Perils			
Section – II	Fire Loss of Profit			
Section – III	Burglary			
Section – IV	Machinery Breakdown			
Section – V	Electronic Equipment			
Section – VI	All Risks			
Section – VII	Accident Suraksha			
Section – VIII	Liability			

Section – IX	Baggage			
Section – X	Plate Glass			
Section – XI	Money Insurance			
Section – XII	Fidelity Guarantee			
Section – XIII	Pedal Cycles			
Section – XIV	Neon Sign / Glow Sign			
<b>Total</b>				

### PREMIUM DETAILS

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

**Note :** Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/- The company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the Customer, or persons associated with him/her, found to be named in any recognized blacklist.

#### Bank details of proposer for refund or claim purpose:

Name of bank account holder (mention specifically, if different from name of policyholder):

Bank Name & Branch:  
Bank Account Number:  
IFS Code:

### NOMINEE DETAILS

Name:  
Date of Birth:  
Relationship with the proposer:  
Mobile Number:  
Address of Nominee:

E-Mail ID:

Present address:

Permanent address: (if left blank, will be construed as being same as Present Address)

**Bank Account Details of Nominee:**

Name of Account holder:

Bank Name & Branch:

Bank Account Number:

IFSC Code:

Authorized person details (in case nominee is a minor):

**DECLARATION BY INSURED**

- i. I/We hereby declare that the value insurable assets is more than ₹5 Crore but less than ₹50 Crore and 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 the \_\_\_\_\_.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.

- ii. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and GENERALI CENTRAL INSURANCE CO LTD (GCICL) and I/We agree to accept a policy, subject to the conditions prescribed by GCICL.

I understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.

- iii. I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that GCICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law.

OR

I/We hereby confirm that the premium payment has been paid by \_\_\_\_\_, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account.

- iv. I/we am/are (please tick all that are applicable)
- High Net Worth Individual/s  Non-Residential Indian/s  Politically Exposed Person/s
- Non-Governmental Organization

- v. I agree to receive service-related information from GCICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to GCICL and/ or GCICL authorized person/ agency, shall be stored by GCICL, throughout the currency of my relationship with GCICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by GCICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that GCI may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I also consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address. . It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by GCI hereafter. In case of any modification, the applicable information will be provided to GCI for updating the CKYC Registry Records.
- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/>

**Proposer's Signature:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box.**

#### FOR INTERMEDIARY USE ONLY

I, \_\_\_\_\_, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.



Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF: \_\_\_\_\_

Intermediary's Code: \_\_\_\_\_

Intermediary's Signature: \_\_\_\_\_

### ANTI MONEY LAUNDERING

GCICL adheres to anti-financial crime practices, including anti-money laundering, counterfinancing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist GCICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

### SECTION 41 OF INSURANCE ACT, 1938 – PROHIBITION OF REBATES

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 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. 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.

\*\*\*\*\*END\*\*\*\*\*

**Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office:** Unit No. 801 & 802, 8<sup>th</sup> Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** [gccicare@generalicentral.com](mailto:gccicare@generalicentral.com) | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800