

UIN:IRDAN113CP0013V01201920

Proposal Form for CONSEQUENTIAL LOSS (FIRE) INSURANCE

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.

1. Name of the Insured	
2. Address	
3. Telephone no.	

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.

4. Premises to be covered under the policy (Please give complete address, if more than one location all locations to be covered are to be specified)		
5. Details of business carried out in each of the locations to be covered		
6. Period of Insurance	From	To
7. Are the premises insured under a Standard Fire Material Damage policy?	Yes/No	
8. If YES, please give the following details of the insurance effected: (a) Name of the insurer (b) Policy no. (c) Period of insurance (d) Perils covered		
9. What is the annual gross profit estimated for the period	Net Profit: Standing Charges: Total (Gross Profit):	
10. Sum insured proposed for Loss of Profit Insurance (Sum insured to be Annual Gross Profit upto 12 months indemnity period and proportionately higher for indemnity period more than 12 months)		

11. Indemnity period opted	
12. Do you require coverage for Supplier's Premises ?	
13. If answer to Qn.12 is Yes, please give the list of suppliers and percentage dependence of business on each of them along with the addresses of the supplier premises.	
14. Do you wish to extend coverage to your property stored at other situations? Is YES, give details of such locations.	
15. Do you wish to extend the policy to cover loss due to accidental failure of Public Electricity/Gas/Water supply? If yes mention which extensions are required?	
16. Do you wish to extend cover for Terrorism?	
17. How long you have been availing Loss of Profit policy? Please give details of the insurer for the existing policy.	
18. Please give the premium and claim experience for the last 4 years under Loss of Profit cover availed by you?	
19. In case you have not insured for LOP till date, have you experienced any Business Interruption following fire or allied perils for the last 5 years? Please give details	
20. Have you approached any other insurer for this cover? Has any insurer declined/quoted with higher premium for this cover?	

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/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Bajaj General and I/We agree to accept a policy, subject to the conditions prescribed by Bajaj General and to pay premium as quoted by the Company.

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.

Proposer's Signature

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 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.

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 BGIL/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 Caringlyours App-<http://onelink.to/v9zp7c>, Whats App Service (Say 'Hi' on Whats App- +91 7507245858), 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 [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 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