

UIN : IRDAN113 CP0032V02201920

**COMMERCIAL PACKAGE POLICY - 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.

**COMMERCIAL PACKAGE POLICY - PROPOSAL FORM**

Name of the Proposer																						
Address																						
Landline Email											Mobile						Fax					
Occupation/Business																						

Nominee Details:	Name	DOB (dd/mm/yyyy)	Age	Relation
Nominee*				
Appointee (If nominee is minor)				
If Nominee is "Others" please specify the relation and reason for such nomination _____				
*Nominee for Self (Primary Insured) has to be one of the mentioned relations - " Father Mother Son Daughter Spouse Others				
*For all family member Primary insured will be the Nominee				

**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 BGIL?  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.

**COVERAGE DETAILS (Please tick mark the sections you require and answer the relevant questions)**

**SECTION 1 : STANDARD FIRE & SPECIAL PERILS COVER**

Note : This section is compulsory. Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

a. Address of all Risk Locations (RL) to be covered :

RL	
1	
2	
3	
4	

b. Building Details:

- Construction of External Walls: Brick  / Concrete  / Glass  / Asbestos  / Others (Please specify)
- Construction of Roof: Concrete  / Asbestos  / Tiles  / Others (Please specify)

- c. Is the Building owned by you? Yes  No
- d. Are you the sole occupant of the Building? Yes  No   
If no, who are the other occupants? Please give details: \_\_\_\_\_
- e. If you are the owner of the Building, please indicate the sum to be insured (Rs.): \_\_\_\_\_  
(Please take the reinstatement value)
- f. Contents (Please specify the sum to be insured for contents)

Item	Sum to be Insured (Rs.)
Business Equipments (Other than Electronic Equipments covered under Section 7 and Portable Equipments covered under Section 12)	
Furniture, Fixture and Fittings	
Other items (Please specify)	

- g. Do you wish to cover the following extensions?
- (i) Earthquake Cover: Yes  No
- (ii) Terrorism Cover: Yes  No

#### SECTION 2: BURGLARY AND ROBBERY COVER

Note: This section is compulsory. Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Please give the break up of the sum to be insured. Please note that the sum to be insured for this Section will be same as that for contents under Section 1.

Item	Sum to be Insured (Rs.)
Business Equipments (Other than Electronic Equipments covered under Section 7 and Portable Equipments covered under Section 12)	
Furniture, Fixture and Fittings	
Other items (Please specify)	

- b. Would you like to opt for a cover on a first loss basis @ 25% of the total value at risk? Yes  No
- c. Would you like to opt for a Theft extension cover? Yes  No
- d. Whether 24 hours security provided for the building? Yes  No   
If yes, please give details: \_\_\_\_\_
- e. Whether any burglar alarm or similar security devices are provided? Yes  No   
If yes, please give details: \_\_\_\_\_

#### SECTION 3: MONEY INSURANCE COVER

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes  No   
If yes, please furnish the following details:
- b. Please specify the locations between which the transit of money to be covered: \_\_\_\_\_
- c. What is the Any One Transit Limit? \_\_\_\_\_
- d. How many transits take place in a month? \_\_\_\_\_
- e. What is the estimated Annual Transit? \_\_\_\_\_
- f. What is the mode of transit? \_\_\_\_\_
- g. Please specify security provided, if any: \_\_\_\_\_
- h. Whether casual employees are used for carrying money? Yes  No
- i. Is there a daily written record of the money in transit and is it updated every day? Yes  No
- j. Do you want to cover cash in safe/strong room? Yes  No   
If yes, please provide the sum to be insured: Rs. \_\_\_\_\_
- k. Do you want to cover cash in till/counter? Yes  No   
If yes, please provide the sum to be insured: Rs. \_\_\_\_\_

#### SECTION 4: PLATE GLASS COVER

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes  No   
If yes, please provide the following details of the plate glass to be insured:

Description and Position of Plate Glass	Size of Plate Glass		Sum to be Insured (Rs.)
	Height in cm.	Width in cm.	

- b. Is there any plate glass in the insured premises that is not included in the above? Yes  No   
If yes, please describe the position and size: \_\_\_\_\_
- c. Is there at present any broken or damaged plate glass? Yes  No   
If yes, please describe the position and size: \_\_\_\_\_

**SECTION 5: MACHINERY BREAKDOWN COVER**

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes  No   
If yes, please provide the following information:

Description of the Equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum to be Insured (Rs.)*

\*The sum to be insured should represent the new replacement value of the same type of equipment

- b. Please provide details of breakdown and repair cost incurred during the last 3 years for the above mentioned equipments: \_\_\_\_\_

**SECTION 6: NEON SIGN COVER**

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes  No   
If yes, please provide the following information in respect of all the neon signs and/or glow signs to be insured:

Description	Year of Production	Name of Manufacturer	Sum to be Insured (Rs) [Reinstatement Value]

**SECTION 7: ELECTRONIC EQUIPMENTS INSURANCE COVER**

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes  No   
If yes, please provide the following information:

Description of the Equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum to be Insured (Rs.)*

\* The sum to be insured should represent the new replacement value of the same type of equipment

- b. Please provide details of breakdown and repair cost incurred during the last 3 years for the above mentioned equipments: \_\_\_\_\_
- c. Do you require cover for external data media? Yes  No   
If yes, please provide the reinstatement value of external data media: \_\_\_\_\_
- d. Do you require cover for reproduction of data lost following an indemnifiable damage to property insured under material damage coverage of this Section? Yes  No
- e. Do you wish to opt for Terrorism cover? Yes  No

**SECTION 8: FIDELITY GUARANTEE COVER**

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes  No   
If yes, please furnish the following details:

Details of Employees to be covered		
Category of Staff to be covered	No. of Employees to be covered	Employee Sum Insured (Rs.)

- b. Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last five years? Yes  No   
If yes, please provide the following details:

Date	Circumstances	Amount of Loss (Rs.)

- c. Is there a system to obtain references from previous employers? Yes  No   
 If not, please specify practice followed: \_\_\_\_\_
- d. Has there been any occasion to question honesty or conduct of any person proposed for guarantee? Yes  No   
 If yes, please provide details: \_\_\_\_\_
- e. How often are the employees required to account for money? \_\_\_\_\_
- f. Are books of accounts balanced everyday? Yes  No   
 If not, what is the frequency of balancing books of accounts? \_\_\_\_\_
- g. What independent system is there to check that all sums received by employees are accounted for? \_\_\_\_\_

**SECTION 9: GROUP PERSONAL ACCIDENT COVER**

Note: Please attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes  No   
 If yes, please furnish the following details:

Name of the Person	DOB	Relationship with the Proposer	Occupation	Monthly Salary (Rs.)	Coverage Required (Basic/Wider/Comprehensive)	Total Sum Insured (Rs.)

- b. Do you wish to opt for Medical Expenses cover? Yes  No   
 c. Do you wish to opt for Hospital Confinement cover? Yes  No

**SECTION 10: PUBLIC LIABILITY COVER**

Note: Please attach separate sheet wherever required. Please note that liability under Public Liability Insurance Act 1991 or any other no fault liability basis is not covered.

- a. Do you wish to opt for this cover? Yes  No   
 b. Please provide the limit to indemnity required for any one accident and any one year: Rs. \_\_\_\_\_  
 c. Has there or have there been any instances of third party Bodily Injury and Property Damage in the past? Yes  No   
 If yes, please give details: \_\_\_\_\_

**SECTION 11: WORKMEN'S COMPENSATION COVER**

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes  No   
 If yes, please furnish the following details:

Details of Employees to be covered		
Number of Employees	Nature of Work	Monthly Salary (Rs.)

- b. Are there any security measures to prevent accidents? Yes  No   
 If yes, please provide details: \_\_\_\_\_
- c. Has there or have there been any instances of accidents in the premises in the past 3 years? Yes  No   
 If yes, please provide details: \_\_\_\_\_

**SECTION 12: PORTABLE EQUIPMENTS COVER**

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes  No   
 If yes, please provide the following information:

Description of the Equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Territorial Limits (India/Worldwide)	Sum to be Insured (Rs.)*

\* The sum to be insured should represent the new replacement value of the same type of equipment

b. Please provide details of breakdown and repair cost incurred during the last 3 years for the above mentioned equipments: \_\_\_\_\_

### SECTION 13: BAGGAGE INSURANCE COVER

Note: Please attach separate sheet wherever required.

a. Do you wish to opt for this cover? Yes  No

If yes, please provide the following details:

b. Please specify the limit to be insured per loss: Rs. \_\_\_\_\_

c. Please specify the total limit during the policy period: Rs. \_\_\_\_\_

d. Please specify the territorial limits: India \_\_\_\_\_ Worldwide \_\_\_\_\_

### SECTION 14: PEDAL CYCLE COVER

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

a. Do you wish to opt for this cover? Yes  No

If yes, please provide the following information in respect of all pedal cycles to be insured:

Name of the Manufacturer	Year of Production	Frame no.	Value including accessories (Rs.)

b. Please specify details of the location where the pedal cycles are stored when not in use:

### SECTION 15: BUSINESS INTERRUPTION COVER

Please specify details of the location where the pedal cycles are stored when not in use:

a. Note: Please provide separate sheet wherever required. Yes  No

If yes, please provide the following details:

b. What is the Turnover for last 12 months? \_\_\_\_\_

c. What is the estimated Turnover for next 12 months? \_\_\_\_\_

d. What is the sum to be insured? \_\_\_\_\_

NB: The sum to be insured is estimated Gross Profit for next 12 months which is Turnover less purchases and other variable business expenses.

e. What is the estimated Net Profit for the next 12 months? Rs. \_\_\_\_\_

f. What is the indemnity period opted? 6 months / 9 months / 12 months

g. Do you maintain upto date books of accounts? Yes  No

h. Do you wish to opt for terrorism cover extension? Yes  No

(You can opt for terrorism extension for this section, only if you opt it under Section 1)

### MODE OF PAYMENT

a. By Cheque: Cheque No. \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_

b. By Cash: \_\_\_\_\_

### PREVIOUS INSURANCE DETAILS

a. Is your previous insurance policy with Bajaj Allianz General Insurance? Yes  No

b. If yes, kindly provide the previous Policy No. \_\_\_\_\_ Policy Expiry Date \_\_\_\_\_

c. If no, kindly provide name of the previous insurer (if any) \_\_\_\_\_ Previous Policy No. \_\_\_\_\_ Policy Expiry Date \_\_\_\_\_

d. Please provide the claims history for past 3 yrs:

No. of Claims made: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Total Claimed Amount: \_\_\_\_\_

e. Has any General Insurance Company, in respect of the risk to which this proposal relates, ever:

Declined a proposal, refused renewal or terminated insurance? Yes  No

Required an increased premium or imposed special conditions? Yes  No

If yes in either case, please provide details: \_\_\_\_\_

## DECLARATION AND WARRANTY

I/We hereby declare and warrant that the declaration, warranties, statements and particulars given in this proposal form are complete, true and accurate to the best of my/our personal knowledge and belief. I/We have understood that the statements and particulars given in this proposal form and this declaration shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company and that, if it is found that any of the statements or particulars in this proposal form or other documents are incorrect, untrue, suppressed any information or provided misleading/false information in any respect of any material matter to the grant of a cover, the Company shall have no liability under the insurance contract or the policy document there under.

I/We also agree to inform Company any changes in any respect of any material matter to the grant of a cover in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form. I/We will accept the usual conditions and form of the policy issued by Company in such cases.

I/We also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realising [in case of payment by cheque/DD/PO] of prescribed premium amount, failing which Company's risk is void ab initio.

I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

I/We hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephone / email / web-inputs means or other means, as updated from time to time within group entities.

I/We hereby give voluntary consent to BGI/ 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

Place: \_\_\_\_\_ Signature of Proposer

Date : \_\_\_\_\_ Name :

Certified that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.\*

Place: \_\_\_\_\_ Signature  
(on behalf of Proposer)

Date : \_\_\_\_\_ Name :

\*This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Proposer

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

No person shall allow or offer 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 provisions of this section shall be liable for penalty which may extend to ten lakhs rupees.

### For Office Use Only

Net Premium: \_\_\_\_\_ Service Tax: \_\_\_\_\_ Total Premium: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Date and Time: \_\_\_\_\_

## 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 BGL/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.in](mailto:careforyou@bajajgeneral.com.in), 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 [BGIL] 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](mailto: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](mailto:careforyou@bajajgeneral.com) If you like our services, like us on Facebook