



IFFCO-TOKIO GENERAL INSURANCE CO. LTD
Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Office & Professional Establishment Protector Insurance Policy –Laghu Udyam
UIN: IRDAN106CP0002V01202122

PROPOSAL FORM

Important:

1. This proposal is for covering an enterprise whose total value of insurable assets at a location exceeds ₹ 5 Crore but does not exceed ₹ 50 Crore, against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

NOTE

1. A minimum of 4 (four) Sections are compulsory including Section 1.
2. The insured premises should not be of kutchra construction.
3. In respect of Sections 1,2,4,5,6 & 7 the insurance is on Reinstatement Value basis and Sum Insured should represent value of new property including freight, duties, etc. and cost of erection as applicable. This does not apply to Part A Item 4 of Sections 1 & 2 where insurance is on Market Value Basis.
4. In case space is insufficient for describing the items under any Section, please use additional sheets for giving full details.

| | |
|---|--|
| Policy Issuing Office Address & Code | |
| Intermediary/Agent Name & Code (if any) | |

Details about Proposer and Policy Period:

| | | | |
|----|---|-----------------------------------|--|
| 1. | Name of Proposer | | |
| 2. | Address of Proposer | | |
| 3. | Telephone No (Landline) | | |
| 4. | Mobile No | | |
| 5. | Email | | |
| 6. | KYC Details (Please tick the option) | | |
| | <input type="checkbox"/> PAN No | <input type="checkbox"/> GSTIN No | <input type="checkbox"/> Any other(Please Specify) |
| | KYC Document Number | | |

| | | |
|----|--|--------------------|
| 7. | Contact person details, if not an individual a. Name b. Designation | |
| 8. | Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions | |
| 9. | Period of Insurance | From : To : |

Section 1 Fire and Allied Perils

Business and Location of Business:

| | | | | | | | |
|-----|---|--------|---------|----------|-----------|-------------|--------|
| 10. | Business of Proposer | | | | | | |
| 11. | Location of risk/business to be covered - full postal address with Pin Code | Sl No. | Address | Pin Code | Occupancy | Age of unit | Floor* |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |

**Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor*

Details about business covered at the insured location

| | | |
|-----|-----------------------------------|---|
| 16. | Fire Protection devices installed | Please Tick the correct answer in the box below. <input type="checkbox"/> Portable Extinguishers <input type="checkbox"/> Small bore hose reels <input type="checkbox"/> Trailer Pumps/Fire engines <input type="checkbox"/> Hydrant System |
|-----|-----------------------------------|---|

| | |
|---|--|
| | <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fixed Water Spray System <input type="checkbox"/> Foam System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Gas Flooding System <input type="checkbox"/> Others, please specify below. |
| 17. Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force : | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| 18. Construction Details | |
| a. Please state material used | Please tick the correct answer in the box |
| i. Walls | Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/> |
| ii. Floor | Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/> |
| iii. Roof | Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/> |
| <p>Note: Kutchha: Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutchha Construction. Pucca: Buildings other than Kutchha are treated as Pucca constructions.</p> | |
| b. Number of Floors | |

| | | |
|------------------------|-------------------|--|
| c. Age of the Building | Less than 5 years | |
| | 5-10 years | |
| | 10-20 years | |
| | Above 20 years | |

Sum Insured and Other details of Insured Property

| Part A | CONTENTS | Sum Insured |
|---------------|---|-------------|
| Item 1 | Stock in Trade | Rs..... |
| Item 2 | Business and Office Furniture | Rs..... |
| Item 3 | Interior Decoration | Rs..... |
| Item 4 | All Other Contents | |
| | i) Patterns, Moulds, Plans, Records, Manuscripts, Printed Books and Stationery, Models, Deeds, etc. | |
| | ii) Computer System Records | Rs..... |
| | iii) Telephone, Gas and Electric Meters | Rs..... |
| | iv) Partner's, Director's, Customer's, Visitor's, Employee's Personal Effects (Limit Rs.5,000/- per person) | Rs..... |
| | v) Any Other Items | Rs..... |
| | TOTAL | Rs..... |
| Part B | BUILDING Including outbuildings, boundary walls, gates/fences plinths and foundations | Rs..... |

Standard add-ons

I. Do You want to opt for Floater Cover?: Yes/No (strike off what is not applicable). If yes, give details below:

| 24. | Floater Cover (for stocks at various locations) | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Location (Postal Address with Pin Code)</th> <th style="width: 30%;">Sum Insured (in ₹)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | Location (Postal Address with Pin Code) | Sum Insured (in ₹) | | | | | | | | |
|---|---|---|---|--------------------|--|--|--|--|--|--|--|--|
| Location (Postal Address with Pin Code) | Sum Insured (in ₹) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | <p>i. Maximum value at any one location: ₹.....</p> <p>ii. Whether stocks stored in open: Yes <input type="checkbox"/> / No <input type="checkbox"/></p> | | | | | | | | | | |

Section 2 Burglary and Housebreaking

| Part A | | Sum Insured |
|---------------|--|-------------|
| | CONTENTS | |
| Item 1 | Stock in Trade (Limit 5% of total S.I. on Contents) | Rs..... |
| Item 2 | Business and Office Furniture, Electrical Installation/ Equipments, Professional instruments | Rs..... |
| Item 3 | Interior Decoration | Rs..... |
| Item 4 | All Other Contents | |
| | i) Documents and Computer System Records | Rs..... |
| | ii) Telephone and Gas | Rs..... |
| | iii) Partner's, Director's, Customer's, Visitor's, Employee's Personal Effects (Limit Rs.5,000/- per person) | Rs..... |
| | iv) Any item/contents used in Canteen | Rs..... |
| | v) Curios and works of art | |
| | vi) Any Other Items | Rs..... |
| | TOTAL | Rs..... |
| Part B | BUILDING | Rs..... |
| | Including outbuildings, boundary walls, gates/fences plinths and foundations, waiting/ consulting room and operation theater. | |
| | OPTIONAL EXTENSION | |
| Item 1 | Escalation Clause (Specify the % increase) Building <input type="checkbox"/> Contents <input type="checkbox"/> | Rs..... |
| Item 2 | Trees and Plants[Limit: Rs.30,000/-] | Rs..... |
| Item 3 | Documents and Cards [Limit: 15% of total Sum Insured on Contents or Rs.75,000/- whichever is lower.] | Rs..... |
| | Credit Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | Name of the Issuing Company _____ | |
| | TOTAL | Rs..... |

Section3 Money & Fidelity Guarantee

| Part A | | Sum Insured (Limit Any One Loss) |
|---------------|--|-------------------------------------|
| | MONEY | |
| | i) Money in direct transit from or to the premises | Rs..... |
| | ii) Money in direct transit between collection/payment center and Bank | Rs..... |
| | iii) Money in premises during business hours | Rs..... |

| | | |
|---------------|--|--|
| | iv) Money in locked safe, strongroom steel almirah or standard cash box outside business hours | Rs..... |
| | TOTAL | Rs..... |
| Part B | FIDELITY GUARANTEE | |
| | a) Total number of your employees | <input type="text"/> <input type="text"/> |
| | b) Total number of employees for whom the guarantee is proposed* | |
| | c) Amount of guarantee to be floated among insured employees | Rs..... |

Sum Insured

*NOTE: If the number of employees proposed for Fidelity Guarantee Insurance is less than the total strength of Your employees, then please attach names of employees and designation of employees to be covered.

| Section 4 Fixed Glass and Sanitary Fittings | | |
|--|---|-------------|
| Item 1 | Plate Glass - details with dimensions and description of tinted, embossed ornamental or painted items | Sum Insured |
| | S.No. Description Dimensions | |
| | i) | Rs..... |
| | ii) | Rs..... |
| | iii) | Rs..... |
| | iv) | Rs..... |
| Item 2 | Sanitary Fittings - details of items covered | Rs..... |
| | TOTAL | Rs..... |

| SECTION 5 ELECTRONIC EQUIPMENT INSURANCE | | |
|---|--|-------------|
| Part A | ELECTRONIC EQUIPMENT | |
| Item 1 | S.No. Description of Item Year of manufacture | Sum Insured |
| | i) | Rs..... |
| | ii) | Rs..... |
| | iii) | Rs..... |
| | iv) | Rs..... |
| Item 2 | Value of Data Carrying Material | Rs..... |

| | | | |
|--|----------------------------|---|-------------|
| | TOTAL | Rs..... | |
| Please state whether the Electronic Equipment is maintained under an approved Maintenance Agreement with manufacturer or other concerns approved by manufacturer if value is more than Rs.1 lac. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PART B | DATA AND PROGRAMMES | | |
| | Item 1 | Cost of reinstatement of data | Rs..... |
| | Item 2 | Cost of reinstatement of programmes | |
| | | S.No. Description of Programme Name of developing agency Make | Sum Insured |
| | | i) | Rs..... |
| | | ii) | Rs..... |
| | iii) | Rs..... | |
| | iv) | Rs..... | |
| | TOTAL | Rs..... | |

| SECTION 6 TELEVISION, PORTABLE COMPUTER & ALL RISK | | | |
|--|---|--|---------|
| Part A | TELEVISION/ VIDEO EQUIPMENT | | |
| | | S.No. Description of item Sum Insured Year of Manufacture | |
| | | i) | Rs..... |
| | | ii) | Rs..... |
| | | iii) | Rs..... |
| | | iv) | Rs..... |
| | TOTAL | Rs..... | |
| Part B | PORTABLE COMPUTER, MOBILE PHONES, ELECTRONIC DIARY | | |
| | Item 1 | S.No. Description of item Sum Insured Year of Manufacture | |
| | | i) | Rs..... |
| | | ii) | Rs..... |
| | | iii) | Rs..... |
| | | iv) | Rs..... |
| Item 2 | Value of Data Carrying Material | Rs..... | |
| | TOTAL | Rs..... | |

| | | |
|---|--|--|
| Please state whether the Portable Computer is maintained under an approved Maintenance Agreement with manufacturer or other concerns approved by manufacturer if the value is more than Rs.1 lac. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Part C | ALL RISK | Sum Insured |
| Item 1 | Neon and Illuminated Signs at premises | Rs..... |
| Item 2 | Hoardings at premises | Rs..... |
| Item 3 | Other Trade Equipments (Fill up details) | |
| | i) | Rs..... |
| | ii) | Rs..... |
| | iii) | Rs..... |
| | iv) | Rs..... |
| | TOTAL | Rs..... |

| Section 7: Breakdown & Deterioration of Goods | | |
|---|--|-------------|
| Part A | BREAKDOWN OF ELECTRICAL/MECHANICAL APPLIANCES * | |
| | S.No. Qty. Description of item Year of Manufacture | Sum Insured |
| | i) | Rs..... |
| | ii) | Rs..... |
| | iii) | Rs..... |
| | iv) | Rs..... |
| | TOTAL | Rs..... |
| | *Please note that the Appliances should not be more than 7(seven) years old | |
| Part B | DETERIORATION OF REFRIGERATED GOODS <i>Description of Refrigerated Goods</i> | Rs..... |

| Section 8 Personal Accident | | | | | |
|-----------------------------|-----|------------|----------------|---------------------|-------------|
| Insured Person Name | Age | Occupation | Monthly Income | Assignee or Nominee | Sum Insured |
| i) | | | | | Rs..... |

| | | | | | |
|------|--|--|--|--|---------|
| ii) | | | | | Rs..... |
| iii) | | | | | Rs..... |
| iv) | | | | | Rs..... |
| v) | | | | | Rs..... |
| vi) | | | | | Rs..... |

(Please note that the age limit of the Insured Persons for the purpose of this Section is 18 to 70 years)

| Section 9 Business Interruption | |
|--|---------|
| Sum Insured | |
| a) Gross Profit | Rs..... |
| b) Accountant's Charges | Rs..... |
| Please list out the Standing Charges for which insurance is desired by You | |
| TOTAL | Rs..... |

| Section 10 Baggage | |
|---|---------|
| Sum Insured | |
| Limit of loss for any one event and all events during Policy Period | Rs..... |

| SECTION 11 LIABILITY INSURANCE | | |
|---------------------------------------|---|---------|
| Sum Insured | | |
| Part A | PUBLIC LIABILITY Limit of liability for any one accident and all accidents during Policy Period. | Rs..... |
| | OPTIONAL EXTENSION Legal liability in respect of documents Limit of liability for any one accident and all accidents during Policy Period. | Rs..... |

| | | | | |
|---------------|--|-------------------|-------------------|-------------|
| Part B | WORKMEN'S COMPENSATION | | | |
| | S. No. Number of Employees | Nature of Work | Annual Earning | Sum Insured |
| | i) | | | Rs..... |
| | ii) | | | Rs..... |
| | iii) | | | Rs..... |
| | | | TOTAL | Rs..... |
| Part C | TENANT'S LEGAL LIABILITY | | | |
| | Limit of liability for any one accident and all accidents during Policy Period | | | Rs..... |

| SECTION 12 PROFESSIONAL INDEMNITY | | | | | |
|--|-----|----------------------------|--------------------|--------------------------|--------------|
| Insured Person Name | Age | Professional Qualification | Type of Profession | No.Of Yrs. In Profession | Sum Insured* |
| | | | | | Rs..... |
| | | | | | Rs..... |
| | | | | | Rs..... |
| | | | | | Rs..... |
| | | | | | Rs..... |
| TOTAL | | | | | Rs..... |

* Note: Sum Insured represents the limit of liability for any one accident and all accidents during Policy Period.

| | | |
|--|----------------------------------|-----------------------------|
| Is the risk currently insured against any of the insured perils? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes | a) The name of Insurance Company | |
| | b) Policy Type | |
| | c) Period | |
| Has any Company in respect of any insurance cover | Yes | No |

| | | |
|--|--------------------------|--------------------------|
| a) Declined your proposal? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Cancelled or refused to renew your Policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Accepted your Proposal on special terms and conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever claimed upon any Company for loss by any of the insured perils? If so, give details. | <input type="checkbox"/> | <input type="checkbox"/> |

I/We hereby declare that subject to any exceptions and variations disclosed in item below:

1. All reasonable steps to safeguard the property against loss or damage will be taken.
2. All the proofs, evidences and documents required in case of a claim will be provided to the Insurer.
3. I/We have disclosed all the facts which could influence the acceptance of this Proposal or the term(s) to be approved and the above facts, documents, statements shall be the basis of Contract between me/us and IFFCO-TOKIO General Insurance Co. Ltd.

Date:.....

Place:.....

.....
Signature of the Proposer

Premium Details

| | | |
|-----|-----------------|--|
| 26. | Mode of Payment | |
| | Payment Details | |
| | Amount | |

INSURANCE ACT 1938 SECTION 41- Prohibition of 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 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 on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate 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 PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.