

If you are an NGO/NPO, please provide Niti Ayog – Darpan Portal Registration Number:

^Non-Profit Organisation means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act 1961, that is registered as a trust or a society under the Societies Registration Act, 1860 or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013.

10. If you are Differently Abled, please tick on the checkbox to provide confirmation. Yes No
(If Yes, kindly provide the below details)

- i. Type of Impairment: _____
 ii. Percentage of Impairment: _____
 iii. UDID Number: _____

11. Location of Risk/business to be covered - full-postal address with Pin code:

Sl. No.	Address	Pin code	Occupancy	Age of unit	Floor*

***Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H)**

12. Business of Proposer:

13. Coverage Proposed: (Please tick the relevant sections you require)

Section – I: Fire and Allied Perils - Details about business covered at the insured location

1.	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	Yes / No
		If, yes value stored SI: ₹.....

h.	Others (please specify)								
2.	If used as warehouse / go down (not located in a manufacturing unit), please give the list of goods stored.								
3.	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.)								
4.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?								
5.	Fire Protection devices installed	<p>Please tick the correct answer in the box below.</p> <p><input type="checkbox"/> Portable Extinguishers</p> <p><input type="checkbox"/> Small bore hose reels</p> <p><input type="checkbox"/> Trailer Pumps/Fire engines</p> <p><input type="checkbox"/> Hydrant System</p> <p><input type="checkbox"/> Sprinkler System</p> <p><input type="checkbox"/> Fixed Water Spray System</p> <p><input type="checkbox"/> Foam System</p> <p><input type="checkbox"/> Fire Alarm System</p> <p><input type="checkbox"/> Gas Flooding System</p> <p><input type="checkbox"/> Others, please specify below.</p>							
6.	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force								
7.	Construction details								
a.	Please state material used	Please tick the correct answer in the box.							
i.	Walls	Kutcha / Pucca							
ii.	Floor	Kutcha / Pucca							
iii.	Roof	Kutcha / Pucca							
<p>Note: <i>Kutcha: 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 Kutcha Construction.</i> <i>Pucca: Buildings other than Kutcha are treated as Pucca constructions</i></p>									
b.	Number of Floors								
c.	Age of the Building	<table border="1"> <tr> <td data-bbox="805 1841 1034 1948">Less than 5 Years</td> <td data-bbox="1034 1841 1257 1948"></td> </tr> <tr> <td data-bbox="805 1948 1034 1989">5-10 Years</td> <td data-bbox="1034 1948 1257 1989"></td> </tr> <tr> <td data-bbox="805 1989 1034 2031">10-20 Years</td> <td data-bbox="1034 1989 1257 2031"></td> </tr> </table>		Less than 5 Years		5-10 Years		10-20 Years	
Less than 5 Years									
5-10 Years									
10-20 Years									

		Above 20 Years		
8.	Distance between the risk to be covered and nearest Fire Brigade			
9.	Premium / Claim details for the past 36 Months for Fire and Allied perils Section excluding the expiring policy period	Year	Premium (Rs.)	Claim(Rs.)
		Total	Rs.	Rs.

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).

12.	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

Details for in-built cover for Floater

13.	Floater Cover (for stocks at various locations)	Location (Postal Address with Pin code)	Sum Insured(in ₹)
		Maximum value at any one location: ₹..... Whether stocks stored in open: Yes/No	

Standard Add-On

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

14.	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	Additional Custom Duty (UIN: IRDAN132RPMS0001V02202122/A0001V01202223)	
2	Claim Preparation Costs (UIN: IRDAN132RPMS0001V02202122/A0002V01202223)	
3	Escalation (UIN: IRDAN132RPMS0001V02202122/A0003V01202223)	
4	Involuntary Betterment (UIN: IRDAN132RPMS0001V02202122/A0004V01202223)	
5	Deterioration Of Stocks In Cold Storage Premises (UIN: IRDAN132RPMS0001V02202122/A0005V01202223)	
6	Insurance Of Additional Expenses Of Rent For An Alternative Accommodation (UIN: IRDAN132RPMS0001V02202122/A0006V01202223)	
7	Loss Of Rent Clause (UIN: IRDAN132RPMS0001V02202122/A0007V01202223)	

Section II: Fire Loss of Profit

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

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

<input type="checkbox"/>	Description	Sum Insured in Rs.
	Auditor Fees	
	Customers Premises _____ No. Dependence _____ %	
	Suppliers Premises _____ No. Dependence _____ %	
	Loss due to accidental failure of public electricity/gas/water supply	

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)
Total	

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 – XI: 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:

From where to where:

Mode of Transport:

Section – XII: 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:

Any one-Accident Limit:

Any one Year Limit:

Expiring policy details:

Section XIII: 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)
Total			

Section – XIV: Neon Sign / Glow Sign

Please provide the details as follows:

Location/Height	Size	Type/Age	Value (Rs)

8.	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)	
9.	Whether Insurance was declined by any other Company (Give details)	

10. Premium/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			
Total				

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:

E-Mail ID:

Address of Nominee:

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:

IFS Code:

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

DECLARATION BY PROPOSER

- i. All statements and information provided in this proposal are complete and accurate. No relevant information has been withheld. This proposal and declaration, together, forms the basis of the insurance contract with Generali Central Insurance Co. Ltd. (GCICL), if issued, and I/We agree to accept the corresponding terms and conditions.
- ii. If GCICL finds out that I/We have misrepresented or suppressed any material fact or, committed a fraudulent act relating to this insurance proposal/policy, GCICL may render my insurance policy void ab initio, and forfeit the corresponding premium amount.
- iii. I/We understand that GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. So, I/We confirm that the policyholder(s), beneficiary(s), claimant(s), or nominee(s) will assist GCICL with relevant records/information/assistance, as necessary, to address anti-financial crime practices.
- iv. I/We, or a person having insurable interest in the insured asset, have/has paid/will pay the premium from legitimate source and not from crime proceeds, in line with The Prevention of Money Laundering Act, 2002 and rules thereunder. GCICL can verify the source of funds, call for documents, and reject or terminate the insurance policy and/or forfeit the premium amount, if found otherwise or if I/We are named on any recognized sanctions list or have violated any provision of law. Refund of premium, if any, shall be made to my/our designated bank account(s).
- v. I/We consent to
 - a. receive policy and service communications from GCICL and its authorized service providers, vide electronic and telecom means, including WhatsApp, and understand that no unsolicited information will be sent to me;
 - b. GCICL and its authorized service providers storing and processing my personal data for the purpose of this proposal and corresponding insurance policy as may be issued, throughout the period of necessary retention;
 - c. GCICL accessing my/our CKYC records from Central KYC Records Registry (CKYCR) for verification, and to receive information from the CKYCR through SMS/email on the mobile phone number/email address provided above;
 - d. abide by the obligations under the GCICL Privacy Policy at <https://generalicentralinsurance.com/> ;
 - e. GCICL reserving the right to reject this proposal or to terminate the insurance contract unilaterally and/or freeze the funds, if I/We, or persons associated with me/us, are named in any recognized sanctions list.
- vi. My/our KYC records in CKYCR are current and valid and I/We undertake to inform GCICL in case of change.

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.

Date:

Place:

Signature of the Proposer(s)
(Affix stamp, where proposer is a juridical person)

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, counter-financing 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*****

Annexure (Addendum) attached to and forming a part of Proposal Form of ('BUSINESS SURAKSHA-SOOKSHMA')

QUESTIONNAIRE

Sr. No	Details	Answer
1.	Is Watchmen on Duty (Round the Clock) available at your Storage Facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Are you following standard housekeeping practices at premises to be covered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Please confirm whether your premises has conductive wiring in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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