

Bajaj General Insurance Limited

(formerly known as Bajaj Allianz General Insurance Co. Ltd.)
 Corporate Identity Number : U66010PN2000PLC015329 IRDA Registration No. 113
 Regd. & Head Office : Bajaj Insurance House, 1st Floor Airport Road, Yerawada, Pune - 411 006.
 UIN : IRDAN113RP0036V01200102



ADVANCE LOSS OF PROFIT (CAR) PROPOSAL FORM

Important: This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

Customer Details

Name Middle Name Last Name

Address for Communication

House No & Name

Landmark / Locality

Road/Area Name

City : State : Pin Code :

Address of Business Premises Proposed for Insurance

House No & Name

Landmark / Locality

Road/Area Name

City : State : Pin Code :

Mobile No. E Mail

Nature of Trade of Business

Bank Details

Name as pr Bank

Name Of Bank

Bank Account No. IFSC Code

IFSC Code

* I accept to pay & receive claim amount (if any) in the above given Bank a/c

Electronic-Insurance Account:

Please provide e-IA No. to deposit your insurance policy. : _____

Do you want to open e-IA account: Yes/No

Existing Customer

Are you an existing customer of Bajaj General? Yes No

If Yes. Please provide PID No: _____ / Policy No. _____

I hereby confirm that, there is no change in my existing KYC details that are available from my previous/existing policy.

DETAILS	
1.	Brief description of the construction/erection work to be carried out
2.	Brief description of any existing plant or surrounding property in proposer's possession or care, custody or control on the above site(s) or adjacent to it (them). Please attach site layout plan
3.	Project is <input type="checkbox"/> Extension or renovation of existing work <input type="checkbox"/> A new venture
4.	Can damage to existing structures and/or surrounding property, caused by the construction work, delay in completion of the business to be insured? If Yes please specify
	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.	<p>Can damage to existing structures and/or surrounding property, caused by the construction work, lead to business interruptions and are these to be insured?</p> <p>If Yes please fill in loss of profit questionnaire(s)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No 									
6.	<p>Brief description of the intended business or service activities, making special mention of bottlenecks.</p>										
7.	<p>Has the method of production or services been employed by the proposer previously?</p> <p>If so, for how many years? (please specify)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ years									
8.	<p>Intended normal working hours</p>	<table border="0"> <tr> <td>per day</td> <td>hours</td> <td>In shifts</td> </tr> <tr> <td>per week</td> <td>hours</td> <td></td> </tr> <tr> <td>per year</td> <td>hours</td> <td></td> </tr> </table>	per day	hours	In shifts	per week	hours		per year	hours	
per day	hours	In shifts									
per week	hours										
per year	hours										
9.	<p>Anticipated gross profit (annual turnover less costs of supplies of goods, raw material, electricity, water, gas, etc) for first year of operation monthly figures</p>										
10.	<p>If indemnity period required longer than 12 months</p>	<p>Indemnity period required _____</p> <p>Gross profit of required period _____</p>									
11.	<p>In the event that a specific date of completion is not met is any one-off loss likely to arise?</p> <p>If Yes please specify</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Amount _____ Reasons _____ 									
12.	<p>Are there seasonal events likely to affect the gross profits?</p> <p>If Yes please specify</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No 									
13.	<p>Desired time excess (minimum one week per 6 months of construction/erection period)</p>										
14.	<p>Maximum indemnity period required to be insured</p>										
15.	<p>i. Is the additional expenditure caused by using external power supply to be insured? (This Question is only in respect of power generation equipment at the plant to be insured supplying power to this plant and is only to be answered if electricity can be drawn from the public power network in the event of damage to power generation equipment at the plant to be insured.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No									
	<p>ii. Power requirements of the plant (kW, kWh p.a.)</p>										

	iii. Percentage of the requirements met by the plant's own power generation equipment?	
	iv. Costs of kWh of power	own plant _____ external plant _____
	v. To what extent (kW) may electricity be drawn from an external source?	
	vi. What is the maximum demand charge per kW and within which period is it due? (Please attach copy of contract)	
	vii. Annual maximum demand charges?	
16.	Date of inception of CAR cover	
17.	Date of commencement of works	
18.	Testing period (if any)	From _____ To _____
19.	Anticipated date of completion (handover following a possible testing period)	
20.	Scheduled date of commencement of insured business	
21.	At which date after completion of the project (and a possible testing period) is full production to be reached?	
22.	Is it possible to reduce that period? If so, by which means?	Yes No _____ _____ _____
23.	What allowance exists for delays due to accidents or otherwise? Please, attach phase diagram of construction giving the phasing of the work (date of arrival on site) erection, testing, commissioning, handover) regarding all plant sections and major items.	
24.	Details of any penalty agreements in connection with the contract works	
25.	Remarks	

<p>Payment Details</p> <p>Mode of Payment : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Cash <input type="checkbox"/> Other</p> <p>Cheque - Given by : <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Employer / Employee <input type="checkbox"/> Financier</p>

Declaration

I/WE HEREBY DECLARE AND WARRANT that the above statements are true and complete and that I/We have withheld no information whatsoever which is material for the acceptance of this proposal.
I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void. I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.

Place _____

Date _____

Signature

Notes -

If the space above is insufficient for any answer please continue on separate sheet and attach hereto.

INSURANCE ACT 1938 SECTION 41- Prohibition or 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 and insurance in respect of any kind or 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 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 provision of this Section shall be punishable with fine, which may extend to ten lakh rupees.

Declaration - Physical Proposal Form

Are you or any of the proposal applicants a PEP or a close relative of PEP*?

If yes, please share the details _____

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g.. Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc." Yes/ No

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC Yes/ No

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income. Yes/ No

I/We hereby give voluntary consent to Bajaj General/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information. Yes/ No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your Yes/No service requests faster and hassle-free in future.

You can update the same through Caringly yours App-<http://onelink.to/v9zp7c>, Whats App Service (Say 'Hi' on Whats App- +917507245858), Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS "WORRY" to 575758, Email-careforyou@bajajgeneral.com, website-

<https://www.bajajgeneralinsurance.com/general-insurance.html>, contact your agent or nearest branch.

Declaration :

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of Proposer: _____ Date : _____ Place : _____

Name of Witness : _____

Signature of Witness : _____ Date : _____ Place : _____

Disability Declaration :

Any Physical deformity or handicap Yes No

If Yes. Please provide details: _____ (Disability Certificate issued by the Medical Board appointed by the Government for certifying Disability)

I _____ authorised representative of Mr./Miss/Mrs. _____ hereby giving consent on the behalf of the proposer due to his/her disability , that he/she has understood the content of this form and its particulars and confirmed the same

Name of Authorised Representative : _____

Signature of Authorised representative : _____ Date : _____ Place : _____

Claim Docs

I/we hereby confirm that I/we have provided all relevant and supporting documents sought by the company, required for the issuance of the policy. Any document(s) as may be required, for claims processing, shall be submitted by me on demand by the company.

Agent/ Intermediary Declaration :

I, _____, acting in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized Employee of the Broker/Relationship Officer, hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained herein, to the Proposer in their vernacular language, if required. This includes all statements, information, and responses submitted by the Proposer in this Proposal Form to the questions contained herein or any details sought herein. These details will form the basis of the Contract of Insurance between the Company and the Proposer if this Proposal is accepted by the Company for the issuance of the Policy.

I have further clarified that if any untrue statement(s), information, or response(s) is/are contained in this Proposal Form, including any addendum(s), affidavits, statements, or submissions furnished or to be furnished, the Company shall have the right to vary the benefits payable. Moreover, if there has been a non-disclosure of any material fact, the policy issued to the Proposer pursuant to this Proposal may be treated by the Company as null and void, and all premiums paid under the Policy may be forfeited to the Company.

IRDAI COR No./ License No.(Advisor/Corporate Agent/Broker/Relationship Officer)

Signature of Agent: _____ Date: _____ Place: _____

Agent / IMD (SP /DP / BQP) signature and their code

Agent/IMD Name _____ Agent/IMD Code _____ Agent/IMD Signature _____

SP / BQP / DP / PoS Name _____ SP / BQP / DP / PoS CoR No.: _____ SP / BQP / DP / PoS Signature _____

DISCLAIMER:

This message, including any attachments may contain proprietary, confidential and privileged information of our company [Bajaj General] for the sole use of the intended recipient(s), and is Strictly Confidential protected by law. If you are not the intended recipient, please notify the sender immediately and destroy all copies of the original message and attachments, if any, from all your computer/mobile/network systems/servers/CPU. Any unauthorized person and or unauthorized purposes of review, use, disclosure, dissemination, forwarding, printing or copying of this email or any action taken in reliance on this e-mail is strictly prohibited and may be unlawful. Bajaj General Insurance Limited reserves the right to record, monitor and inspect all email communications through its internal and external networks. Your messages can be subject to such lawful supervision as Bajaj General Insurance Limited deems necessary in order to protect its information, interests, documents, records, and reputation. Bajaj General Insurance Limited prohibits and may take suitable steps to prevent their information systems from being used to view, store or forward offensive or discriminatory or prohibited/unlawful material/records/ documents. If this message contains such material, please report it to careforyou@bajajgeneral.com Please ensure you have adequate virus protection before you open or detach any documents from this transmission. Bajaj General Insurance Limited does not accept any liability for viruses To report any incident of corruption please write on careforyou@bajajgeneral.com If you like our services, like us on Facebook-