

DIGIT MY BUSINESS FLEXI PACKAGE POLICY**POLICY SCHEDULE****(UIN: IRDAN158RPMS0001V02202324)**

Corporate office: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095

Insured & Policy Details:

Insured Details		Policy Details			
Name		Policy Number			
		Invoice Number			
		Invoice Date	DDMMYYYY		
Address		Receipt Number		Policy Issue Date	DDMMYYYY
GST State Code		Policy Period	From	DDMMYYYY	Time:
City / Location			To	DDMMYYYY	Time:
Email ID & Contact No		Partner Code and Name			
GSTIN/UIN Number		Partner Contact and Email ID			
Property Type		Address of Insured Premises			
Nature of Business / Occupation/ Activity		Bank Name/Financial Institution			

Coverage Details:

Section No.	Section Name	Opted	Sum Insured*	Period of Insurance (From: DD/MM/YYYY To: DD/MM/YYYY)	Any specific details applicable
1	Property Insurance	Yes/ No			
2	Consequential Loss (Fire) Insurance	Yes/ No			
3	Burglary Insurance	Yes/ No			
4	Money Insurance	Yes/ No			
5	Machinery Breakdown Insurance	Yes/ No			
6	Electronic Equipment Insurance	Yes/ No			
7	Contractor's Plant & Machinery Insurance	Yes/ No			
8	Fidelity Guarantee Insurance	Yes/ No			
9	Sign Board Protect Insurance	Yes/ No			
10	Plate Glass Insurance	Yes/ No			
11	Employees Compensation Insurance	Yes/ No			
12	Public Liability (Act) Insurance	Yes/ No			
13	Public Liability Insurance	Yes/ No			
14	Boiler and Pressure Plant Insurance	Yes/ No			
15	All Risk Insurance	Yes/ No			
16	Marine Cargo Insurance	Yes/ No			
17	Digit Finshield Insurance	Yes/ No			
18	Hospital Cash Cover	Yes/ No			
19	Personal Accident	Yes/ No			
20	EMI Protection Cover	Yes/ No			

*Complete details of Sum insured under Sub- section will be mentioned in the details provided in the respective opted sections

***“The Company intends to show the contents dynamically based on the Sections offered to the customer; e.g. If the Insured Person doesn't opt for “Burglary Insurance”, then Section 3: Burglary Insurance related information will not be produced. However, we will include in the above table, which sections are opted and which sections are not opted by the Insured. Similarly, Addon or endorsements which might not be applicable for Sections chosen by customer will not be shown. Idea of doing this is to make policy Schedule more apt and concise to customer need and provide relevant information to customer.*”**

Section- 1
Property Insurance

Coverage details and Sum Insured:

Section No.	Section Name	Section Opted (Yes/No)	Total Sum Insured
1	Property Damage	<Yes/ No>	INR _____
2	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	<Yes/ No>	
3	Earthquake	<Yes/ No>	
4	Terrorism	<Yes/ No>	
5	Theft after an Insured Event	<Yes/ No>	

Location Details*

(*For more than 1 location, please refer Annexure I)

Location 1

Description of the Property			
Address of the Premises			
PIN Code		City	
Occupancy Type		Height	
Name of Bank/Financial Institution		Age	
Fire Fighting arrangements		Construction (Pucca/Kutchra)	
Boundary Walls	<Yes/No>	Additional Structure	<Please specify, if any >

Total Sum Insured Value (in INR)

Descripti on of Blocks	Building including Plinth	Basement	Additional Structures	Plant & Machinery	F&F and other equipment	Raw Material	Stock in process	Finished Stocks	Other Contents	Cover for Valuable Contents
		<Yes/No > Sum Insured								<Item Wise Sum Insured>
		<Yes/No > Sum Insured								<Item Wise Sum Insured>

S. No	In-Built Covers	Sum Insured/Limit of Liability	Specific Details
1	Additions, alterations or extensions	<15% of Sum Insured >	
2	Temporary removal of stocks	<10% of Sum Insured of Stocks >	
3	Cover for Specific Contents		
i	Money	<Up to INR 50,000>	
ii	Deeds, manuscripts and business books, plans, drawings, securities, obligations or documents of any kind	<Up to INR 50,000>	
iii	Computer programmes, information and data	<Up to INR 5,00,000>	
iv	Employees', Directors', visitors' personal effects	<Up to INR 15,000 per person max upto 20 persons>	
4	Start-Up Expenses	<Up to INR 5,00,000>	
5	Professional Fees	<5 % of the claim amount>	
6	Costs for removal of debris	<2 % of the claim amount>	
7	Costs compelled by Municipal Regulations	<Up to total Sum Insured >	
8	Under Insurance	Waived upto 15% of Sum Insured	

Standard Add-ons and Standard Clauses

Standard Add-ons				
S. No	Add on covers		Sum Insured/ Limit of Indemnity	Other Details
1	Floater Cover	Opted/Not opted	<Sum Insured>	
2	Declaration Policy for Stocks	Opted/Not opted	<Sum Insured>	
Standard Clauses				
1	Agreed Bank Clause	Opted/Not opted	-	

Additional Add-ons

S.no.	Name of Add on	Limit of Indemnity / Aggregate Amount (INR) (Wherever Applicable)	Specific Condition
1	Architects, Surveyors and Consulting Engineers Fees (in excess of 5% of the claim amount)	Up to 7.5% of the Adjusted Loss Amount	
2	Removal of Debris (in excess of 2% of the claim amount)	10% of Base Sum Insured	
3	(A) Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril	Base Policy Sum Insured	
	(B) Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril.	Base Policy Sum Insured	
4	Spoilage Material Damage Cover	Policy Sum Insured for all Stocks & Machinery, Container, Equipment's	
5	Leakage and Contamination Cover	-	Excess of ____% on each tank with a minimum of Rs. _____
	(A) WHERE LEAKAGE AND CONTAMINATION COVER IS GRANTED	-	
	(B) WHERE LEAKAGE COVER ALONE IS GRANTED	-	
6	Loss of Rent and Additional Expenses of Rent for an Alternate Premises	INR _____	No. of months _____
7	Start Up Expenses	INR _____	Start Up expense over and above 5 lakhs will be covered by this add-on
8	Escalation Clause	-	
9	Voluntary Deductible Clause	-	Deductible: INR _____
10	Molten Material Spillage	Limit Any one occurrence: INR _____ Aggregate Limit: _____ INR: _____	Additional Excess: INR _____
11	Decontamination and Cost of Clean Up Expense	Limit Any one occurrence: INR _____ Aggregate Limit: _____ INR: _____	
12	Expediting Costs and Expenses for Loss Minimization	Sub Limit Any One Occurrence: INR _____	
13	Protection and Preservation of Property	INR _____	
14	Contract Works	INR _____	
15	Sprinkler Upgrading costs	INR _____	
16	Claim Preparation Costs	Sub Limit Any One Occurrence: INR _____	
17	Brands and Trademarks	-	
18	Obsolete Parts	-	
19	Deliberate Damage	INR _____	
20	Accidental Damage Cover	INR _____	
21	New Location Cover and New Acquisition Cover	INR _____	
22	Immediate Repairs	INR _____	
23	Pair and Set/Consequential Reduction in Value	-	
24	Fire Extinguishing / Fighting Expense	INR _____	
25	Involuntary Betterment / Obsolete Equipment Clause	INR _____	
26	Damage to Building (Occasioned by Theft)	INR _____	
27	Errors & Omissions	INR _____	

28	Minor Works	INR _____	
29	Undamaged Foundations	Sum Insured of Plinth & Foundation: INR _____	
30	Smoke Damage Extension	INR _____	
31	Accidental Discharge of Gas Flooding Systems	INR _____	
32	Contamination and Co-mingling of stocks	INR _____	
33	Leakage and Overflowing of Storage Tanks (Other than water storage tanks)	Limit Any One Occurrence: INR _____ Aggregate Limit: INR _____	
34	Seasonal Enhancement of Stocks Cover	_____ % Enhancement	
35	Goods and Stocks undergoing any heating or drying process	INR _____	
36	Landscaping Cost	INR _____	
37	Additional Custom Duty	-	
38	Accounts Receivable	INR _____	
39	Property Outside/Away From the Premises	Sub-limit Per Location Per Event: INR _____	
40	Tenants Improvement	INR _____	
41	Shutdown Expenses	INR _____	
42	Waiver of Subrogation	-	
43	Trace and Access	INR _____	
44	Waiver of Underinsurance	_____ %	
45	Catalyst and Consumable (including lining and refractory) interest in process	INR _____	
46	Plans, Documents and Computer Systems Records, Archives and Cost of Re-writing Records	INR _____	
47	Exhibition, Exposition, Fair or Trade Show	INR _____	
48	Lawns, Plants, Shrubs or Trees	INR _____	
49	Tenant's Liability	INR _____	
50	Unrepaired Damage	INR _____	
51	Seventy-Two Hours Clause	-	
52	Additional Insureds (to be named in The Schedule)	-	
53	Multiple Insured Clause	-	
54	Payments on Account	-	
55	Non-Vitiating Clause	-	
56	Nominated Loss Adjusters	-	
57	Non-Invalidation	-	
58	Primary and Non-Contributory	-	
59	Vehicle Load Clause	INR _____	
60	Leak search / finding cost Clause	INR _____	
61	Loss Payee Clause	-	
62	Margin Clause	INR _____	
63	De watering Expenses	INR _____	
64	Debris Removal for Foreign Debris	INR _____	
65	Salvage Disposal	INR _____	
66	Mould and Fungi Clause	INR _____	
67	Cost of Clearing Drains Clause	INR _____	Distance: _____ Km
68	Green Clause	INR _____	
69	Control of Damaged Goods	-	
70	Incidental Costs	_____ % of Claim Amount	
71	Undamaged Parts Clause/Destruction of Sound Property	INR _____	
72	Electrical Installation Clause	-	
73	Medical Expenses	Any one Person _____ Any one Accident _____	
74	Omission to Insure additions, alterations or extensions	5% of Sum Insured of BMA i.e., Building, Machinery and Accessories.	

75	Capital Additions	_____ % of Total Sum Insured INR _____	
76	Original Equipment Manufacturer (OEM) Clause	INR _____	

Deductible and Excess

Policy Level	< ___ % of each claim, subject to a minimum of ₹ _____ >
For Terrorism	<depending on occupancy>

Section-2 Consequential Loss (Fire) Insurance

Location No.	Complete Address with Pin Code	Net Profit (before providing for tax and development rebate) (INR)	Standing charges (INR)	Name of Insured Standing Charges	Gross Profit (Net Profit Plus Standing Charges) (INR)	Lay off and retrenchment Compensation payable under the Industrial Disputes act 1947 as amended up to date with/without notice wages liability.(INR)
Location 1						
Location 2						
Location 3						
Total						

Basis of indemnity	Turnover Basis / Output Basis / Difference Basis / Revenue Basis
If on Output Basis:	a) Nature of Output: _____ b) Unit of Production: _____
Indemnity Period in months	_____ months.
Voluntary Deductible opted	_____
Compulsory Time Exclusion	a. Monetary value of 7 Days loss for policies with Sum Insured less than 2500 Crores b. Monetary value of 14 days loss for policies with Sum Insured more than 2500 Crores (Note: Monetary Value of 7 Days loss is 7 * Standard Turnover/Output per day * Rate of Gross Profit)

Endorsement/Add-Ons Details:

Endorsements/Add-Ons Covered	Opted	Sum Insured (INR)	Details
Losses due to accidental failure of Public electricity/ gas/ water supply	Yes / No		
Spoilage Consequential Loss	Yes / No		
Customers Extension	Yes / No	_____ % of Sum Insured	Number of Customers to be covered: Name of the Customers: Situation of the Premises:
Suppliers Extension	Yes / No	_____ % of Sum Insured	Number of Suppliers to be covered: Name of the Suppliers': Situation of the Premises:
Wages under "Dual Wages Basis"	Yes / No		100% for _____ weeks and; _____ % for remaining indemnity period
Wages under "Pro Rata basis"	Yes / No		_____ No. Of Weeks
Auditor's fees	Yes / No		
Property located at other situations	Yes / No		a. Stored anywhere than at the premises in the Insured's Occupation b. In case of supplier premises, please provide the situation and limit any one location: _____ c. Situation of premises where contract is being carried out: _____ d. For professional Insured, documents belonging to or held in trust by the insured, whilst temporarily at premises not in the occupation of the insured, or whilst in transit by road, rail or inland waterway
Cover for Terrorism	Yes / No		
Details of any other add-on specifically covered under material damage policy			

Section- 3
Burglary Insurance

SUM INSURED BASIS OPTED

1.	Sum Insured Basis Opted	<input type="checkbox"/> Market Value Basis <input type="checkbox"/> Reinstatement Value Basis <input type="checkbox"/> First Loss Basis
2	Total Sum Insured of the Property Proposed for Insurance: (Note: Sum Insured Bifurcation to be provided in the table below)	INR: _____
Sr. No.	Details	Sum Insured (INR)
a.	Contents (Furniture, Fixtures, Fittings, Utensils & Appliances and items of similar nature)	
b.	Stock and Stock in Trade	
c.	Good held in trust or on commission for which the Insured is responsible	
d.	Any Other Items: _____	
3	First Loss Sum Insured as a % of the Total Sum Insured/ Total Value at Risk OR First Loss Basis in terms of Absolute Amount	_____ % of the Total Sum Insured INR _____ OR INR: _____
4.	Limit Opted for changing damaged locks at the entry and/or exit points to the Premises proposed for Insurance and at internal entry and/or exit points.	INR: _____
5.	Limit Opted against damage to Safe and/or Strong room within the Premises proposed for Insurance.	INR: _____
7.	Voluntary deductible	_____ % of Total Sum Insured for Each and Every Loss

Applicable Add-On Covers & Clauses

Sr. No	Add-On Name	Opted (Yes / No)	Limits (INR)	Special Terms and Conditions
1	Injury during Burglary / Housebreaking	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Any One Person: INR _____ Aggregate Limit Per Event: INR _____	Employee Covered On Named / Unnamed Basis

Nominee Details of the Insured & Insured's Family Members

Sr. No	Insured /Insured Family Member's Name	Insured Family Members relationship with Insured	Nominee/Appointee Name	Insured / Insured Family Member's Relationship with the Nominee/Appointee
1				
2				
3				
4				

Nominee Details of the Insured's Employees (If Opted on Named Basis)

Sr. No	Insured's Employee Name	Nominee/Appointee Name	Employee's Relationship with the Nominee/Appointee

1			
2			
3			
4			
2	Loss of Money	<input type="checkbox"/> Yes / <input type="checkbox"/> No	INR _____
3	Clearing up Expenses	<input type="checkbox"/> Yes / <input type="checkbox"/> No	INR _____
4	Temporary Protection	<input type="checkbox"/> Yes / <input type="checkbox"/> No	INR _____
5	Theft Extension	<input type="checkbox"/> Yes / <input type="checkbox"/> No	INR _____
6	Riot, Strike, Malicious Damage Cover	<input type="checkbox"/> Yes / <input type="checkbox"/> No	INR _____
7	Floater Clause	<input type="checkbox"/> Yes / <input type="checkbox"/> No	INR _____
8	Escalation Clause	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Escalation Percentage Opted: _____% of the Total Section 3 Sum Insured
9	Purchase Protection Extension	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Limit Any One Event: INR _____ Aggregate Limit for all Events: INR _____
10	Waiver of Underinsurance Limit	<input type="checkbox"/> Yes / <input type="checkbox"/> No	_____%

**Section-4
Money Insurance**

Sr. No	Coverage	Limit of Indemnity (INR)	Deductible/Excess	Specific Condition
1	Money In – Transit			Address of Locations Between which Transit will take place including Point in Transit:
	a. For the payment of wages, salaries and other earnings or for petty cash	Estimated Highest amount of Money in Transit at any one time: INR _____ Estimated Annual amount of Money in Transit: INR _____		
	b. Money (other than described in Item a) above) in transit	Estimated Highest amount of Money in Transit at any one time: INR _____ Estimated Annual amount of Money in Transit: INR _____		
	c. Total	Total Estimated Highest amount of Money in Transit at any one time: INR _____ Total Estimated Annual amount of Money in Transit: INR _____		
2	Money from a Safe and/or Strong Room	Maximum amount of money held at any one time in Safe and/or Strong Room: INR _____		
3	Money from the Insured's Cash Counter	Maximum amount of money held at any one time in Cash Counter: INR _____		

Section-5
Machinery Breakdown Insurance

INVENTORY OF THE PROPERTY INSURED

Sr. No.	Quantity	Description of Items including complete specifications	Year of Make	Are all machinery spares available in India?	Max value of one equipment	Sum Insured (INR)	Specific Conditions

Warranted that the machinery described in above schedule of Machinery does not embrace any foundations masonry and brickwork or Oil in transformers and other electrical equipment damage thereto being covered by the Policy only when specifically described in the said schedule.

ENDORSEMENT DETAILS

Sr. No	Endorsement Opted	Limit of Indemnity	Net Premium
1.	Escalation Amount / Percentage	Rs. Or %age ____	
2.	Express Freight (excluding Airfreight), overtime and Holiday rates of wages	Rs.	
3.	Air Freight	Rs.	
4.	Owners surrounding property	Rs.	
5.	Third Party Liability – i. For any one accident ii. For all accident during the period	Rs. Rs.	
6.	Additional Custom Duty	Rs.	

Section-6
Electronic Equipment Insurance

SECTION I - EQUIPMENT

Location No.	Name, Model of Equipment / Serial No.	Maker's name and Country of Origin	Quantity	Sum Insured (₹)	Year of Mfg.	Are all machinery spares available in India?	Max value of one equipment	Deductible

EXCESS**Section I - Equipment**

a) For Equipment with Value up to ₹1lakh

i.	Equipment (other than Winchester Drive (Hard Disc Drives), Personal Computer, V-SAT Equipment)	5% of claim amount subject to a minimum of ₹1,000/-
ii.	Winchester Drive (Hard Disc Drives)	10% of claim amount subject to minimum of ₹2,500/-
iii.	V-SAT Equipment	For Act of God Claims - 10% of claim amount subject to a minimum of ₹10,000/- For Claims other than Act of God - 5% of claim amount subject to a minimum of ₹1,000/-

b) For Equipment with value more than ₹1lakh

i.	Equipment (other than "Winchester Drive (Hard Disc Drives), Personal Computer, V-SAT Equipment)	5% of claim amount subject to a minimum of ₹2,500/-
ii.	Winchester Drive (Hard Disc Drives)	25% of claim amount subject to a minimum of ₹10,000/-
iii.	V-SAT Equipment	For Act of God Claims - 10% of claim amount subject to a minimum of ₹10,000/- For Claims other than Act of God - 5% of claim amount subject to a minimum of ₹1,000/-

c) For Personal Computer

5% of claim amount subject to a minimum of ₹2,500/-

SECTION II – EXTERNAL DATA MEDIA

		Sum Insured (₹)
i.	Data Media (type and quantity)	
ii.	Expenses for Reconstruction and re-recording of information	
Total Sum Insured		
EXCESS		
a)	For Equipment with Value up to ₹1lakh	5% of claim amount subject to a minimum of ₹1,000/-
b)	For Equipment with value more than ₹1lakh	10% of claim amount subject to minimum of ₹2,500/-

In case of computers, the term equipment shall include the entire computer system comprising of CPU, Keyboards, Monitors, Printers, Stabilizers, UPS, System Software etc.

Section III – INCREASED COST OF WORKING

1.	Rental of Substitute EDP Equipment -	
a.	Indemnity Limit Per Hour	₹ _____
b.	Indemnity Period per Occurrence	Weeks: _____
c.	Limit per Occurrence (a*b)	₹ _____
d.	Aggregate Indemnity limit during the period of insurance	₹ _____
2.	Personnel Expenses	₹ _____
3.	Transportation of Materials	₹ _____
4.	Time Excess	

ENDORSEMENT

a.	Escalation Amount / Percentage	Rs. _____ Or %age _____
b.	Express Freight (excluding Airfreight), overtime and Holiday rates of wages	Rs. _____
c.	Air Freight	Rs. _____
d.	Owners surrounding property	Rs. _____
e.	Third Party Liability –	
	I. For any one accident	Rs. _____
	II. For all accident during the period	Rs. _____
f.	Additional Custom Duty	Rs. _____
g.	Floater Clause For Floater Policies, below are the location-wise details with the list of equipment's in the table below:	Rs. _____
Address of the Location		Machinery Details
h.	Terrorism Damage Cover Endorsement (Material Damage only)	Rs. _____
i.	Endorsement for Exclusion of Damage Caused By Fire and Allied Perils.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section-7 Contractor's Plant & Machinery Insurance

Sr. No.	Description Type, Make's Name, Model, Capacity of Machine / Serial No. HP / KVA Volts, AMPS, RPM	Quantity	Year of Make	Sum Insured (INR)	Site Address	Specific Conditions

Endorsement Details:

Endorsement	Opted (Yes/No)	Total Sum Insured/Limits (INR)

1. Express freight (excluding air freight), overtime and holiday rates of wages		
2. Air Freight		
3. Owner's surrounding property		
4. Clearance & Removal of Debris		
5. Additional Custom Duty		
6. Escalation		
7. Third Party Liability: a. For any one accident b. For all accidents during the period		
8. Floater		

Excess Applicable for Each & Every Claim:**A) For Machinery under Group I, II, III and IV – (Except for cranes above 10 tonnes capacity)**

EXCESSES		
Value of Equipment in Rs.	For claims arising out of AOG perils	For claims arising out of perils other than AOG
a. Individual value up to Rs.1 lakh.	10 % of S.I. Subject to a minimum of Rs. 5,000/-	2 % of S.I. subject to minimum of Rs. 1,500/-
b. Individual value over Rs. 1 lakh and up to Rs. 5 lakhs.	5 % of S.I. Subject to a minimum of Rs.10, 000/-	1.5 % of S.I. subject to minimum of Rs.2, 000/-
c. Individual value over Rs. 5 lakh and up to Rs.10 lakhs.	3 % of S.I. subject to a minimum of Rs. 25, 000/-	1.25 % of S.I. subject to minimum of Rs. 7,500/-
d. Individual value over Rs. 10 lakhs up to Rs. 25 lakhs	2 % of S.I. subject to a minimum of Rs. 30, 000/-	1.00 % of S.I. subject to minimum of Rs. 12, 500/-
e. Individual value over Rs. 25 lakhs up to Rs. 50 lakhs	1 % of S.I. Subject to a minimum of Rs. 50, 000/-	Rs. 25, 000/- (Flat excess)
f. Individual value over Rs. 50 lakhs	1 % of S.I. Subject to a minimum of Rs. 50, 000/-	Rs. 35, 000/- (Flat excess)

B) For Cranes above 10 tonnes capacity under Group III –

Value of Equipment in Rs.	Main Section		Boom Section
	AOG claim	Normal	
a) Over 5 lakhs & up to 10 lakhs	1.5 % of S.I. Subject to a minimum of Rs. 10, 000/-	0.8 % of S.I. Subject to a minimum of Rs. 5, 000/-	20 % of claim amount subject to minimum of Rs. 25, 000/-
b) Value over Rs. 10 lakhs & up to 25 lakhs	1 % of S.I. Subject to a minimum of Rs. 20, 000/-	0.5 % of S.I Subject to a minimum of Rs. 10, 000/-	-do-
c) Value over 25 lakhs & up to 50 lakhs	0.7 % of S.I. Subject to a minimum of Rs. 25,000/-	Rs. 15, 000/-	-do-
d) Value over 50 lakhs	0.5 % of S.I. Subject to a minimum of Rs. 25,000/-	Rs. 25, 000/-	- do -

Note: - Excess for Boom section of cranes of above 10 tonnes capacity -

In case damages occur to the crane body as well as boom arising out of the same incident, the respective excess will be applicable. In case one of the two is damaged, the corresponding excess only will apply

For Machinery under Group V - Rs.1000/- Flat. Excess**Section-8
Fidelity Guarantee Insurance**

a.	Cover Opted:	<input type="checkbox"/> Named/Designation Non-Floater Basis <input type="checkbox"/> Named/ Designation Floater Basis <input type="checkbox"/> Unnamed Floater Basis
b. Named Non-Floater Basis Cover:		
Employee Name	Designation	Amount of Guarantee (Sum Insured) (INR)
c. Named Floater Basis		

Employee Name	Designation	Amount of Guarantee (Sum Insured) (INR)	
		a) Total Amount of Guarantee: _____	
		b) Per Accident Limit: _____	
		c) Per Person Limit : _____	
d. Unnamed Floater Basis:			
Total Number of Employees	Total Amount of Guarantee (Sum Insured) (INR)	Per Accident Limit (INR)	Per Person Limit (INR)

Voluntary Deductible/Excess Opted:

Section-9
Sign Board Protect Insurance

Insured Premises/Location and Sign Board details:

Sr. No	Address of the Insured Premises with Pin Code and Trade or Business Activity	Description of Sign Board	Sign Board Sum Insured (a)	Limits (b)	Total Sum Insured (a)+(b)	
1.			₹ _____	a. Boarding up or temporary glazing pending replacement of the Sign Board	₹ _____	₹ _____
				b. Replacing alarm, foil, lettering, painting, embossing, silvering or other ornamental work on glass following damage to such Sign Board	₹ _____	
				c. Installation Costs	₹ _____	
				d. Removal of Debris	₹ _____	
2.			₹ _____	a. Boarding up or temporary glazing pending replacement of the Sign Board	₹ _____	₹ _____
				b. Replacing alarm, foil, lettering, painting, embossing, silvering or other ornamental work on glass following damage to such Sign Board	₹ _____	
				c. Installation Costs	₹ _____	
				d. Removal of Debris	₹ _____	
3.			₹ _____	a. Boarding up or temporary glazing pending replacement of the Sign Board	₹ _____	₹ _____
				b. Replacing alarm, foil, lettering, painting, embossing, silvering or other ornamental work on glass following damage to such Sign Board	₹ _____	
				c. Installation Costs	₹ _____	
				d. Removal of Debris	₹ _____	

Main Coverage Details:

Sr. No	Coverage	Sum Insured Basis	Total Section Sum Insured / Limit of Indemnity (₹)	Deductible/Excess
1	Section I – Loss of or Damage to the Sign Board	Market Value Basis / Reinstatement Value	₹ _____	
2	Section II – Third Party Liability	-	Any One Accident Limit: ₹ _____ Aggregate Limit for All Accidents in any one Policy Period: ₹ _____	

Section-10
Plate Glass Insurance

Details of Insured Premises:

Sr. No	Address of the Insured Premises with Pin Code	Trade or Business Activity
1.		
2.		
3.		

Main Coverage Details:

Position / Description / Dimension of the Plate Glass	*Sum Insured (INR)	Deductible/Excess	Sum Insured Basis Opted (Intrinsic Value/Replacement Value)
Total Section Sum Insured			

(Note: *Sum Insured includes the cost of erecting temporary boarding necessitated by accidental loss of or damage to Plate Glass.)

Inbuilt Cover Details:

Limit for Cost of Replacing	Sum Insured
a. lettering/sign writing/ornamentation	
b. shatter resistant/reflective film affixed	
c. burglar alarm tape/wiring affixed	
d. damaged window frames	

(Note: The Limit for this Inbuilt Cover is not over and above the Total Sum Insured mentioned in the above table and is within the Total Section Sum Insured.)

Section-11 Employees Compensation Insurance

Sr. No	Law	Limit of Indemnity (Subject, otherwise, to the terms, conditions & Exclusions of the Policy)	Coverage	Details of Employees Covered
1	Employee's Compensation Act, 1923 and subsequent amendments thereof prior to the date of issue of this Policy.	The amount of liability incurred by the Insured as per Employee's Compensation Act, 1923 and subsequent amendments.	Yes/No	a. Description of work done by Employees:
2	Common Law	The amount of liability incurred by the Insured, but not exceeding: - a. Limit Per Employee for any number of accidents during Period of Insurance : INR _____ b. Limit Per Accident for any number of Employees: INR _____ c. Aggregate Limit for all accidents and claims arising therefrom during the Period of Insurance : INR _____	Yes/No	b. Declared Wages During the Policy Period: c. Declared Number of Employees: d. Place/Places of Employment:

Note:

Laws: The Policy covers Liability of the Insured under the above Law(s) shown as covered, subject to claim being otherwise admissible as per terms, conditions and exclusions of the Policy and subject to Limit of Indemnity as stipulated against each Law.

ENDORSEMENTS

1	Medical Expenses Cover	Each Employee Per Accident Limit: INR _____ Aggregate Limit of all Accidents: INR _____	Yes/No	
2	Occupational Disease Cover	Each Employee Limit: INR _____ Aggregate Limit of all Employees: INR _____	Yes/No	
3	Coverage for Contractors Workers/ Employees	The amount of liability incurred by the Insured as per Employee's Compensation Act, 1923 and subsequent amendments.	Yes/No	a. Description of work done by Employees: b. Declared Wages/Contract Value During Policy Period: c. Declared Number of Employees: d. Place/Places of Employment:

SECTION-12
Public Liability (Act) Insurance Policy

Sr. No	Particulars	Details
1.	Address and Pin Code of the Insured Premises:	
2.	Limit of Indemnity (INR)	Any One Accident (AOA): INR _____ Any One Year (AOY): INR _____ AOA to AOY Ratio: 1:3
3.	Territorial scope Jurisdiction scope	India Indian Courts

SECTION-13
Public Liability Insurance

Risk and Coverage Details:

Sr. No	Particulars	Details
1.	Address and Pin Code of the Insured Premises:	
2.	Limit of Indemnity (INR)	Any One Accident (AOA): INR _____ Any One Year (AOY): INR _____
3.	Compulsory Excess (INR)	
4.	Voluntary Excess (INR)	
5.	Territorial scope Jurisdiction scope	India Indian Courts
6.	Extended Reporting Period	_____ Days

Add-on Covers/ Endorsement Details:

S.No	Coverage	Coverage Options	Limit of Indemnity	Other Details
1.	Food and Beverage	Yes/No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
2.	Industrial Seepage, pollution and contamination extension – 72 hours	Yes/No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
3.	Act of God Perils	Yes/No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
4.	Advertising Signs and Decorations Liability	Yes/No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
5.	Care, Custody or Control	Yes/No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
6.	Carriage of Effluents (outside the Insurance Premises)	Yes/No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
7.	Damage to Rented Premises	Yes/No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
8.	Lift Liability	Yes/No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
9.	Medical Expenses	Yes/No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
10.	Swimming Pool and Exercise area liability	Yes/No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-

11.	Transportation of Material or Dangerous or Hazardous Substance	Yes/No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
12.	Valet Parking	Yes/No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
13.	Terrorism Legal Liability Coverage	Yes/No	INR 10,00,00,000 per occurrence and in the aggregate	Territory -India Only Jurisdiction – Worldwide including USA/Canada

SECTION-14
Boiler and Pressure Plant Insurance

1. BOILER AND PRESSURE PLANT –

Sr. No.	Location	Description of Items including Maker's Names, Maker's No. & Capacity	Year of Make	Registration No.	Sum Insured Rs.

NOTE - The term 'Boiler' where used in the above schedule includes fittings, integral super heaters and integral economizer's but does not include steam or feed water piping, separate super heaters, separate economizer's, such items being covered by the policy only if specifically listed in the Schedule.

2. ENDORSEMENT DETAILS

Sr. No	Endorsement Opted	Limit of Indemnity
1.	Owners surrounding property	Rs. _____
2.	Third Party Liability – iii. For any one accident iv. For all accident during the period	Rs. _____ Rs. _____
3.	Express Freight (excluding Airfreight), overtime and Holiday rates of wages	Rs. _____
4.	Air Freight	Rs. _____
5.	Additional Custom Duty	Rs. _____
6.	Escalation Amount / Percentage	Rs. Or %age _____

SECTION-15
All Risk Insurance

Section I – Loss of or Damage to Property Damage

Sr. No.	Full Description of Property Insured (Make, Model, Usage, Weight, etc. Mfg/ Year Age, Portable/ Fixed)	Serial No./ Identification Number/IMEI Number	Invoice Number and Date	Sum Insured Basis	Sum Insured (INR)	Specific Conditions
1						
2						
3						

Section II – Third Party Liability

Any One Year (Limit of Liability) (INR)	Any One Accident Limit (INR)	Specific Condition
---	------------------------------	--------------------

--	--	--

Deductible/Excess Opted:

Section I:
Section II:

SECTION-16
Marine Cargo Insurance

Sl. No	Description	Details
1.	Type of Cover Opted	<input type="checkbox"/> Specific Voyage Policy <input type="checkbox"/> Open Cover <input type="checkbox"/> Open Policy (Sales Turnover) <input type="checkbox"/> Open Policy (Multi-Transit) <input type="checkbox"/> Stock Throughput Policy <input type="checkbox"/> Project Cargo Policy
2.	Interest i.e. Details of Cargo Subject Matter, Merchandise Cargo Insured	Import: Inland: Export:
3.	Voyage	Import: From anywhere in the World to anywhere in India. Inland: From anywhere in India to anywhere in India. Export: From anywhere in India to anywhere in the World. Excluding shipments to/from prohibited countries as identified by United Nations &/or Government of India.
4.	Basis of Valuation	Import: _____ Value + _____ % & Duty on actual basis as per attached 'Duty Insurance Clause' Inland Transit: _____ Value + _____ % Export: _____ Value + _____ %
5.	Mode of Transport/ Conveyances	By Road &/or Rail &/or Air &/or Vessels as per Institute Classification Clause-1/1/2001 &/or Post Parcel
6.	Detailed Packing Details Please Note: All goods must be suitably packed and/or protected as befits the type of goods and the transit to be undertaken or Standard & Customary as per Trade Practices.	
7.	Annual Turnover for Expiring Year:	Inland : INR Imports: INR Exports: INR
8.	Expected Turnover for Current Year / Project Period:	Inland : INR Imports: INR Exports: INR
9.	Per Shipment Limits:	By Any One Vessel: INR By Any One Aircraft: INR By Any One Vehicle: INR By Any One Rail: INR By Any One Courier: INR By Any One Post Parcel: INR
10.	Limit Per Location:	Inland : INR Imports: INR Exports: INR
11.	Deductible / Excess	For Specific Voyage Policy: _____ % of the consignment value each & every loss For Other than Specific Voyage Policy: Import: _____ % of the consignment value each & every loss. Inland: _____ % of the consignment value each & every loss. Export: _____ % of the consignment value each & every loss. OR

		<p>You also, have an option to Select Deductible as % age of Limit Per Shipment:</p> <p>For Any One Vessel: _____% of the consignment value each & every loss.</p> <p>For Any One Aircraft: _____% of the consignment value each & every loss</p> <p>For Any One Vehicle: _____% of the consignment value each & every loss.</p> <p>For Any One Rail: _____% of the consignment value each & every loss.</p> <p>For Any One Courier: _____% of the consignment value each & every loss.</p> <p>For Any One Post Parcel: _____% of the consignment value each & every loss.</p> <p>Location _____% of the Limit Per Location each & every loss.</p>
12.	<p>Details in respect of Stock Throughput Policy: Coverage Opted:</p> <p>Number of Days/Months for which Cover is Provided:</p> <p>Estimate of maximum value of cargo at risk at any one time and in any one location:</p> <p>Deductible / Excess:</p>	<p>All Risk Cover OR Wider Cover OR Basic Cover</p> <p>_____Days/Months</p> <p>INR_____</p> <p>_____ % of maximum value of cargo at risk at any one time and in any one location for Each and Every Loss</p>
13.	Rates	<p>Import: _____ % or as agreed</p> <p>Inland Transit: _____% or as agreed</p> <p>Export: _____% or as agreed</p>
14.	Stamp Duty	Rs _____/- (Stamp Duty as per Indian Stamp Act to be charged)
15.	Co-Insurance	100% Go Digit General Insurance Ltd.

Detailed Address of the Storage Locations for Stock Throughput Policy

Sr. No.	Address of the Locations Covered

Detailed of Project Cargo

Detailed Address of the Project Site(s)

Details of Critical Items

Sr. No.	Details of Critical Item(s)	Age (in years)	Over Dimensional Cargo (Yes/No)	Make / Mode/Specification	Value

Insuring Terms and Conditions

Physical loss or damage to the goods insured subject to following terms and conditions:

For Sending by Sea &/or Road &/or Rail Conveyances:

- a. Institute Cargo Clauses-A/B/C

- b. Institute War Clauses-Cargo
- c. Institute Strikes Clauses-Cargo
- d. Institute Classification Clause-1/1/2001
- e. Cargo ISM Endorsement
- f. Cargo ISM Forwarding Charges Clause
- g. Institute Cyber Attack Exclusion Clause
- h. Termination of Transit Clause (Terrorism)
- i. Institute Radioactive Contamination, Chemical, Biological, Bio-Chemical, Electromagnetic
- j. Inland Transit (Rail/Road/Air) Clause – A (All Risk)
- k. Inland Transit (Rail or Road) – Clause B (Named Perils)
- l. Strikes Riots and Civil Commotion Clause (Inland Transit (Including Air and Courier) not in conjunction with Ocean Going Voyage)
- m. Special Contract or Private Carriers Warranty

For Shipments/Sending by Aircraft:

- a. Institute Cargo Clauses (Air) (excluding sendings by Post)
- b. Institute War Clauses (Air Cargo) (excluding sendings by Post)
- c. Institute Strikes Clauses (Air Cargo)
- d. Institute Cyber Attack Exclusion Clause
- e. Termination of Transit Clause (Terrorism)
- f. Institute Radioactive Contamination, Chemical, Biological, Bio-Chemical, Electromagnetic

For Sendings by Post:

- a. Institute Cargo Clauses (A)/(B)/(C)
- b. Institute War Clauses (sendings by Post)
- c. Institute Strikes Clauses (Cargo) or Institute Strikes Clauses (Air Cargo) as appropriate
- d. Institute Cyber Attack Exclusion Clause
- e. Termination of Transit Clause (Terrorism)
- f. Institute Radioactive Contamination, Chemical, Biological, Bio-Chemical, Electromagnetic

Warranties, other Clauses & Exclusions

- a. Excluding mould, mildew & infestation from any cause.
- b. Warranted vehicle/wagon is closed or covered with tarpaulin.
- c. Institute Replacement Clause
- d. Duty Insurance Clause

Special Provisions**Other Clauses****Declaration Clause:**

Import: Certificate of Insurance to be issued against individual shipment/consignment.

Inland Transit: Monthly or Quarterly basis as per agreed format.

Export: Certificate of Insurance to be issued against individual shipment/consignment.

The Assured needs to ensure adequate free balance of premium for each and every consignment/shipment as per Section 64(V) B of the Insurance Act, 1938.

It is a condition of this Policy that the Assured/Insured is bound to declare hereunder every consignment/shipment which comes within the scope of this Policy, without exception, the Insurer/Underwriters being bound to accept the same up to not exceeding the limits specified in the Policy.

Inspection of Records Clause:

The Company or a person appointed by the Company may examine the books and records of the Assured as far as they relate to the subject matter of this insurance at any time while this insurance is in force and for twelve months after termination.

Cancellation Clause:

This contract may be cancelled by either the Company or the Assured giving 30 days notice in writing to take effect from the midnight of the date of notice but risks covered by Institute War Clauses may be cancelled at seven days notice and risks covered by the Institute Strikes Clauses/Strikes, Commotion Clause-Inland Transit may be cancelled at seven days notice, or at forty-eight hours notice in respect of shipments to or from the United States of America. Notice shall commence from midnight of the day when it is received but cancellation shall not apply to any risks which have attached in accordance with the cover granted hereunder before the cancellation becomes effective.

The Company may terminate the contract on grounds of misrepresentation, fraud, non-disclosure or non-cooperation by the Assured by giving notice as mentioned in the above paragraph and there would be no refund of premium.

Institute Revision Clause:

The Institute Clauses referred to herein are those current at the inception of this contract, but should such clauses be revised during the period of this contract, and provided that the Company shall have given at least 30 days' notice thereof, then the revised Institute Clauses shall apply to risks attaching subsequent to the date of expiry of the said notice.

Special Terms, Conditions and Exclusions

1. xxxxxxxxxxxxxxxxxxxx
2. xxxxxxxxxxxxxxxxxxxx

SECTION-17 Digit Finshield Insurance Policy

Coverage Details:-

Sr. No	Sections	Opted	Sum Insured (Rs.)	Specific Condition
17.a	Card cover	<Yes/No>		
	17.a.1 Lost Card Liability	<Yes/No>		-
	17.a.2 Online Transaction Cover	<Yes/No>		
	17.a.3 Card Liability due to unauthorized / fraudulent usage on account of including but not limited to Skimming / Phishing/ Counterfeit / Payment made on mirror sites	<Yes/No>		<u>Other type of Fraud:</u> <u>Notification Period:</u>
	17.a.4 ATM assault and robbery	<Yes/No>		<u>Time period:</u>
	17.a.5 ATM Fraud Cover	<Yes/No>		
17.b	Other electronic transaction cover	<Yes/No>		
17.c	Digital wallet cover	<Yes/No>		
17.d	Identity theft	<Yes/No>		
17.e	Purchase protection	<Yes/No>		
17.f	Price protection	<Yes/No>		
17.g	Wallet protection (lost wallet coverage)	<Yes/No>		

Location Details

Particulars	Description
Geographical Limits	
Jurisdiction of Policy	<<Within India and Claim Payment only in INR>>

Special Terms, Conditions & Warranties:

<u>Type of Card</u>										
<u>Description of card</u>										
<u>Risk Covered</u>										
<u>Special Perils</u>										
<u>Deductible / Excess</u>										
<u>Note</u>										
<u>Special Exclusions</u>										
<u>Special Conditions</u>										
<u>Comments</u>										
<u>Reporting Period</u>										
<u>Warranties</u>										
<u>Any other remarks</u>										
<u>Total Limit of Liability</u>	<table border="1" style="width: 100%;"> <thead> <tr> <th>Section Name</th> <th>Any One Year (Limit of Liability) (INR)</th> <th>Any One Accident Limit (INR)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Section Name	Any One Year (Limit of Liability) (INR)	Any One Accident Limit (INR)						
Section Name	Any One Year (Limit of Liability) (INR)	Any One Accident Limit (INR)								

SECTION-18
Hospital Cash Cover

Details of Insured Person

Member Name	Date of Birth/Age	Gender	Relationship with Proposer	Occupation	Nominee/Appointee Name	Insured's Relationship with Nominee/Appointee Name

Coverage Details

Section	Sum Insured (INR) (Total for Named Policies & Per Person for Un-Named Policies)	Limits	Waiting Periods /Time Excess	Specific Conditions
Section 18.A DAILY CASH BENEFIT	___ Per Day Benefit	Maximum _____ Days ___% of Daily Cash Allowance if admitted in ICU	Initial Waiting Period by Contingency: _____ Days Pre -existing Disease Waiting Period by Contingency: _____ Days Specific Illness Waiting Period by Contingency: _____ Days Maternity Waiting Period: _____ Days Time Excess _____	Contingency Opted: <input type="radio"/> Accidental Hospitalization <input type="radio"/> Accidental & Illness Hospitalization <input type="radio"/> Critical Illness <input type="radio"/> Maternity Benefit Critical illness plan opted:
Section 18.B FIXED CASH BENEFIT	___ Fixed Cash benefit	Maximum _____ Days Continuous & completed days of Hospitalisation: _____ days.	Initial Waiting Period by Contingency: _____ Days Pre -existing Disease Waiting Period by Contingency: _____ Days Specific Illness Waiting Period by Contingency: _____ Days Maternity Waiting Period: _____ Days Time Excess _____	Contingency Opted: <input type="radio"/> Accidental Hospitalization <input type="radio"/> Accidental & Illness Hospitalization <input type="radio"/> Critical Illness <input type="radio"/> Maternity Benefit Critical illness plan opted:

SECTION-19
Personal Accident

Details of Insured Person

Member Name	Date of Birth/Age	Gender	Relationship with Proposer	Occupation	Nominee/Appointee Name	Insured's Relationship with Nominee/Appointee Name*

* if Nominee is a minor.

Sr. No	Coverage	Opted	Sum Insured
1.	Accidental Death	<Yes/No>	
2.	Permanent Total Disablement	<Yes/No>	
3.	Permanent Partial Disablement	<Yes/No>	
4.	Accidental Hospitalization	<Yes/No>	
5.	Children education benefit	<Yes/No>	
6.	Marriage expense for children benefit	<Yes/No>	
7.	Orphan benefit for children	<Yes/No>	

8.	Funeral expenses	<Yes/No>	
9.	Transportation expenses	<Yes/No>	
10.	Trauma counselling	<Yes/No>	
11.	Coma benefit cover	<Yes/No>	
12.	Fracture cover	<Yes/No>	
13.	Burns cover	<Yes/No>	
14.	Lifestyle modification benefit	<Yes/No>	
15.	Expense for external aids & appliances	<Yes/No>	
16.	Compassionate visit	<Yes/No>	

SECTION-20
EMI Protection Cover

Details of Insured Person

Member Name	Date of Birth/Age	Gender	Relationship with Proposer	Occupation

Section	Sum Insured (INR) (Total for Named Policies & Per Person for Un- Named Policies)	Limits	Waiting Periods /Time Excess	Specific Conditions
Section -20 EMI Protection Cover	Sum Insured: INR _____ EMI Amount: _____	Up to ____ Months	Minimum Unemployment Period :1 Month Initial Waiting period for Critical Illness Cover: ____ Days Initial Waiting Period for Accidental and Illness Hospitalisation: ____ days Initial Waiting Period for Loss of Employment: ____ days Initial Waiting Period for Listed Illness: ____ days	Contingency Opted: <ul style="list-style-type: none"> <input type="radio"/> Death <input type="radio"/> Permanent Total Disablement <input type="radio"/> Permanent Partial Disablement <input type="radio"/> Critical Illness <input type="radio"/> Accidental & Illness Hospitalization <input type="radio"/> Loss of Employment <input type="radio"/> Listed Illness

Special Terms and Condition applicable to the Policy

--

Nominee Details (applicable for the covers where not specifically mentioned)

Name of Insured Person	Nominee Name	Insured's Relationship with Nominee	Age of Nominee	Bank Account details of the Nominee

Premium and Payment Details:

Total Net Premium (INR)	
Total Terrorism Premium (INR)	
CGST rate and amount (INR)	
SGST/UTGST rate and Amount (INR)	
IGST rate and Amount (INR)	

Final Premium (INR)

Important Notice

1. ***Cheque dishonor / Non-receipt of payment:** If premium paid through Cheque, the policy is void ab-initio in case of dishonor of Cheque or non-receipt of payment.
2. This policy is subject to the standard policy wordings, warranties, exclusions and conditions as per Digit My Business Flexi Package Policy Wordings.
3. The Coverage has been provided basis information provided by you/proposer to us and the policy is not valid, if any of the information provided is incorrect.
4. The Policy Wording attached herewith includes all the Standard Coverage offered by Go Digit General Insurance Ltd. to its Customers. For any clarification, please call our Call Center Number 1800 258 5956.

For & On Behalf of Go Digit General Insurance Ltd.

Consolidated stamp Duty paid

Authorized Signatory

vide Receipt No: XX dated DDMMYY

Printed, Signed and Executed at Bangalore

GST Reg. No.: XXXXX

HSN Code

In case of any claim, please contact our 24-Hour Call Centre at 1800 258 5956 or email us at 'hello@godigit.com'.

Go Digit General Insurance Ltd, Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095, IRDAI Reg No. 158, CIN U66010PN2016PLC167410, GST Reg. No: XXXXXXXXX, GSTIN Address: Go Digit General Insurance Ltd, XXXXXXXXX. Website: www.godigit.com

Annexure I to Policy Schedule**Details and address of locations where multiple locations are covered:**

<Location 2,3,4...no. of locations>										
Description of the Property										
Address of the Premises										
PIN Code		City								
Occupancy Type		Height								
Name of Bank/Financial Institution		Age								
Fire Fighting arrangements		Construction (Pucca/Kutchra)								
Boundary Walls		Yes/No		Additional Structure			<Please specify, if any >			
Total Sum Insured Value (in INR)										
Description of Blocks	Building including Plinth	Basement	Additional Structures	Plant & Machinery	F&F and other equipment	Raw Material	Stock in process	Finished Stocks	Other Contents	Cover for Valuable Contents
		<Yes/No> Sum Insured								<Item Wise Sum Insured>
		<Yes/No> Sum Insured								<Item Wise Sum Insured>

Address of locations where policy is opted on floater or declaration basis:

Risk Location	Risk Location Address
1.	
2.	
3.	
