

BUSINESS SURAKSHA PROPOSAL FORM

IMPORTANT GUIDELINES:

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 the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.**
3. **It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.**
4. **Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.**

FOR OFFICE USE

Intermediary Name: _____

Intermediary Code: _____

Business Channel: Agency Banca Corporate/Broking Direct

RM/SP Name: _____

RM/SP Code: _____

RM/SP Contact No: _____

GSTN: If applicable _____

POSP PAN (if applicable)

Proposer Details

1. Name of Proposer :
2. Correspondence Address :
3. Permanent Address (if left blank, will be construed as being same as Present Address) :
4. Risk Location :
5. Occupation :
6. CKYC Number (if available) :
7. Contact Details :

8. Email ID :

9. Policy Period :

10. Construction

Class AA (RCC Columns, Roof and RCC walls)
 Class A (RCC Columns, Roof and Masonary walls)
 Class B (RCC Columns, masonry wall and AC sheet Roof)
 Class C (AC sheet roof with steel frame structure)
 Class D (Either roof or wall of combustible materials)
 Class E (Entire structure is combustible)
 Class O (Assets in Open)

Coverage Proposed :

Section – I : Standard Fire and Special Perils

Description	Sum Insured in Rs.
Buildings [Other than Kutcha construction]	
Plant & Machinery	
Furniture Fixtures Fittings	
Stock & Stock in Process	
Electrical Equipments	
Others	
TOTAL	

Please mark Yes if particular Add-cover is opted. Strike out Yes if not required.

Add-on Covers	Yes / No	Sum Insured in Rs.
Removal of Debris (in excess of 1% claim amount)	Y / N	
(A) Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril	Y / N	
(B) Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril.	Y / N	

Forest Fire	Y / N	
Impact Damage due to Insured's own Rail/Road Vehicles, Fork lifts, Cranes, Stackers and the like and articles dropped therefrom.	Y / N	
Spontaneous Combustion Category I goods Category II goods Category III goods Category IV goods	Y / N	
Omission to Insure additions, alteration or extensions	Y / N	
Earthquake (Fire and Shock) Zone I Zone II Zone III Zone IV	Y / N	
Spoilage Material Damage Cover	Y / N	
Leakage And Contamination Cover Where the tanks are within the Insured's own premises Where the tanks are located elsewhere	Y / N	
Temporary Removal of Stocks Clause	Y / N	
Loss Of Rent clause	Y / N	
Insurance Of Additional Expenses of Rent For An Alternative Accommodation	Y / N	
Start up Expenses	Y / N	
Terrorism	Y / N	

Do you wish to opt for cover on reinstatement value basis: Yes No

Note: Reinstatement value means value for the new item of the same type and make. If not opted for Reinstatement value, cover will be on Market Value basis. Market value is the reinstatement value less depreciation depending on the age of the item. Please calculate depreciation in this regard at the rate of 10% for each year from the date of manufacture upto a maximum of 50%.

Section II : Business Interruption (Fire)

Description	Sum Insured in Rs.
Net Profit	
Standing Charges or Fixed Charges	
Wages- if required separately	
Gross Profit (TOTAL)	

Critical Equipments & their Lead time:

Process: Continuous / non-continuous

Please mark Yes if particular Extension is opted. Strike out Yes if not required.

Extensions	Yes / No	Sum Insured in Rs.
Auditor Fees	Y / N	
Customers Premises No. Dependence %	Y / N	
Suppliers Premises No. Dependence %		
Loss due to accidental failure of public electricity/gas/water suppl	Y / N	

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)* Sum insured 100%: Rs.

Watch & ward facility (24 hours) : Yes / No

Other Security Facilities :

Would you wish to avail cover on first loss basis : Yes/No

If Yes what is the % of First Loss basis (Min 25%) :

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 with Sr. No. & make	Year of manufacture	Reinstatement Value (Rs)

Total	
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Section – V : Electronic Equipment

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

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

Description with Sr. No. & Manufacturer's name	Year of manufacture	Reinstatement Value (Rs)
Total		

Valid maintenance contract Force? Yes / No
If yes, Copy to be enclosed

External data Media and/or Increased Cost of Working:
Separate form to be filled as per EEI proposal form

Section – VI : All Risks – Portable Equipments

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

Section – VII : Personal Accident (Group)

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.

a. In relation to yourself as well as any member of your family, who wants to avail of the benefits of this Cover, please provide information, separately, in the following format:

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

b. Do you wish to opt for the following additional covers :

- Hospital Confinement Allowance : Yes / No

Section – VIII : Hospital Cash

Section – IX : Liability

A. Tenant Liability:

We shall cover:

- Your Liability for bodily injury and property damage to third party as tenant.

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:

We shall cover:

- Fatal Accidents Act 1855, the Workmen’s Compensation Act 1923 or any amendment thereto or under common law

- (i) Number of employees
- (ii) Job description
- (iii) Annual wages for each category of employees:

Please attach separate sheet if required.

C. Public Liability :

We shall cover:

Legal Liability, bodily injury and property damage to third party

- Annual turn over

- Type of industry
- Nature of work
- Limits required (AOA:AOY)
- Expiring policy details

Section – X : Accompanied 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 – XI : 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

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 – XIII: Employee Fidelity

Only Permanent employees are covered.

No of employees to be covered, their names & designation: Attach separate list if required

Any One Person Limit:

Any One Accident Limit:

Any one Year Limit:

Expiring policy details:

Section – XIV: Pedal Cycles

Please provide in respect of all pedal cycles that you wish to insure, the following information :

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

Maximum Sum insured is restricted to Rs.5000/-

Section – XV: Neon Sign / Glow Sign

Please provide the details as follows:

Location/Height	Size	Type/Age	Value (Rs)

Claim Details for Last 3 years:

Section	Covers	Claim Details in Rs.
Section – I	Standard Fire & Special Perils	
Section – II	Business Interruption (Fire)	
Section – III	Burglary	
Section – IV	Machinery Breakdown	
Section – V	Electronic Equipment	
Section – VI	All Risks – Portable Equipments	
Section – VII	Personal Accident (Group)	
Section – VIII	Hospital Cash	
Section – IX	Liability	
Section – X	Accompanied Baggage	

Section – XI	Plate Glass	
Section – XII	Money Insurance	
Section – XIII	Employee Fidelity	
Section – XIV	Pedal Cycles	
Section – XV	Neon Sign / Glow Sign	

Payment 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/-

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): _____

DECLARATIONS

- i. 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.
- ii. 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 have 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 authorised 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/>



True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, 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 the 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 with 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.



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:** gccicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800