

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 : IRDAN113RP0030V01200102



Bajaj General Employee code, if Proposer is an Employee

SHOPKEEPERS INSURANCE 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.

1. **Name of Proposer**
2. **Address of Premises Proposed for Insurance**
3. **Business Address of Proposer**
4. **Tel. Nos.**
5. **E-mail ID**

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 BAGIC? 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.

6. **Occupation / Business Activity**
 (Please state the commodities to deal in)

c. All money in safe (Restricted to one day's collection)	Rs.
d. All money in, till/counter (Restricted to one day's collection)	Rs.
e. Whether 24-hrs security provided for	
(i) The complex/building housing the shop	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Whether any burglar alarm or similar security devices are provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' please specify	
f. Are there any special recommendations in regard to the maintenance of these installations or is there any special schedule of maintenance that has to be complied with in order to keep the above installations in good running condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' are you in compliance with the same ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Money

a. Money in transit (Please indicate the limit required per transit)	Rs.
b. Is there a daily written record of the money in transit and is it updated every day ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Plate Glass

a. Please provide a description & location of the Plate Glass, which you wish to insure, and its value	
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Breakdown of Business Equipment

(we do not cover equipments which are more than 10 years old)

a. Please provide in respect of all business equipment which you wish to insure, the following information :	
i. Description	
ii. Reinstatement Value	
iii. Date of manufacture	
b. Please provide details of breakdown and Repair cost incurred during the last 3 years : For the above equipments (Please attach separate sheet if required)	

Neon Sign / Glow Sign

a. Please provide in respect of all the neon signs and / or glow signs that you wish to insure, the following information :	
i. Description	
ii. Year of Production	
iii. Name of manufacturer	
iv. Reinstatement value for which you wish to insure :	

Electronic Equipment

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

a. Please provide in respect of all the Electronic equipment that you wish to insure the following :	
i. Description	
ii. Type of the items	
iii. Date of manufacture	
iv. Name of manufacturer	
v. Reinstatement Value	
b. Please provide details of breakdown and Repair cost incurred during the last 3 years For the above equipments (Please attach separate sheet if required)	
c. Do you require cover for data media and software ? If so, provide	
i. Reinstatement value of data media	Rs.
ii. Repurchase cost for software	Rs.
d. Do you require cover for reproduction of data lost following indemnifiable damage to data media ? If 'Yes', what is the limit required ?	<input type="checkbox"/> Yes <input type="checkbox"/> No Rs.
e. Do you wish to opt for terrorism cover extension to protect your equipment from terrorism damage	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fidelity Guarantee

a. Please provide the following information in respect of all the employees in respect of whom insurance cover is sought :	
i. Name	
ii. Designation	
iii. Monthly Salary	
iv. Amount of Cash / Stock held by the employee	
(Please attach separate sheet if necessary)	

b. Is there a system to obtain references from previous Employers ? If not, specify practice followed	
c. Has there been any occasion to question honesty or conduct of any person proposed for guarantee ? If yes, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How often are the employees required to account for money ?	
e. Are books of accounts balanced everyday ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. What independent system is there to check that all sums received by employees are accounted for	
g. 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 ?	

Personal Accident

a. Do you want personal accident cover for:	
i. Yourself	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Family members (who assist you in the business)	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Other employees	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Please give the following details for all persons to be covered under this section (If necessary please attach separate list)

Name of the person	Relationship with the proposer	Nature of functions	Date of Birth	Sum to be insured (Rs)

(*Please limit the sum insured to 5 times annual income of the person to be covered)

Public Liability / Workmen's Compensation

a. Please provide the limit of Indemnity required : For Any One Accident and Any One Year (Maximum limit Rs. 10 lacs)	Rs.
b. Please provide following information if Workmen compensation cover is required	
i. Number of Workers	
ii. Nature of Work	
iii. Any security measures to prevent accidents	
iv. Any past history of accidents in the premises	

BUSINESS INTERRUPTION COVER

a. What is the Turnover for last 12 months <i>Answer b to c if TO is more than Rs.10 lacs</i>	Rs.
b. What is the estimated Turnover for next 12 months	Rs.
c. What is the sum to be insured	Rs.

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

d. What is the estimated Net Profit for the next 12 months	Rs.
e. What is the indemnity period opted (Max 12 months)	6 / 9 / 12 months
f. Do you maintain upto date books of accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you wish to opt for terrorism cover extension (You can opt for terrorism extension for this section, only if you opt it for the fire section)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Payment Details

Payment Details

Mode of Payment : Cheque DD Cash Other

Cheque - Given by : Spouse Father Mother Son/Daughter Employer / Employee Financier

Declarations and Warranty

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 on the amount estimated above at the end of each policy period. 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

Date _____

Proposer's Signature

Note : The liability of the Company does not commence until the proposal has been accepted by the Company and the full premium paid

Prohibition or 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.

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Premium Calculation

Total Premium	Rs.
Discount for Covering more than 4 Sections :%	Rs.
Net Premium :	Rs.
Service Tax ;	Rs.

Accepted by _____

Date & Time _____

Policy No. _____

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 BAGIC/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>, 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 (Formerly known as Bajaj Allianz General Insurance Co. Ltd.) 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 (Formerly known as Bajaj Allianz General Insurance Co. Ltd.) deems necessary in order to protect its information, interests, documents, records, and reputation. BAJAJ GENERAL INSURANCE LIMITED (Formerly known as Bajaj Allianz General Insurance Co. Ltd.) 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 (Formerly known as Bajaj Allianz General Insurance Co. Ltd.) 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 Face book