

PUT A MARK WHEREVER APPLICABLE

All the questions to be answered completely. In case of shortage of space kindly enclose the information as an annexure :

3.	Business of proposer	
4.	Policy to be issued in favour of (List of all the parties who have insurable interest including the financial institutions)	
5.	Location(s) to be covered (Full postal address with pincode)	
6.	Period of Insurance	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7.	Would you like to delete these perils from the basic cover ?	
a.	Storm, flood, tempest, inundation cyclone group of perils	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Riot, Strike, Malicious Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Terrorism cover extension (It can be opted if RSMD is opted)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Would you like to cover Plinths & Foundation along with your buildings ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Add - On Covers Required as under	
a.	Architects, Surveyors, & Consulting Engineers Fees (in excess of 3% of the claim amount)	<input type="checkbox"/> Yes <input type="checkbox"/> No SI =
b.	Debris removal (in excess of 1% of claim amount)	<input type="checkbox"/> Yes <input type="checkbox"/> No SI =
c.	Deterioration of stocks in cold storage premises	<input type="checkbox"/> Yes <input type="checkbox"/> No SI =
i.	Due to failure of electrical supply at terminal ends of electric service feeder due to an insured peril	<input type="checkbox"/> Yes <input type="checkbox"/> No SI =
ii.	Due to change in temperature assuring out of loss or damage to cold storage machinery in the insured's premises due to operation of insured peril	<input type="checkbox"/> Yes <input type="checkbox"/> No SI =
d.	Forest Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No SI =
e.	Impact damage due to insured's own vehicles, fork lifts and like & articles dropped there from	<input type="checkbox"/> Yes <input type="checkbox"/> No SI =
f.	Spontaneous Combustion	<input type="checkbox"/> Yes <input type="checkbox"/> No SI =
g.	Omission to Insure additions, alterations or extensions	<input type="checkbox"/> Yes <input type="checkbox"/> No SI =
h.	Earthquake (Fire & Shock)	<input type="checkbox"/> Yes <input type="checkbox"/> No SI =
i.	Spoilage material cover	<input type="checkbox"/> Yes <input type="checkbox"/> No SI =
j.	Leakage and contamination cover	<input type="checkbox"/> Yes <input type="checkbox"/> No SI =

k. Temporary removal of stocks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SI =
l. Loss of rent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SI =
m. Additional expenses of rent for an alternate accommodation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SI =
n. Start-up expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SI =
o. Molten material damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SI =
10. Whether you have insured the same property with any other insurance company with identical coverage (If so, give details)			
11. Whether Insurance cover was declined by any other company or imposed any special conditions (If is, give details)			
12. Premium / incurred claim details for the past 36 months excluding the expiring policy period	Premium	Claims	

DETAILS ABOUT PROPOSER'S BUSINESSES COVERED AT THE LOCATION

13. The Insured property is	
a. Dwellings , offices, shops, hotels etc.	
b. Industrial / manufacturing risks	
c. Storage outside Industrial/ manufacturing risks	

<p>d. Tanks / gas holders outside industrial/ manufacturing risks</p>	
<p>e. Utilities located outside Industrial/manufacturing risks</p>	
<p>14. If used as shop, please declare whether the goods handled include any goods appearing in the list given below. If Yes, whether the value of such stocks exceeds 5% of total value of stocks 1.Celluloid Goods, 2. Coir Loose, 3. Crackers & Fire Works, 4. Explosives of any kind, 5. Hay / Straw, 6.Hemp, 7. Jute Loose, 8. Matches, 9. Methylated spirits, 10. Nitro - Cellulose, 11. Oils / Ether/ Industrial Solvents and other inflammable liquids flashing at and below 32 Deg. C.(closed cup Test), 12. Paints with inflammable base having flash point below 32 Deg.C (closed cup test) other than in sealed tins or drums, 13.Varnishes having a Flash point below 32 Deg. C (closed cup test) other than in sealed tins or drums, 14.Disinfectant liquids and liquid insecticide other than in sealed tins or drums, 15. Vegetable fibres of any kind including Rayon Fibre</p>	
<p>15. If used as warehouse / godown (located outside the factory compound) please give the list of goods stored</p>	
<p>16. If used as an Industrial Manufacturing unit, state the details of products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed)</p>	
<p>17. If used as an Industrial Manufacturing unit, please state whether the factory is working or silent ?</p>	

18. Fire Extinguishing Appliances installed	Please tick in the space below :
a. List the various blocks and indicate the type of protection provided for each block.	<input type="checkbox"/> Portable Extinguishers
	<input type="checkbox"/> Trailer Pumps
	<input type="checkbox"/> Fire Engine
	<input type="checkbox"/> Hydrant System
	<input type="checkbox"/> Sprinkler System
	<input type="checkbox"/> Fixed Water Spray System
b. Indicate whether annual maintenance contract for the appliances is in form	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. The basis proposed for insurance (Building/Machinery/Furniture Fixures & Fittings)	
a. Market Value basis	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Reinstatement Value Basis	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Whether escalation is required	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Construction Details	
a. Please state material used	
i. Walls	
ii. Floor	
iii. Roof	
b. Height of the building	_____ Meters _____ Floors
c. Age of Building	<input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5-15 years <input type="checkbox"/> 15 -25years <input type="checkbox"/> Above 25years
<p>Note : Buildings having walls and / or roofs of wooden planks/ thatched leaves and/ or grass/ hay of any kind / bamboo / plastic cloth / asphalt cloth/ canvas/ tarpaulin and the like are treated as "Kutchra" construction</p>	

21. Building wise values (Please include the 'Kutchra' building also in this list and give individual value in Rs. against such buildings)

Description of block	Age (Yrs)	Height (mts)	Construction Pucca/Kutchra	Sum insured Rs.				
				Building Including plinth	Machinery accessories	F&F, Office and other equipments	Stocks and stocks-in process**	Other Property to be insured specifically
				Rs.	Rs.	Rs.	Rs.	Rs.
Total								

Note : ** Indicates those stocks which are covered on normal basis and do not fall under Serial No. 23 A,B,C, and D below

22. Special coverage for stocks only :

Please tick in the box below and give the amount to be insured against each

A. On Floater Basis :

Stocks at various locations (Process blocks, warehouses/ godowns and /or in open etc.,) can be covered on floater basis under single Sum Insured

Locations (Postal Address with Pin code)	Amunt Rs.

B. On Declaration Basis :

Stocks which fluctuate in value can be covered on (monthly) declaration basis.

Locations (Postal Address with Pin code)	Amunt Rs.

Note:

Minimum Sum Insured is Rs. 1 Crore, and policy not issued on short period basis. Stocks in process & stocks stored at Railway sidings cannot be covered.

C. On Floater Declaration Basis :

Stocks which fluctuate in value as well as stored at various locations under single Sum Insured can be covered on (monthly) floater declaration basis.

Locations (Postal Address with Pin code)	Amunt Rs.

Note:

1. Minimum Sum insured is Rs. 2 Crores
2. Stocks in process & stocks stored at Railway sidings cannot be covered.

D. Stocks stored in open (located outside the factory compound)

Detail of stocks stored in open

Locations (Postal Address with Pin code)	Amunt Rs.

E. Tank Farm and Gas Holders (located outside the factory compound)
 Detail of stocks stored in open

Locations (Postal Address with Pin code)	Amunt Rs.

23. Would you like to avail discounts for voluntary deductibles	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer is yes, indicate the choice of deductible amount	rs.

Payment Details Mode of Payment : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Cash <input type="checkbox"/> Other 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

DECLARATION BY INSURED

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and BAJAJ GENERAL INSURANCE LIMITED.

If additions or alterations are carried out in the risk proposed after the submission of this form, then the same would be conveyed to the insurers immediately.

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 :

Insured Farmer Signature / Thumb Impression

Place :

The following is the copy of section 41 of the Insurance Act 1938

PROHIBITION OF REBATES

- No person shall allow or offer to allow either directly 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 the whole or part of the commission payable or any rebate of the premium shown in the policy nor shall any person taking out or renewing or continuing a policy except such rebates as may be allowed in accordance with the published prospectus 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

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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, 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