

DIGIT MY BUSINESS FLEXI PACKAGE POLICY**PROPOSAL FORM****UIN: IRDAN158RPMS0001V02202324**

- a. This proposal will be the basis of the insurance policy that we issue. You must disclose all facts relevant to all property (ies) proposed to be insured that may affect the Company's decision to issue a policy or its terms. Non-compliance may result in avoidance of the policy.
- b. Liability of the Company does not commence until the Proposal has been accepted and the Premium Paid.
- c. If there is insufficient space for you to provide information, whether as requested or otherwise, please attach a separate sheet duly signed or affixed with thumb impression.
- d. If you are in doubt, you can get in touch with your agent/intermediary or call us at 1800-258-5956 or e-mail at hello@godigit.com.

***For Partner Use Only:**

Partner Code	Partner Name

PERSONAL DETAILS

- 1) Proposer Name: _____
- 2) Registered Address: _____
Pin Code _____
- 3) Year of Incorporation: _____ 4) a) Mobile No _____ 4 b) Email Id _____
- 5) PAN No _____ 6) UIDAI NO _____ 7) GST Number _____
- 8) Paid Up Capital: _____ 9) Annual Turnover: _____
- 10) Address of the Premises to be Insured _____
PIN CODE _____
- 11) Detailed Description of the Property (Whether used Residential / Non-Industrial Commercial/ Industrial/ Non-Manufacturing Industrial/ Utilities): _____
- 12) Nature of Business /Occupation/Activity Carried Out at the Premises Proposed to be Insured: _____
- 13) Policy to be Issued In favor of (List of all Parties who have Insurable Interest Including Financial Institutions): _____

CUSTOMER BANK DETAILS

Bank Account No.	Branch	IFSC Code	Bank Name

RISK PERIOD

*Policy Term	Policy Period	From	DDMMYYYY	00:00	To	DDMMYYYY	23:59

COVERAGE DETAILS

All questions should be answered with respect to each Cover. Put a Tick (v) Mark wherever applicable.

Note: You can choose for any sections, however a minimum of 2 sections should be opted under this policy.

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 Policy	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

Section 1. PROPERTY INSURANCE

1. Coverage Details:

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

Business and Location of Business

2.	Business of Proposer																															
3.	Location of risk/business to be covered - full postal address with Pin Code	<table border="1"> <thead> <tr> <th>SL No.</th> <th>Address</th> <th>Pin Code</th> <th>Occupancy</th> <th>Age of Unit</th> <th>Floor*</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	SL No.	Address	Pin Code	Occupancy	Age of Unit	Floor*	1						2						3						4					
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

4	The Insured property is	Please tick in the space below:
a	Offices, shops, hotels etc.	Yes <input type="checkbox"/> / <input type="checkbox"/> No
b	Industrial / manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c	Storage outside Industrial/ manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d	Tanks / gas holders outside industrial/ manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e	Utilities located outside Industrial/manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f	Boundary wall	Yes <input type="checkbox"/> / No <input type="checkbox"/>
g	Basement storage	Yes <input type="checkbox"/> / No <input type="checkbox"/> If, yes value stored SI: ₹.....
h	Others (please specify)	
5	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.	
6	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable)	
7	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
8	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.																					
9	Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force:	Yes <input type="checkbox"/> / No <input type="checkbox"/>																					
10	Construction Details																						
a	Please state material used	Please tick the correct answer in the box																					
i	Walls	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>																					
ii	Floor	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>																					
iii	Roof	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>																					
	Note: Kutcha: 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 Kutcha Construction. Pucca: Buildings other than Kutcha are treated as Pucca constructions.																						
b	Number of Floors																						
c	Age of the Building	<table border="1"> <tr> <td>Less than 5 Years</td> <td></td> </tr> <tr> <td>5-10 Years</td> <td></td> </tr> <tr> <td>10- 20 Years</td> <td></td> </tr> <tr> <td>Above 20 Years</td> <td></td> </tr> </table>	Less than 5 Years		5-10 Years		10- 20 Years		Above 20 Years														
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11	Distance between the risk to be covered and nearest Fire Brigade																						
12	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)																						
13	Whether Insurance was declined by any other Company (Give details)																						
14	Premium / Claim details for the past 36 months excluding the expiring policy period	<table border="1"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>Claim</th> </tr> </thead> <tbody> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td>Total</td> <td>₹</td> <td>₹</td> </tr> </tbody> </table>	Year	Premium	Claim		₹	₹		₹	₹		₹	₹		₹	₹		₹	₹	Total	₹	₹
Year	Premium	Claim																					
	₹	₹																					
	₹	₹																					
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	₹	₹																					
Total	₹	₹																					

Sum Insured and Other details of Insured Property

(Indicate Sum Insured on the following basis):

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: **Reinstatement Value**
- For raw material: **Landed Cost**;
- For stock in process: **Input cost**;
- For finished stock: **Manufacturing cost of the finished stock or the Contract Price*** of goods sold but not delivered, as applicable.

* **Contract Price** is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

15	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please specify)	Total
									₹
									₹
									₹

Standard add-on

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

16.	Floater Cover (for stocks at various locations)	Location (Postal Address with Pin code)	Sum Insured (in ₹)
		i) Maximum value at any one location: ₹.....	
		ii) Whether stocks stored in open: Yes <input type="checkbox"/> / No <input type="checkbox"/>	

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

17.	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹):
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Additional add-ons

S.no.	Name of Add on	Opted (Yes/No)	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)	Opted/Not opted	Up to 7.5% of the Adjusted Loss Amount	
2	Removal of Debris (in excess of 2% of the claim amount)	Opted/Not opted	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	Opted/Not opted	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.	Opted/Not opted	Base Policy Sum Insured	
4	Spoilage Material Damage Cover	Opted/Not opted	Policy Sum Insured for all Stocks & Machinery, Container, Equipment's	
5	Leakage and Contamination Cover	Opted/Not opted	-	Excess of ____% on each tank with a minimum of Rs. _____
	(A) WHERE LEAKAGE AND CONTAMINATION COVER IS GRANTED	Opted/Not opted	-	
	(B) WHERE LEAKAGE COVER ALONE IS GRANTED	Opted/Not opted	-	
6	Loss of Rent and Additional Expenses of Rent for an Alternate Premises	Opted/Not opted	INR _____	No. of months _____
7	Start Up Expenses	Opted/Not opted	INR _____	Start Up expense over and above 5 lakhs will be covered by this add-on
8	Escalation Clause	Opted/Not opted	-	
9	Voluntary Deductible Clause	Opted/Not opted	-	Deductible: INR _____

10	Molten Material Spillage	Opted/Not opted	Limit Any one occurrence: INR _____ Aggregate Limit: _____ INR: _____	Additional Excess: INR _____
11	Decontamination and Cost of Clean Up Expense	Opted/Not opted	Limit Any one occurrence: INR _____ Aggregate Limit: _____ INR: _____	
12	Expediting Costs and Expenses for Loss Minimization	Opted/Not opted	Sub Limit Any One Occurrence: INR _____	
13	Protection and Preservation of Property	Opted/Not opted	INR _____	
14	Contract Works	Opted/Not opted	INR _____	
15	Sprinkler Upgrading costs	Opted/Not opted	INR _____	
16	Claim Preparation Costs	Opted/Not opted	Sub Limit Any One Occurrence: INR _____	
17	Brands and Trademarks	Opted/Not opted	-	
18	Obsolete Parts	Opted/Not opted	-	
19	Deliberate Damage	Opted/Not opted	INR _____	
20	Accidental Damage Cover	Opted/Not opted	INR _____	
21	New Location Cover and New Acquisition Cover	Opted/Not opted	INR _____	
22	Immediate Repairs	Opted/Not opted	INR _____	
23	Pair and Set/Consequential Reduction in Value	Opted/Not opted	-	
24	Fire Extinguishing / Fighting Expense	Opted/Not opted	INR _____	
25	Involuntary Betterment / Obsolete Equipment Clause	Opted/Not opted	INR _____	
26	Damage to Building (Occasioned by Theft)	Opted/Not opted	INR _____	
27	Errors & Omissions	Opted/Not opted	INR _____	
28	Minor Works	Opted/Not opted	INR _____	
29	Undamaged Foundations	Opted/Not opted	Sum Insured of Plinth & Foundation: INR _____	
30	Smoke Damage Extension	Opted/Not opted	INR _____	
31	Accidental Discharge of Gas Flooding Systems	Opted/Not opted	INR _____	
32	Contamination and Co-mingling of stocks	Opted/Not opted	INR _____	
33	Leakage and Overflowing of Storage Tanks (Other than water storage tanks)	Opted/Not opted	Limit Any One Occurrence: INR _____ Aggregate Limit: INR _____	
34	Seasonal Enhancement of Stocks Cover	Opted/Not opted	_____ %Enhancement	
35	Goods and Stocks undergoing any heating or drying process	Opted/Not opted	INR _____	
36	Landscaping Cost	Opted/Not opted	INR _____	
37	Additional Custom Duty	Opted/Not opted	-	
38	Accounts Receivable	Opted/Not opted	INR _____	
39	Property Outside/Away From the Premises	Opted/Not opted	Sub-limit Per Location Per Event: INR _____	
40	Tenants Improvement	Opted/Not opted	INR _____	
41	Shutdown Expenses	Opted/Not opted	INR _____	
42	Waiver of Subrogation	Opted/Not opted	-	
43	Trace and Access	Opted/Not opted	INR _____	
44	Waiver of Underinsurance	Opted/Not opted	_____ %	
45	Catalyst and Consumable (including lining and refractory) interest in process	Opted/Not opted	INR _____	

46	Plans, Documents and Computer Systems Records, Archives and Cost of Re-writing Records	Opted/Not opted	INR _____	
47	Exhibition, Exposition, Fair or Trade Show	Opted/Not opted	INR _____	
48	Lawns, Plants, Shrubs or Trees	Opted/Not opted	INR _____	
49	Tenant's Liability	Opted/Not opted	INR _____	
50	Unrepaired Damage	Opted/Not opted	INR _____	
51	Seventy-Two Hours Clause	Opted/Not opted	-	
52	Additional Insureds (to be named in The Schedule)	Opted/Not opted	-	
53	Multiple Insured Clause	Opted/Not opted	-	
54	Payments on Account	Opted/Not opted	-	
55	Non-Vitiation Clause	Opted/Not opted	-	
56	Nominated Loss Adjusters	Opted/Not opted	-	
57	Non-Invalidation	Opted/Not opted	-	
58	Primary and Non-Contributory	Opted/Not opted	-	
59	Vehicle Load Clause	Opted/Not opted	INR _____	
60	Leak search / finding cost Clause	Opted/Not opted	INR _____	
61	Loss Payee Clause	Opted/Not opted	-	
62	Margin Clause	Opted/Not opted	INR _____	
63	De watering Expenses	Opted/Not opted	INR _____	
64	Debris Removal for Foreign Debris	Opted/Not opted	INR _____	
65	Salvage Disposal	Opted/Not opted	INR _____	
66	Mould and Fungi Clause	Opted/Not opted	INR _____	
67	Cost of Clearing Drains Clause	Opted/Not opted	INR _____	Distance: _____ Km
68	Green Clause	Opted/Not opted	INR _____	
69	Control of Damaged Goods	Opted/Not opted	-	
70	Incidental Costs	Opted/Not opted	_____ % of Claim Amount	
71	Undamaged Parts Clause/Destruction of Sound Property	Opted/Not opted	INR _____	
72	Electrical Installation Clause	Opted/Not opted	-	
73	Medical Expenses	Opted/Not opted	Any one Person _____ Any one Accident _____	
74	Omission to Insure additions, alterations or extensions	Opted/Not opted	5% of Sum Insured of BMA i.e., Building, Machinery and Accessories.	
75	Capital Additions	Opted/Not opted	_____ % of Total Sum Insured INR _____	
76	Original Equipment Manufacturer (OEM) Clause	Opted/Not opted	INR _____	

Section 2 Consequential Loss (Fire) Insurance

1.	Location Details:	Location 1	Location 2	Location 3
	Please provide the complete address of each location to be Insured including State, City, Pin code. (Note: If space provided is insufficient, please attach separate sheet with location details)			

2.	Do you have a Standard Fire and Special Peril policy for the locations proposed to be Insured under Digit Consequential Loss (Fire) Insurance?	Yes / No	Yes / No	Yes / No		
3.	If the Standard Fire and Special Peril policy is from other insurance company, please state the name of the Insurer:					
4.	Please specify the occupation, operations or activities carried out in each location					
	a. If the risk is silent in a premise, please specify from when it is silent, when it is expected to restart its operations, and whether the power supply has been cut off or not and whether the risk is free from all storages.					
	b. In case the risk is a shop, please state the names of major class of goods stored in the shop.					
	c. In case of Warehouse (Godown), please state the names of major goods stored in the premises.					
	d. In case of a manufacturing premises, please state the name of raw materials, the process involved and the name of finished goods					
5.	Do you wish to cover all the perils under Standard Fire and Special Peril Policy? If You do not wish to cover all perils under Standard Fire and Special Peril Policy, please specify the perils not be insured against: (For example, please mention if you want to delete storm, tempest, flood, inundation and/or riot, strike and malicious damage perils)	Yes / No				
6.	a. Does your business involve automated machinery? b. Is your business involved in 24 hours production?	Yes / No				
7.	Are the repair facilities for the machines used in the business available within India? If Yes, please specify:	Yes / No				
8.	Does your business face seasonal fluctuations of revenue/profit/output during certain time of the year? If yes, please specify the percentage of fluctuation	Yes / No Less than 10% / More than 10% but less than 20% / More than 20%				
9.	Please provide the financial details:	When does your financial year end? _____ Name of the auditor/auditing firm: _____ (Note: Please enclose a copy of the latest available annual report)				
10.	Please specify the basis of indemnity: If Output Basis is opted, please specify the:	Turnover Basis / Output Basis / Difference Basis / Revenue Basis a) Nature of Output: _____ b) Unit of Production: _____				
11.	Please specify the indemnity period in months:	_____ months.				
12.	Sum Insured					
	Location No.	Net Profit (before providing for tax and development rebate) (INR).	Standing Charges (INR)	Gross Profit (Net Profit Plus Standing Charges) (INR)	Name the Standing Charges which you would wish to cover.	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					

13.	Do you wish to opt for voluntary deductible? If Yes, Please specify:	Yes / No _____ days gross profit subject to a minimum of Rs _____.
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ENDORSEMNTS AND ADD-ONS TO BE COVERED

Name	Do you wish to cover the same by payment of additional Premium?	Sum Insured	Details (If Yes, Please provide below details)
Losses due to accidental failure of Public electricity/ gas/ water supply	Yes / No		
Do you wish to cover 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: Contribution Percentage to Your Turnover:
Suppliers Extension	Yes / No	_____ % of Sum Insured	Number of Suppliers to be covered: Name of the Suppliers': Situation of the Premises: Dependence Percentage on the Gross Profit:
Do you wish to cover Wages under "Dual Wages Basis"?	Yes / No		100% for _____ weeks and; _____ % for remaining indemnity period
Do you wish to cover Wages under "Pro Rata basis"?	Yes / No		_____ No. Of Weeks
Do you wish to cover the auditor's fees?	Yes / No		
Do you wish to cover your 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
Do you wish to extend the cover for Terrorism?	Yes / No		

CLAIMS EXPERIENCE DETAILS

Please provide the claims experience for last 5 years.

Policy Period	Premium Paid	Claims	
		No. of days of interruption	Amount of claim

Section 3

Burglary Insurance

a.	Brief Description of the Contents/Property being Proposed for Insurance:	
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	(Example: Household/Shop Office Contents, Stocks, Stocks & Stock in Trade, and other similar valuable items within the Insured Premises)	
b.	Sum Insured Basis Opted: (You have an option to opt for any one Sum Insured Basis) (Note: Condition of Average will not be applicable for Sum Insured opted On First Loss Basis in terms of Absolute Amount)	Market Value Basis <input type="checkbox"/> Reinstatement Value Basis <input type="checkbox"/> First Loss Basis <input type="checkbox"/>
c.	1. Total Sum Insured of the Property Proposed for Insurance:	INR: _____
	2a. In Case Sum Insured is Opted on First Loss Basis, please specify the First Loss Sum Insured as a % of the Total Sum Insured / Total Value at Risk	_____ % of the Total Sum Insured INR _____
	OR	OR
	2b. First Loss Basis in terms of Absolute Amount	INR: _____
Sum Insured Bifurcation		
Sr. No.	Item	
1.	Contents (Furniture, Fixtures, Fittings, Utensils & Appliances and items of similar nature)	Sum Insured (INR)
2.	Stock and Stock in Trade	
3.	Good held in trust or on commission for which the Insured is responsible	
4.	Any Other Items: _____	
5.	Sum Insured Limit required 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: _____
6.	Sum Insured Limit required against damage to Safe and/or Strong room within the Premises proposed for Insurance.	INR: _____
7.	Do you wish to opt for a voluntary deductible? If Yes, what percentage of Sum Insured. (Note: You can opt for any percentage between 0% and 10%)	_____ % of Total Sum Insured Each and Every Loss
8.	Whether the Building/Structure is of Class A Construction. (Class A Construction means where the Building has Roof made up of RCC and Wall are Buildup of Brick with RCC Frame). If No, please specify the Nature of Construction i.e. the Material used for:	<input type="checkbox"/> Yes / <input type="checkbox"/> No Roof: _____ Wall: _____ Floor: _____
9.	Please provide the details of the Security System in the Premises:	I. Are there any Burglar Alarms in the Premises? <input type="checkbox"/> Yes / <input type="checkbox"/> No

		<p>II. Is there 24 Hours Security in the Premises? If No, please share the details of any other Security in the premises.</p> <p>If Yes, please confirm:</p> <p>The number of Security Guards in the Premises:</p> <p>Are these Security Guards Trained?</p>	<p><input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes / <input type="checkbox"/> No</p>
		<p>III. Is the Premises under CCTV surveillance?</p> <p>If Yes, please confirm:</p> <p>The number of CCTV in the Premises:</p> <p>Is the Monitoring:</p>	<p><input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p><input type="checkbox"/> 24X7</p> <p><input type="checkbox"/> Only during working hours</p> <p><input type="checkbox"/> No Monitoring Only Video Recording</p>
		<p>IV. Any Other Security related information:</p>	
10.	<p>Are stock and sales book maintained?</p> <p>How frequently are these entered?</p> <p>How often is stock taken?</p> <p>Where are these books kept out of business hours?</p>	<p><input type="checkbox"/> Yes / <input type="checkbox"/> No</p>	
11.	<p>How many keys are there to the safe (s) and with whom are they kept? Can the safe(s) be opened by single key or by a combination of two or more keys?</p>		
12.	<p>Have there been any reported losses (whether insured or not) during the last three years? If Yes, please give details with Number of Claims, Claim Amount, Loss Ratio.</p>	<p><input type="checkbox"/> Yes / <input type="checkbox"/> No</p>	
13.	<p>Is there any other policy with similar coverages? If Yes, Please provide the policy details along with the policy no.</p>		

Add-On Covers Opted

Sr. No	Add-On Name	Opted (Yes / No)	Limits (INR)	Any other information you want to mention
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1	**Injury during Burglary / Housebreaking If Yes, do you want to Cover Employee's on Named or Unnamed Basis	<input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Named Basis <input type="checkbox"/> Unnamed Basis	Any One Person: INR _____ Aggregate Limit Per Event: INR _____
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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 Property 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 (Maximum 25% of the Sum Insured) Escalation Clause is not Applicable for Stock Sum Insured	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Escalation Percentage Opted: _____% of the Total Section 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: Please specify the % of waiver limit required: Note: 1. Maximum Waiver of Underinsurance Limit is up to 20% 2. This Add-On is applicable only for Sum Insured Opted on Market Value or Reinstatement Value	<input type="checkbox"/> Yes / <input type="checkbox"/> No	_____ %

	Basis or First Loss Basis as a Percentage of Actual Value at Risk)			
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Note – Aggregate Limit under the Add-Ons marked with “” shall not exceed the Total Burglary Sum Insured.

DETAILS OF LOCATIONS IN CASE FLOATER ADD-ON COVER IS OPTED

Locations (Postal Address with Pin Code)	Floater Sum Insured (INR)

**Section 4
Money Insurance Policy**

Money in Transit

Sr.no	Description	Transit Between (Provide complete address of the bank and Point in Transit)		Estimated Highest amount of Money in Transit at any one time (Limit of Indemnity) (INR)	Estimated Annual amount of Money in Transit (Limit of Indemnity) (INR)	Voluntary Deductible (Please mention the % from the range of 0% to 10% for each of the below Covers)
		To	From			
a.	Money for the payment of wages, salaries and other earnings or for petty cash directly between a bank, the Insured Premises or a Point in Transit (if specified) by the Insured or an Authorized Employee from the time Money is received at the bank, the Insured Premises or a Point in Transit by the Insured or an Authorized Employee until delivered to the bank, the Insured Premises or a Point in Transit by the Insured or an Authorized Employee and whilst at the Insured Premises until disbursed provided that out of business hours such Money shall be secured in a locked Safe or locked Strong Room. Cheques drawn by the Insured to provide for such Money are covered In Transit from the Insured Premises to the Bank Only"			Rs: _____	Rs.: _____	_____ %
b.	Money (other than described in Item a) above) in transit from the premises to be insured or bank other specified premises.			Rs. _____	Rs. _____	
c.	Total			Rs. _____	Rs. _____	

Money in Safe and /Or Strong Room

Maximum amount of money held at any one time in Safe and/or Strong Room (Limit of Indemnity)	Rs. _____	_____ %
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Money in Insured's Cash Counter During Business Hour

Maximum amount of money held at any one time in Cash Counter (Limit of Indemnity)	Rs. _____	_____ %
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Risk Details

For Money in Transit, please provide the below details

a.	What is the maximum distance over which the money will be conveyed?	<input type="checkbox"/> Less than or Equal to 2 Kms <input type="checkbox"/> Greater than 2 Km and Less than Equal to 5 Kms <input type="checkbox"/> Greater than 5 Kms and Less than Equal to 10 Kms <input type="checkbox"/> Greater than 10 Kms and Less than Equal to 25 Kms <input type="checkbox"/> Greater than 25 Kms and Less than Equal to 50 Kms <input type="checkbox"/> Greater than 50 Kms
b.	Please provide details of the business location	<input type="checkbox"/> Business Located in Commercial Area (Usually Retail & Wholesale Market Area) <input type="checkbox"/> Business Located in Residential Area (Usually Retail Business surrounded by Residential Societies) <input type="checkbox"/> Business Located in Remote Location or Isolated Area or Very Low Populated Area
c.	What is the Frequency of transit (number of trips)	<input type="checkbox"/> Daily – Once / Twice / More than two times <input type="checkbox"/> Weekly – Once / Twice / More than two times <input type="checkbox"/> Fortnightly – Once / Twice / More than two times <input type="checkbox"/> Monthly – Once / Twice / More than two times
d.	Type of Vehicle used for transit	<input type="checkbox"/> Use of designated authorised agencies for Money Transit <input type="checkbox"/> Private Owned Vehicle <input type="checkbox"/> Private Owned Two-Wheeler <input type="checkbox"/> Transit by Public Transport <input type="checkbox"/> By Walk Or Cycle
e.	Is the money Carried/handled by an authorized employee?	<input type="checkbox"/> Yes / <input type="checkbox"/> No If No, please provide below details: How is the money conveyed? _____ If Yes, Please provide below details: For how long has the employee been working in the organization? _____ Months/Years

		<p>Was background verification done at the time of employment of such employee?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
f.	Does any Armed personnel accompany the employee while carrying money?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Required</p>
g.	How are money usually carried	<p><input type="checkbox"/> Bags <input type="checkbox"/> Trunk</p> <p>Others: _____</p>
For Money in Safe and/or Strong Room and/or Cash Counter, please provide the below details		
h.	What are the Business or Trading Hours?	
i.	What materials were used to construct the Premises proposed for Insurance?	<p><input type="checkbox"/> Entire RCC Construction with RCC/Steel Columns</p> <p><input type="checkbox"/> Brick Wall with Steel Columns & GI Sheet Roof</p> <p><input type="checkbox"/> GI Sheet Walls with Steel Columns and GI Sheet Roof</p> <p><input type="checkbox"/> Any other – Please specify (Eg., Glass / Plastic / Wood)</p> <p>_____</p>
j.	Please provide details of the business location	<p><input type="checkbox"/> Business Located in Commercial Area (Usually Retail & Wholesale Market Area)</p> <p><input type="checkbox"/> Business Located in Residential Area (Usually Retail Business surrounded by Residential Societies)</p> <p><input type="checkbox"/> Business Located in Remote Location or Isolated Area or Very Low Populated Area</p>
k.	What Type of Lock is used for locking the Safe and/or Strong Room?	<p><input type="checkbox"/> Lock with Normal Keys</p> <p><input type="checkbox"/> Combination Lock</p> <p><input type="checkbox"/> Electronic Locks</p> <p><input type="checkbox"/> Time Lock</p>

l.	Where are the keys of the safe or Strong room stored outside the business hours?	<input type="checkbox"/> No Physical Key Available <input type="checkbox"/> Key stored outside business premises <input type="checkbox"/> Keys stored outside the room, where the safe is located, but within the Insured Premises			
m.	How is the Premises protected and what security systems are there in the premises?	<p>Are there any Burglar Alarms in the Premises? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>If yes, please provide the Type of Burglary Alarm</p> <input type="checkbox"/> Monitored Auto-Dialling Burglar Alarm (Connections to Monitoring Centre and information sent to Police Station by the Centre) <input type="checkbox"/> Audible/Bells Only Burglar Alarm (Noise Only, No Connections to Monitoring Centre & Police Station) <input type="checkbox"/> Dummy Burglar Alarm			
		<p>Is the Premises under CCTV surveillance? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>If Yes, please provide below details: 24X7 Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No The number of CCTV in the Premises: ____</p>			
		<p>Are there Security Personnel at the Insured Premises where Cash is kept in Safe/Strong Room? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>If yes, Please provide the below details</p> <input type="checkbox"/> 24X7 Watch & Ward <input type="checkbox"/> Only Night Time Security <input type="checkbox"/> Only Day Time Security <input type="checkbox"/> Only during Business hours			
		<p>The number of Security Guards in the Premises: Are these Security Guards Trained? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p>			
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Any Other Security related information:</td> <td style="width: 30%;"></td> </tr> </table>	Any Other Security related information:		
Any Other Security related information:					
n.	State the following particulars of safe/strong room in which money will be kept inside outside the business hours	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">Maker's Name :</td> </tr> <tr> <td>Dimensions and Weight:</td> </tr> <tr> <td>Identification number:</td> </tr> </table>	Maker's Name :	Dimensions and Weight:	Identification number:
Maker's Name :					
Dimensions and Weight:					
Identification number:					

		Is it Fixed to walls or floor?
		How many keys are there to the safe (s) and with whom are they kept?
o.	Distance of the Nearest Police Station	<input type="checkbox"/> Less than or Equal to 2 Kms <input type="checkbox"/> Greater than 2 Km and Less than Equal to 5 Kms <input type="checkbox"/> Greater than 5 Kms and Less than Equal to 10 Kms <input type="checkbox"/> Greater than 10 Kms and Less than Equal to 25 Kms <input type="checkbox"/> Greater than 25 Kms and Less than Equal to 50 Kms <input type="checkbox"/> Greater than 50 Kms

Other Information

p.	Are Books of accounting maintained? How frequently are these entered? Where are these books kept out of business hours?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
q.	Are Employees authorized to carry/handle money are covered under Fidelity Guarantee Policy?	<input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, Please provide details:
r.	Are the premises at any time left un-occupied?	<input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, please mention No of consecutive days :
s.	Have there been any reported losses (whether insured or not) during the last three years? If Yes, please give details with Number of Claims, Claim Amount.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
t.	Is there any other policy with similar coverages? If Yes, Please provide the policy details along with the Insurer Name, Policy no. and Sum Insured	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Section 5

Machinery Breakdown Insurance

1.	Do the items listed represent the whole of the plant?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2.	Are you at present insured?	<input type="checkbox"/> Yes / <input type="checkbox"/> No If Yes, a) Name of Insurer: b) Policy No.: c) Sum Insured:
3.	Has any company	
	a. Declined to insure any of the machinery now proposed?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

	b. Required an increased premium or imposed special conditions? If yes, provide details	<input type="checkbox"/> Yes / <input type="checkbox"/> No													
	c. Requested for repairs or made other special stipulations for risk improvement? If yes, provide details	<input type="checkbox"/> Yes / <input type="checkbox"/> No													
4.	Are you aware of any defects/damage existing in the machinery? If yes, give details.	<input type="checkbox"/> Yes / <input type="checkbox"/> No													
5.	a) Has your machinery sustained any damage from breakdown or other cause during last 3 years?	<input type="checkbox"/> Yes / <input type="checkbox"/> No													
	b) If so, give the below details:														
	<table border="1"> <thead> <tr> <th>Year</th> <th>Sum Insured</th> <th>Claim Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Year	Sum Insured	Claim Amount											
	Year	Sum Insured	Claim Amount												
6.	a) Are regular periodical inspection of the machinery carried out?	<input type="checkbox"/> Yes / <input type="checkbox"/> No													
	b) If so, by whom and at what intervals i.e. Monthly/ Quarterly/ Half-Yearly/ Annually/More than Annually?														
	c) Is the machinery covered under Annual Maintenance Contract? If yes, Is it for:	<input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Entire Machinery <input type="checkbox"/> Specific Components													
7.	On payment of additional premium do you wish to cover - If Yes, provide limits of indemnity -														
	a) Escalation Amount / Percentage (Note - Escalation percentage shall not exceed 25 % of the Sum Insured.)	Rs. Or %age ____	<input type="checkbox"/> No												
	b) Express Freight (excluding Airfreight), overtime and Holiday rates of wages	Rs.	<input type="checkbox"/> No												
	c) Air Freight	Rs.	<input type="checkbox"/> No												
	d) Owners surrounding property	Rs.	<input type="checkbox"/> No												
	e) Third Party Liability – i. For any one accident ii. For all accident during the period	Rs. Rs.	<input type="checkbox"/> No												
f) Additional Custom Duty	Rs.	<input type="checkbox"/> No													

SCHEDULE OF MACHINERY TO BE INSURED

- a) Each Machinery should be entered separately with necessary specification as mentioned in Schedule Column No.3
- b) The Sum Insured must be calculated on the present-day new replacement value of the Machinery to be insured including provision for packing, freight and also value of erection costs, customs duty, etc., to afford full protection under this Policy.
- c) If any of the Machinery is a 'stand by' this fact should be mentioned.
- d) All portable Machinery must be so designated. All items in the open must be so described separately.

e) Separate value for foundations masonry and brickwork or Oil in transformers and other electrical equipment's are to be specified if cover is required

Sr. No.	Quantity	Description Type, Make's Name, Model, Capacity of Machine / Serial No. HP / KVA Volts, AMPS, RPM	Maker's name and Country of Origin	Equipment Set Up SOP in Place (Yes/No)	Operating Capacity <50% / 50%-60% / 60%-70% / 70%-80% / 80%-90% / >90%	Year of Make	Sum Insured (INR)

Section 6 Electronic Equipment Insurance

Section 1 -

1. Location of the equipment to be insured (address of building/ storey with Pin Code)	
2. Structure of building	<input type="checkbox"/> Steel Skeleton <input type="checkbox"/> Brick Work <input type="checkbox"/> Concrete <input type="checkbox"/> Wood
3. Has any of the equipment to be insured previously been covered by other insurance companies? If so, which items of the specification and by which companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is all the equipment to be insured new? If not, which items of the specification are second hand? What equipment can still be obtained ex works? (State items of the specification)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Condition of equipment – Is the equipment maintained in accordance with the manufacturer's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Quality of Staff – Have operators been trained with the manufacturer? If Yes, what is the frequency of training?	<input type="checkbox"/> Yes <input type="checkbox"/> No Monthly / Quarterly / Half-Yearly / Yearly
7. Is there a risk of flood and inundation? If so, Specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> By bodies of water <input type="checkbox"/> By torrential rainfall <input type="checkbox"/> By Sewer backflow <input type="checkbox"/> Or by others
8. Are dangerous materials used in the vicinity? If so, specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Acids <input type="checkbox"/> Prepared or sensitized paper <input type="checkbox"/> Dyes <input type="checkbox"/> Test Solution <input type="checkbox"/> Developers <input type="checkbox"/> Explosives <input type="checkbox"/> Isotopes <input type="checkbox"/> Others
9. Please provide details of the surrounding location?	<input type="checkbox"/> Industrial Area <input type="checkbox"/> Residential Area <input type="checkbox"/> Commercial Area

10. Are any CCTV systems available in the premises to be insured? If yes, is the monitoring 24X7?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Please provide details of Security in the premises to be insured	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Security <input type="checkbox"/> Security only during working hours <input type="checkbox"/> 24*7 Security
12. What are the preventive measures available to stop spread of fire in the premises to be insured?	<input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Water Sprinklers <input type="checkbox"/> Smoke Detectors. <input type="checkbox"/> None
13. Valid Maintenance Contract in force? If yes, copy to be enclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Air Conditioning Plant	<input type="checkbox"/> Pressurized <input type="checkbox"/> Recommended by manufacturers <input type="checkbox"/> Not necessary

Schedule of equipment to be insured

Description of item: Please give full and exact description of all equipment including name of manufacturer, type, serial number, Voltage, Power Input etc. in the case of outdoor lines. Indicate length and method of laying

Remarks: Give particulars of any part of equipment to be insured which has had a breakdown or failure during the last three years and shows any sign of repair

Replacement Value: Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges, Custom duties, Cost of erection, Package material.

Name, Model of Equipment / Serial No.	Maker's name and Country of Origin	Quantity	Ease of Repairability (High- For Specialized Machinery where repair time is considerable and repair costs are high, Medium – For Machinery where a reasonable time is required for repairs and cost is also reasonable, Low- For Machinery where repairs can be immediately done locally with minimum repair cost)	Replacement Value	Year of Mfg.

Section 2 – Electronic Data Processing

Please fill the below questionnaire if you wish to opt for this cover

1. EDP System	₹ _____
a. If the system is rented, state monthly rent	
b. Date of start of operation	
c. Operational hours per day in shifts	
d. Name and address of manufacturer and/or lessor.	
e. What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system	
2. Housing of the EDP System –	
a. Central unit –	<input type="checkbox"/> Basement <input type="checkbox"/> Ground floor <input type="checkbox"/> Floor
b. Peripheral unit –	<input type="checkbox"/> Basement <input type="checkbox"/> Ground floor <input type="checkbox"/> Floor
c. Total Value of plant located –	In basement ₹ _____ On Ground floor ₹ _____ On floor ₹ _____
d. Is installation in accordance with the manufacturer's recommendations	<input type="checkbox"/> Yes <input type="checkbox"/> No

If not, Specify deviations from instructions	_____
e. Manner in which the EDP system has been installed	<input type="checkbox"/> On vibration absorbers <input type="checkbox"/> On rollers <input type="checkbox"/> By rigid anchoring
f. What is the type of system backup?	<input type="checkbox"/> Auto Online <input type="checkbox"/> Offline
3. Air – Conditioning plant –	<input type="checkbox"/> Prescribed <input type="checkbox"/> Recommended by the manufacturer <input type="checkbox"/> Used for EDP system only
a. Maintenance	<input type="checkbox"/> By the manufacturer By _____
b. Loss prevention	
c. Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?	<input type="checkbox"/> Yes, in case of excessive <input type="checkbox"/> Temperature <input type="checkbox"/> Moisture <input type="checkbox"/> No
d. Is the air-conditioning plant also equipped with an independent signaling device in case of disturbance or failure?	<input type="checkbox"/> Yes, <input type="checkbox"/> Optical <input type="checkbox"/> Acoustic Signal <input type="checkbox"/> in the case of presence of corrosive gases <input type="checkbox"/> Excessive temperature <input type="checkbox"/> Moisture <input type="checkbox"/> No
Are adequate loss prevention measures initiated immediately, even if the above protective devices are actuated outside operational hours.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. External Data Media – Mark those data media , which are stored in the same hazard zone as the EDP system with an ‘A’ in the column ‘Location of the specification’ .Mark data media stored in another hazard zone with a ‘B’. Note: Please answer the following questions only if insurance is desired.	
a. Storage	<input type="checkbox"/> On wooden Shelves <input type="checkbox"/> In steel cabinets <input type="checkbox"/> In fire-proof cabinets <input type="checkbox"/> together with EDP system
b. Air-Conditioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, how is air-conditioning effected?	
Risk aggravating circumstances as in the storage rooms-	<input type="checkbox"/> Steam and water lines <input type="checkbox"/> vibrations <input type="checkbox"/> Acid atmosphere
Section III – Increased Cost of Working Please fill the below questionnaire only if you wish to opt for this cover	
1. EDP system to be insured –	
a. Operational hours on average	<input type="checkbox"/> Per day <input type="checkbox"/> Per Month
b. Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are there any special agreement regarding continued payment of the rent and other costs if EDP system fails?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____
If so, please specify	
2. Outside EDP system available for use	
a. Name and address of -	Owner - Lessee -

<p>b. Is the use of the outside EDP systems subject to any special conditions (Waiting periods, conversion measures, etc.)? If so, please specify</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p>
<p>c. Has the system already been used? If so, please specify</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Max Duration _____</p> <p>Max. Cost incurred _____</p>
<p>d. Causes</p>	
<p>3. Sums to be insured</p>	
<p>a. Rent of substitute equipment</p>	<p>₹ _____</p>
<p>b. Indemnity period per occurrence</p>	<p>_____ week</p>
<p>c. Limit per occurrence (a*b)</p>	<p>₹ _____</p>
<p>d. Aggregate indemnity limit during the period of insurance</p>	<p>₹ _____</p>
<p>e. Personnel expenses</p>	<p>₹ _____</p>
<p>f. Transportation of material</p>	<p>₹ _____</p>
<p>4. Conditions desired</p>	
<p>1. Period of indemnity per occurrence (minimum)</p>	<p>_____ Week</p>
<p>2. Time excess</p>	<p><input type="checkbox"/> 4 days (96 hours)</p> <p><input type="checkbox"/> 7 days (168 hours)</p> <p><input type="checkbox"/> 14 days (336 hours)</p> <p><input type="checkbox"/> 28 days (672 hours)</p>
<p>3. Do you want to opt for a higher excess? If yes, please tick against the appropriate option:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. Equipment with Value upto ₹1 Lakh</p>	
<p>i. Equipment and External Data Media</p>	
<p>7.5 % of the claim amount subject to a minimum of Rs.3000/-</p>	
<p>10 % of the claim amount subject to a minimum of Rs. 5000/-</p>	
<p>12.5% of the claim amount subject to a minimum of Rs. 10,000/-</p>	
<p>15 % of the claim amount subject to a minimum of Rs. 20,000/-</p>	
<p>ii. For Winchester Drive (Hard Disc)</p>	
<p>12.5% of the claim amount subject to a minimum of Rs. 5,000/-</p>	
<p>15% of the claim amount subject to a minimum of Rs.12,500/-</p>	
<p>17.5% of the claim amount subject to a minimum of Rs. 25,000/-</p>	
<p>20% of the claim amount subject to a minimum of Rs. 50,000/-</p>	
<p>b. Equipment with value more than Rs. 1 lakh -</p>	
<p>i. Equipment and External Media</p>	
<p>12.5% of the claim amount subject to a minimum of Rs. 5,000/-</p>	
<p>15% of the claim amount subject to a minimum of Rs.12,500/-</p>	
<p>17.5% of the claim amount subject to a minimum of Rs. 25,000/-</p>	
<p>20% of the claim amount subject to a minimum of Rs. 50,000/-</p>	
<p>ii. Winchester Drive (Hard Disc)</p>	
<p>25% of the claim amount subject to a minimum of Rs.20,000</p>	
<p>25% of the claim amount subject to a minimum of Rs.50,000</p>	

	f. Requested for repairs or made other special stipulations for risk improvement? If yes, provide details	<input type="checkbox"/> Yes / <input type="checkbox"/> No
6.	Are you aware of any defects/damage existing in the machinery? If yes, give details.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
7.	Do you own or use any equipment other than that described above working on the same site?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
8.	Is any of the equipment now proposed; a. Licensed for road use? If so, give details b. Covered by any other insurance? If so give details	
9.	a) Are you the owner of the proposed equipment?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	b) If yes, will you be hiring out?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	c) If the equipment is hired;	
	i. Is Insurance your responsibility	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	ii. Is maintenance and operation your responsibility?	<input type="checkbox"/> Yes / <input type="checkbox"/>
10.	Are the premises where the equipment operates well-guarded?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
11.	a)What is the site condition where the equipment will be utilized? (Please mention if it operated in a Hilly Terrain, Underground, Overground)	
	b) Will the machinery operate:	<input type="checkbox"/> On reclaimed or soft ground <input type="checkbox"/> In Open cast mines <input type="checkbox"/> In Conditions related to Wet Works
	c)Are ground condition such that equipment are exposed to the risk of toppling over? If so, give details?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	d) Is the site susceptible to flood, sea damage, storm, cyclone or other natural calamities? If so, give detail and safety precautions taken.	
12.	Will equipment belonging to other contractors operate on the same site?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
13.	Is the machinery operated in compliance with the standard operating procedure as specified by the Manufacturer?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

	If Yes, is it:	<input type="checkbox"/> Fully Compliant <input type="checkbox"/> Partially Compliant	
14.	Do you have trained and qualified operators? Are there any statutory rules governing the appointment?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
15.	Which of the equipment's are required to be inspected and certified for operation by statutory rules?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
16.	b) Has your machinery sustained any damage from breakdown or other cause during last 3 years?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
	b) If so, give the below details:		
	Year	Sum Insured	Claim Amount
17.	b) Is regular periodical inspection of the machinery carried out?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
	b) If so, by whom and at what intervals?		
	c) Is the machinery covered under Annual Maintenance Contract?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
	If yes, Is it for:	<input type="checkbox"/> Entire Machinery <input type="checkbox"/> Specific Components	
18.	On payment of additional premium do you wish to cover - If Yes, provide limits of indemnity -		
	a) Express Freight (excluding Airfreight), overtime and Holiday rates of wages	Rs.	<input type="checkbox"/> No
	b) Air Freight	Rs.	<input type="checkbox"/> No
	c) Owners surrounding property	Rs.	<input type="checkbox"/> No
	d) Clearance & Removal of Debris	Rs.	<input type="checkbox"/> No
	e) Additional Custom Duty	Rs.	<input type="checkbox"/> No
	f) Escalation	Rs.	<input type="checkbox"/> No
	Third Party Liability –		<input type="checkbox"/> No
ii. For any one accident	Rs.		
v. For all accident during the period	Rs.		
19.	Do you wish to opt out of EQ Cover (for Zone I and Zone II)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
20.	Do you wish to opt for higher deductibles?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
	If yes Pl specify.....		

DETAILS OF MACHINERY TO BE INSURED

Sr. No.	Quantity	Description Type, Make's Name, Model, Capacity of Machine / Serial No. HP / KVA Volts, AMPS, RPM	Load Bearing Capacity (No Load/Up to 10 Tons/ Greater than 10 Tons)	Movement Capability (No Mobility/Mobility within Premises/Mobility Outside Premises up to 5 kms)	Consumable Components (No / Low / High – Number of Consumables)	Country of Origin	Site Address	Year of Make	Sum Insured (INR)

GUIDE NOTES -

- Each Machinery should be entered separately with necessary specifications as mentioned in schedule column No. 3 above. Full description with identification no. etc. of each and every equipment with valuation should be declared.
- The Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also, value of foundations, erection costs, customs duty, etc., to afford full protection under the Policy.
- If any of the Machines is a 'Stand by' this fact should be mentioned.
- All Portable Machines must be so designated.
- All items in the open must be so described separately.
- Transit risks from site to site will be excluded.

Section 8**Fidelity Guarantee Insurance**

a.	Basis on which Fidelity Guarantee Cover is required:				
	<input type="checkbox"/> Named/Designation Non-Floater Basis <input type="checkbox"/> Named/ Designation Floater Basis <input type="checkbox"/> Unnamed Floater Basis				
b. If on Named Non-Floater Basis , please provide the following information in respect of all the employees in respect of whom insurance cover is sought:					
Employee Name	Designation	Monthly Salary	Number of Years In Service	Amount of Cash/Stock held by the Employee (INR)	Amount of Guarantee (INR)
c. If on Named Floater Basis , please provide the following information in respect of all the employees in respect of whom insurance cover is sought:					
Employee Name	Designation	Monthly Salary	Number of Years In Service	Amount of Cash/Stock held by the Employee (INR)	Amount of Guarantee (INR)
					a) Total Amount of Guarantee: _____
					b) Per Accident Limit: _____
					c) Per Person Limit : _____
d. If on Unnamed Floater Basis , please provide the following information:					
Total Number of Employees	Average Tenure of Employees	Total Amount of Guarantee (INR)	Per Accident Limit (INR)	Per Person Limit (INR)	

RISK DETAILS

1.	Is there a system to obtain references from previous Employers or doing background verification of the Employees? If not, specify the practice followed What is the Average Employment Tenure:	
2.	Has there been any occasion to question the honesty or conduct of any person proposed for guarantee. If Yes, please specify the details	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	How often are employees required to account for money?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnight <input type="checkbox"/> Mon <input type="checkbox"/> More than Monthly
	Are there any independent system to check that all sums received by employees are accounted for? If Yes, please provide the details of the system available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	What is the extent and frequency of audit?	Extent of Audit: <input type="checkbox"/> Entire Business Operations <input type="checkbox"/> Restricted to specific business operations/Departments Frequency of Audit: <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Year <input type="checkbox"/> Annually <input type="checkbox"/> No Audit Done
5.	How often and by whom stock verification is done?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Mont <input type="checkbox"/> More than Monthly _____
6.	System for collecting outstanding accounts. Describe briefly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
7.	How often the cash book is balanced, the entries checked with Vouchers and Bank's Pass Book and with counter-foils of receipt books?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Mont <input type="checkbox"/> More than Monthly
8.	Are there any system available for Purchase of Goods and Recording Deliveries & Authorization for Dispatch of Goods	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
9.	How often will statements of account be furnished by the Proposer direct to Customers?	
10.	Do employees pay out money or draw cash from Employer's account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	System of operation of Bank account and precautions taken	Access: <input type="checkbox"/> Complete Access <input type="checkbox"/> Restricted Access Multi-level authentication: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (For Cash Deposit & Withdrawals)
	Whether such payments/ withdrawals are authorized by a senior employee	<input type="checkbox"/> Yes <input type="checkbox"/> No

	and compared with supporting documents?	
11.	Voluntary Deductible (Please mention the % from the range of 0% to 10%)	
12.	Details of losses suffered on account of infidelity of any employee during last 3 years and steps taken to prevent recurrence.	
13.	Has any company in respect of any fidelity guarantee insurance: <ul style="list-style-type: none"> a. Declined your proposal? b. Cancelled or refused to renew policy? c. Accepted your proposal on special terms and conditions. 	

Section 9

Sign Board Protect Insurance

1.	Please choose any one of the Sum Insured Basis under " Section 1 – Loss of or Damage to the Sign Board :"	<input type="checkbox"/> Market Value Basis <input type="checkbox"/> Replacement Value Basis
2.	Do you specifically want to cover loss of or Damage or Breakage to frame or framework? If yes, please include the cost of the same in the Sign Board Sum Insured.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you specifically want to cover the cost of embossing, silvering, lettering, curving or ornamental work of any kind? If yes, please include the Limit of the same in the Sum Insured table below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	In case you want to opt " Section II – Third Party Liability ", please provide the Limits Opted:	Any One Accident Limit: INR _____ Aggregate Limit for All Accidents in any one Policy Period: INR _____
5.	Deductible (Please mention the % from the range of 0% to 10%)	For, Section I – Loss of or Damage to the Sign Board: _____% of the Sum Insured For, Section II – Third Party Liability: _____% of the Limit of Liability
6.	Is terrorism Cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is there at present any damage to the Sign Board? If yes, please provide the details with position and size.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you received any notice from any person or authority regarding any defect in the Sign / Hoarding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Is there any other material information relevant to the acceptance of this proposal which must be known to Us? If yes, please provide the details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICULARS OF SIGN BOARD TO BE INSURED WITH ADDRESS OF THE PREMISES

Sign Board Sr. No.	Position and Dimensions	Type of Location with Complete Address	Fitting	Surrounding Location	Material	Placement	Age of Foundation or Supporting Structure	Fire Fighting Measures	Frequency of Maintenance
	(Height & Length in cms)	(Commercial Area/Residential Area/Remote Location or Isolated Area)	(Old/B and New)	(Residential/Commercial/Bare Land/Crowded Area/ Narrow Thoroughfare with Heavy Traffic / Corner where two roads meet/ Slum Area or Disturbed Localities where children play on streets or hooliganism is present)	(Metal/Aluminum Composite Panel (ACP)/ Glow Sign, Neon Sign, Backlit Sign Board/LED, LCD, PVC Sign Board/Medium Density Overlay (MDO) Ply Wood or Glass Sign Board/Any Other High-Risk Material Example – Plastic, Banners made of Nylon-Reinforced Vinyl Material, Coroplast Sign Boards)	(Indoor Sign Board/Outdoor Sign Boards with restricted access/Outdoor Sign Boards with no restricted access/Outdoor Sign Board on roof top/Outdoor Sign Board away from premises)	(Specify in years)	(Automatic Sprinkler/Gas Flooding System/Hydrant System/ Fire Extinguisher/Fire Alarms/ None)	(Weekly/Monthly/Quarterly/Yearly/ No Maintenance)
Sign Board No 1									
Sign Board No 2									
Sign Board No 3									
Sign Board No 4									

SUM INSURED DETAILS FOR EACH SIGN BOARD

Sign Board Sr. No	Sign Board Sum Insured (a)	Limits (b)	Total Sum Insured (a)+(b)
Sign Board No 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	₹ _____
		Total – (b)	₹ _____
Sign Board No 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	₹ _____
		Total – (b)	₹ _____
	₹ _____	a.Boarding up or temporary glazing pending replacement of the Sign Board	₹ _____

Sign Board No 3		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	₹ _____	
		Total – (b)	₹ _____	
Sign Board No 4	₹ _____	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	₹ _____	
		Total – (b)	₹ _____	

PAST LOSS EXPERIENCE AND INSURANCE DETAILS

1.	Have there been any previous damage to the Sign Board? If yes, please provide the details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any Company in respect of your Sign Board insurance? Declined your proposal? Cancelled or refused to renew your policy? Accepted your proposal on Special terms and conditions? If yes, please provide the details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Please provide past loss experience for last 3 Years:	

Year	Nature of Claim	Claim Amount Paid	Insurer	Status of the Claim

Section 10**Plate Glass Insurance****SUM INSURED BASIS AND INSURED PREMISES DETAILS**

1.	Please choose any one of the Sum Insured Basis:	<input type="checkbox"/> Intrinsic Value Basis <input type="checkbox"/> Replacement Value Basis
2.	Please provide complete address of the Premises to be Insured with Pin code:	

RISK DETAILS

1.	Are you the owner or the tenant of the premises? How long have You been an Occupant of the premises?	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant _____ Days/Months/Years
2.	Please provide the occupancy of the premises:	<input type="checkbox"/> Residence <input type="checkbox"/> Office <input type="checkbox"/> Shop <input type="checkbox"/> Commercial Establishments <input type="checkbox"/> Manufacturing & Industrial Unit <input type="checkbox"/> Warehouse <input type="checkbox"/> Godown
3.	Please provide the details of Trade or Business carried out at the premises to be	

Insured:		
4.	Please provide details of the Surrounding Location of the premises:	<input type="checkbox"/> Residential Societies <input type="checkbox"/> Commercial Buildings <input type="checkbox"/> Bare Land <input type="checkbox"/> Crowded Market Area <input type="checkbox"/> Narrow Thoroughfare with Heavy Traffic <input type="checkbox"/> Corner where two roads meet <input type="checkbox"/> Slum Area or Disturbed Localities where children play on streets or hooliganism is present
5.	Please provide Operational details of the premises:	<input type="checkbox"/> Fully Operational <input type="checkbox"/> Partially Operational <input type="checkbox"/> Non-Operational / Vacant Premises with Security Guard <input type="checkbox"/> Non-Operational / Vacant Premises without Security Guard
6.	Is there any Glass in the premises Not proposed for insurance coverage? If yes, please provide the details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is there at present any broken or damaged Glass? If yes, please provide the details with position and size.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is there any other material information relevant to the acceptance of this proposal which must be known to Us? If yes, please provide the details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

DETAILS OF THE GLASS TO BE INSURED

Position of Square of pane of glass	Size of each Square of pane of glass		Type of Glass (Laminated/T empered/Float/Plain)	Description of Glass (Plain Plate or Plain sheet painted Rough Silvered embossed stained bent or ornamental)	Glass Fitting (Brand New/Old)	Glass Usage (Showcase/ Shelves/wit hin premises/co unter table tops/windo ws/doors/w indow display/exp osed to external parameters)	Maintenance (Daily/Weekly /Monthly/Quarterly/Yearly)	*Sum Insured (For Plate Glass, cost of erecting temporary boarding and any lettering, sign-writing, ornamentation/shatter proof or resistant or reflective film/ alarm tape /wiring/frame s and frame work)	Voluntary Deductible (Please mention the % from the range of 0% to 10%)
	Height (Cms)	Width (Cms)							

Note:
 1. In the event of the loss all Glass is consider plain unless the contrary is specially stated in the Policy. No Lettering, Embossing Silvering, or any ornamental work is considered unless stated in the policy.

2. *Sum Insured Basis can be on Intrinsic Value Basis or Replacement Value Basis. This Sum Insured should include the cost that will be incurred for erecting temporary boarding.

INBUILT COVER LIMIT

<p>Please provide the Limit for the below inbuilt cover for:</p> <p>a. Cost of replacing lettering, sign-writing or ornamentation affixed to the broken Plate Glass.</p> <p>b. Cost of replacement of shatter proof or resistant or reflective film affixed to the broken Plate Glass.</p> <p>c. Cost of replacement of the burglar alarm tape or any wiring affixed to the broken Plate Glass.</p> <p>d. Reasonable cost of replacing the damaged window frames or framework, but with due allowance for wear and tear.</p> <p>(Note: The Limit for this Inbuilt Cover is not over and above the Sum Insured mentioned in the above table and is within the Sum Insured. Limit for this Inbuilt Cover should not exceed 40% of the above-mentioned Sum Insured.)</p>	<p>INR _____</p>
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PAST LOSS EXPERIENCE AND INSURANCE DETAILS

1.	Have there been any previous Breakages? If yes, please provide the details:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	Has any Company in respect of your Plate Glass insurance? Declined your proposal? Cancelled or refused to renew your policy? Accepted your proposal on Special terms and conditions? If yes, please provide the details:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	Please provide past loss experience for last 3 Years:			
Year	Nature of Claim	Claim Amount Paid	Insurer	Status of the Claim

Section 11

Employees Compensation Insurance

Coverage	Scope of coverage	Aggregate Limit of Indemnity	Coverage Options [Yes/No]
Employees Compensation	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Common Law	Subject otherwise, to the terms, conditions & Exclusions of the Policy, 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 there from during the Period of Insurance INR. _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No

ENDORSEMENT DETAILS

Medical Expenses Cover	Subject otherwise, to the terms, conditions & Exclusions of the Policy, 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 _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Occupational Diseases Cover		b. Aggregate liability for all accidents during the Period of Insurance INR _____	
Contractors Employees		Limit: As per Employees Compensation Act	<input type="checkbox"/> Yes / <input type="checkbox"/> No

ALL PERSONS EMPLOYED MUST BE INCLUDED

* **Wages** means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a employee towards any pension or provident fund or a sum paid to a employee to cover any special expenses entailed on him by the nature of his employment;

OWN EMPLOYEE DETAILS**

Job Description of Employees	Declared Number of Employees	Total Declared Wages During the Policy Period.	Place/Places of Employment

CONTRACTORS EMPLOYEE DETAILS [if the coverage has been opted for] **

Contractor Name & Registered Address	Declared Number of Employees	Total Declared Wages/Contract Value During the Policy Period	Place/Places of Employment

** Please attach additional sheets if required.

OTHER DETAILS

1. Does the above, schedule include-	<input type="checkbox"/> Yes / <input type="checkbox"/> No
i. All persons in your service?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
ii. All your contractors/ subcontractors?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2. Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business? If Yes, please provide the below details:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
i. Is there documented SOP of Employee Safety in Place?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

ii. Is there Compliance Procedure in Place?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
iii. Is there SOP for corrective measure against Breach in SOP?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
iv. Is there a Periodic Review of these SOP(s)?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3.Are there any precautionary measures which can be carried out in case of accident/ fire: If Yes, please provide the below details:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
i. Are there any Fire Extinguishers in the Premises?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
ii. Is there any hydrant system in place?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
iii. Are there any smoke detectors in place?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
iv. Is there 24 X 7 Security in the Premises? If No, please share the details of any other Security in the premises.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
4.Is there a Safety Training Programme for the Employees? If Yes, what is the frequency of Safety Training?	<input type="checkbox"/> Yes / <input type="checkbox"/> No Monthly / Quarterly / Half-Yearly / Yearly
5.What is the distance of the nearest hospital from the workplace of the employees?	<input type="checkbox"/> Within 1 Kilometer <input type="checkbox"/> More than 1 Kilometer
6.Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
7.Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
8. Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?	<input type="checkbox"/> Declined <input type="checkbox"/> Withdrawn

State the total Wages paid and particulars of accidents to your employees during the past three years.**

Year [Past 3 years from this date]	Wages Paid	Amount of Loss

State the total wages paid and particulars of accidents to your contractors employees during the past three years.**

Year [Past 3 years from this date]	Wages Paid	Amount of Loss

Section 12 Public Liability (Act) Insurance

1.	Limit of indemnity required: Any One Accident (AOA): Any One Year (AOY): AOA to AOY Ratio:	INR _____ INR _____ (V) 1:3
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Note:

As per Public Liability Insurance Act, 1991,

- AOA Limit should not be for an amount less than the amount of the paid-up capital of proposed insured and at the same time it should not exceed INR 5crore
- AOA & AOY Ratio is fixed to 1:3, so AOY limit shall not exceed INR 15crore in any case.

2.	Please provide the Annual Sales Turnover for the last 3 years and the estimated Annual Turnover for the proposed Period.		
	Year	Premises Operations (INR)	Transportation (INR)
	Proposed Year (Estimated)		

RISK DETAILS

3.	Type of Business Activity	Manufacturing / Warehousing / Transportation / Wholesale Supplier / Retail Supplier / Any Other, Please Specify _____			
4.	Number of Locations to be covered	Office s	Manufacturin g units/Plants	Depots/Ware houses/Gowd own/Tank farms	Others (Please specify)
5.	Complete address and Pin code of the Premises to be Insured. Please attach layout plans of manufacturing plant (Please attach annexure A for additional locations)	Age of building		Less than 5 years / 5 – 10 years / 10 – 15 years / 15 – 20 years / more than 20 years	
		Type of construction*		Superior / Class A / Class B / Kutcha	

*Note: Following definitions should be considered for classification of Building construction

Type of Construction	Walls	Roof
Superior	Reinforced Cement Concrete	Reinforced Cement Concrete
Class A	Brick / Stone / Precast hollow cement blocks	Reinforced Cement Concrete
Class B	Brick/Stone, Precast hollow cement blocks Metal Sheet, AC Sheet, Glass Panel	AC Sheet, Metal Sheet, Tiles
Kutcha	Canvas Tarpaulin Thatched Leaves Wood	Canvas, Tarpaulin, Thatched Leaves Wood

6.	Please provide the following information of the hazardous substances as defined in the Public Liability Insurance Act, 1991 handled by you. If necessary, please attach additional sheet.				
	Substance	Quantity	Storage/handling	Precaution Taken	Turnover
7.	Please provide details of surrounding property within radius of 2 kms		Manufacturing Unit / Industrial Area / Agricultural Area / Residential Area / Others, Please Specify _____		
8.	Please provide details of adjacent premises		Hazardous Industrial Unit / Non – Hazardous Industrial Unit / Agricultural Land / Residential Unit / Others (please specify)		
9.	Do you handle or use gases, pressure-storage, explosive, asbestos, toxic, radioactive materials and hydrocarbons?		Yes / No		
	Substance	Quantity	Storage/handling	Precaution Taken	

10.	Are the premises locked and/or fenced?	Yes / No
11.	Are customers/visitors permitted unaccompanied on the premises?	Yes / No
12.	Is there a programme for the prevention of fire, explosion incidents? If yes, please indicate	Yes / No
	i. Are the machines protected by fences or guarded?	Yes / No
	ii. Please specify the type of detection and alarm system:	Manual Pull Station / Heat Detectors / Smoke Alarms / No Detection and Alarm System / Any Other, please specify _____
	iii. Fire protection devices installed:	Portable Extinguishers / Trailer Pumps / Fire Engine / Hydrant System / Sprinkler System / Fixed Water / No Fire Protection Device available
	iv. Please specific Hazardous Substance Leakage Detection System:	Full Automatic Detection / Sem-Automatic Detection/ Manual Detetection / No Leakage Detection System Available/ Any other, please specify _____
	v. Please provide the details on, if any, availability of service organisation in case of such incidents (fire brigade, specialists in environmental protection and toxicology):	
	vi. Please provide details of provisions made for supply of energy, water etc. in an emergency:	
	vii. Is there any welding, gas cutting or hot work being under taken? If so, what are the precautions taken?	Yes / No
	viii. Are there any vibrations from heavy machinery? Or blasting activity undertaken? If so, what are the precautions taken?	Yes / No
	ix. Is there any possibility of leakage of chemical or gas resulting into injury to third party property damage and/or bodily injury? If so, please give full details of alarm system and preventive measures. How frequent are the inspections conducted?	Yes / No Monthly / Quarterly / Half-Yearly / Annually / No inspection conducted
13.	Have you complied with statutory provisions, rules and regulations in respect of the premises and operations?	Yes - Fully Complied / Partially Complied Not Complied
14.	Are effluents treated before disposal and control systems of solid, liquid and gaseous waste or effluents are in place?	Yes / No
15.	Please provide details on security and safety arrangements:	a. Are there Security Personnel at the Insured Premises? Yes / No If yes, Please provide the below details 24X7 Watch & Ward / Only Night Time Security / Only Day Time Security / Only during Business hours Are these Security Guards Trained for prevention or mitigation of any accident? Yes / No b. Is the Premises under CCTV surveillance? Yes / No If Yes, please provide below details: 24X7 Monitoring: Yes / No Does CCTV surveillance cover entire premises: Yes / No
16.	Please provide details of On-site & Off-site emergency plan	

PREVIOUS INSURANCE AND CLAIMS DETAILS

17.	Please provide claim history for the last three years				
	Year	Total Amount paid / Outstanding (INR)	Bodily Injury (INR)	Property damage (INR)	Defence cost (INR)
18.	Are you aware of any incidents, conditions, circumstances which may result in a claim? If yes, please provide the details.		Yes / No		
19.	Has any insurer ever declined your fresh or renewal proposal? If yes, please provide the details.		Yes / No		
20.	Has any insurer ever terminated your cover? If yes, please provide the details.		Yes / No		

21.	Are you at present insured under Public Liability Insurance as per Public Liability Insurance Act, 1991? If yes please provide the following details.	Yes / No		
	Name of Insurance company	Policy Period	Limit of Indemnity (INR) (AOA)	Limit of Indemnity (INR) (AOY)
				Premium (INR) (excluding ERF)

Notes:

1. Owner means a person who owns, or has control over handling any hazardous substance at the time of accident and includes –
 - a. in the case of a firm, any of its partners
 - b. in the case of an association, any of its members and
 - c. in the case of a company, any of its directors, managers, secretaries or other officers who is directly in charge of, and is responsible to the company for the conduct of the business of the company.
2. Paid up Capital means in the case of an owner not being a company, the market value of all assets and stocks of the undertaking on the date of contract of insurance.
3. Hazardous Substances and Group means the items listed and grouped under Environment (Protection) Act 1986 and the Rules framed there under.
4. Turnover shall mean –
 - a. Manufacturing units- Entire Annual Gross Sales Turnover including all levies and taxes of manufacturing units handling hazardous substances as defined in the Public Liability Insurance Act 1991. For the purpose of this insurance, the term "Units" shall mean all operations being carried out in the manufacturing complex in one location.
 - b. Godown, warehouse owners- Total Annual Rental Receipts of premises handling hazardous substances as defined in the Public Liability Insurance Act 1991.
 - c. Transport operators-Total annual freight receipts.
 - d. Others-Total annual gross receipts.
5. Please attach Lay-Out Plans and Risk Inspection Report of the manufacturing units proposed for Insurance.

Section 13 Public Liability Insurance

COVERAGE DETAILS

All questions should be answered. Put a Tick (✓) Mark where ever applicable.

1.	Address of the Insured Premises (In case, Insured has multiple Insured premises, please provide the address of each premises separately in a different sheet)	
2.	Do you have a subsidiary, affiliate or representative in the outside India? If yes, please provide Name and Addresses of such affiliation	
3.	Specify estimated annual Turnover	INR _____
4.	Limit of Indemnity	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____
5.	Territorial Limits	India / Worldwide excluding USA and Canada / Worldwide including USA and Canada
6.	Jurisdiction Limits	India / Worldwide excluding USA and Canada / Worldwide including USA and Canada
7.	Do you require to carry forward any Retroactive Date to cover any prior acts / circumstances? If Yes, please specify the required Retroactive Date	Yes/No (DD/MM/YY): _____
8.	Voluntary Excess	INR _____
9.	Extended Reporting Period	No. of days _____

Add-on Covers / Endorsements Details

S.No	Coverage	Coverage Options	Limit of Indemnity	Other Details
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1.	Food and Beverage	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
2.	Industrial Seepage, pollution and contamination extension – 72 hours	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
3.	Act of God Perils	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
4.	Advertising Signs and Decorations Liability	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
5.	Care, Custody or Control	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
6.	Carriage of Effluents (outside the Insurance Premises)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
7.	Damage to Rented Premises	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
8.	Lift Liability	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
9.	Medical Expenses	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
10.	Swimming Pool and Exercise area liability	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
11.	Transportation of Material or Dangerous or Hazardous Substance	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
12.	Valet Parking	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Any One Accident Limit (INR): _____ Any One Year Limit (INR): _____	-
13.	Terrorism Legal Liability Coverage	<input type="checkbox"/> Yes / <input type="checkbox"/> No	INR 10,00,00,000 per occurrence and in the aggregate	-

RISK DETAILS

1.	Activity Carried out in the Premises	
2.	Type of construction	
3.	Age of the building	
4.	No. of floors and height of the building	
5.	Which floor is occupied by you?	
6.	Details of other occupants	
7.	Details of the lifts, elevators, escalators etc., please specify make and capacity.	
8.	Details of surrounding areas/property.	
9.	Do the premises have boundary/ fencing?	Yes / No
10.	Security/safety arrangements	
11.	Details of systems provided for prevention of fire, explosion etc.	
12.	Details of 'emergency plan' if any	
13.	Are the premises/equipment's/machineries in sound condition?	Yes / No
14.	Do you handle or use or store gases / hazardous / toxic / radioactive materials and/or equipment's in the premises. If yes, please give details of max. Capacity stored/used/handled at a time	Yes / No

15	Have you complied with all statutory rules/regulations pertaining to the premises and your business activities?	
PREVIOUS INSURANCE AND CLAIMS DETAILS		
1	Has your proposal or renewal been declined or premium been increased or special terms has been imposed by any insurer in the past?	Yes / No
2	Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim?	
3	Please provide the Retroactive Date	dd/mm/yyyy
4	Please give the claims history for the last three years	
	Year	Total Amount Paid
	Bodily Injury	Property Damage
	Cost of Defence	Total Amount of Pending Claims

Section 14
Boiler and Pressure Plant Insurance
RISK DETAILS

Information given herein will be treated in strict Confidence. Put a (✓) mark wherever applicable.

Work Address (Site of the Property to be Insured):	
Total Sum Insured	Rs. _____

1.					
A) BOILER AND PRESSURE PLANT					
Sr. No.	Location	Description – Maker's Name, Maker's No., Capacity	Registration Number	Year of Make	Sum Insured
Sr. No.	Description			Limits of Indemnity	
B)	Surrounding property of the insured including property held in trust or commission.			Rs. _____	
C)	Legal liabilities to third parties a) Personal Injury b) Property Damage			Rs. _____ Rs. _____	
D)	On payment of additional premium do you wish to cover the following?		Yes/No	If Yes provide Limits of Indemnity (In RS.)	
a	Express freight (excluding No airfreight), Overtime and Holiday rates of wages.		Yes/No		
b	Airfreight.		Yes/No		
c	Owner's Surrounding Property.		Yes/No		
d	Third Party Liability. a. Any one Accident b. Any one Year		Yes/No		
e	Additional Customs Duty		Yes/No		
2.					
a	In case of Boiler, state if it is Water tube type?			Yes/No	
b	If so, what is the evaporative capacity per hour				
3.	State how Boiler is fired, e.g. Oil, Gas, Coal or Pulverized fuel.				
4.					
a	Do you wish to include the main steam piping?			Yes/No	

b	If so, state whether cover required within 20 meters or 100 meters 20 m 100 m radius of the Boiler	
5.		
a	Are all the items in good condition?	Yes/No
b	Give particulars of any defects	
6.		
a	Which items of Plant are subject to periodical inspection?	
b	By whom are they inspected, and at what intervals?	
c	Date of last inspection, working pressure approved, and period of such approval (attach copy of last report).	
7.		
a	What is the maximum load on safety valve per square inch?	
b	What is the working pressure?	
c	What is the frequency of usage on per day basis?	
8.		
a	Are the Boiler Attendant solely employed on the boiler plant?	Yes/No
b	What are their qualifications?	
c	What proportion of their time is to other duties, if not solely employed on the Boiler Plant?	
9.		
a	Is the Boiler Plant now Insured?	Yes/No
b	if so, state name of Insurer, and date policy expires	
10.		
a	Has the Boiler Plant at any time been insured by you?	Yes/No
b	If so, state name of Insurer, and date of policy expired?	
11.		
In respect of Boiler Insurance, has any insurer-		
a	Permitted withdrawal of or declined any proposal from you? Or	Yes/No
b	Cancelled or refused to renew your policy?	Yes/No
12.		
a	Have you ever had an accident to your Boiler Plant?	Yes/No
b	If so, give full particulars on separate sheet	
13.		
a	Have your any Boiler Plant in use other than that other than that specified in the schedule?	Yes/No
14.		
a	Are any of the Boilers shown in the proposal automatically controlled?	Yes/No
b	If so, which ones?	
15.		
a	Is any of the automatically controlled Boilers not under continuous supervision by person competent to operate it?	Yes/No
b	If so which ones?	Yes/No
16.		
Is Boiler under regular and frequent supervision whilst working?		
Yes/No		
17.		
What is the frequency of maintenance of the Boiler/Pressure Plants?		
Monthly/Quarterly/Half Yearly/ Annually		

Section 15
All Risk Insurance

DETAILS OF PROPERTY TO BE INSURED

Sr. No.	Full Description of Property to be Insured (Make, Model, Weight, etc. Mfg/ Year, Portable/ Fixed)	Age of the Property to be Insured	Serial No./ Identification Number/IMEI Number	Invoice Number and Date	Loss or Damage to Property Insured	
					Sum Insured Basis (Market value/ Reinstatement/Agreed)	Sum Insured (INR)
1						

2						
3						

Sr. No	Section II – Third Party Liability	
1.	Is this Third-Party Liability Cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, kindly mention: Any One Accident Limit: Any One Year Limit:
2.	Territorial Limit	(Worldwide/ Within India/ Within Specific Premises) Note: If within specific premises, please provide complete address

RISK DETAILS (Please attach separate sheet for multiple property information)

Sr. No	Particulars	Details
1.	Was the property purchased recently? If yes, please attach the invoice copy.	Yes/ No
2.	Are there any CCTV camera installed	Yes/No
3.	Are there any Security arrangements available at the premises? If yes, Please state	Yes/No <input type="checkbox"/> Security only during working hours <input type="checkbox"/> 24/7 Security
4.	What are the Fire-fighting measures taken in the premises	<input type="checkbox"/> Automatic Sprinkler / Gas Flooding System <input type="checkbox"/> Hydrant System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Fire Alarms <input type="checkbox"/> No Firefighting Equipment
5.	How often is maintenance of the property done?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> No Maintenance
6.	Would you like to opt for Terrorism Damage Cover Endorsement (Material Damage Only)	Yes/No
7.	Do you wish to opt for waiver of underinsurance? If yes, please state the %	Yes/No _____%
8.	Do you like to opt for Deductible? If Yes, Please provide a percentage between 0% to 10%	Yes/No _____%
9.	Has the proposed property sustained any damages in the past or any third-party liability claim? If Yes please provide the below details	Yes/No
Section I – Loss of or Damage to Property Insured		
	Year	Details of Loss
	Year 1	Amount of Loss (Rs)
	Year 2	

Year 3		
Section II – Third Party Liability		
Year	Details of Loss	Amount of Loss (Rs)
Year 1		
Year 2		
Year 3		
10.	Has any company in respect of Insurance of the above property: a. Declined your Proposal? b. Cancelled or refused to renew the Policy? c. Accepted proposal on special terms and conditions?	Yes/No Yes/No Yes/No

**Section 16
Marine Cargo Insurance**

a.	Type of Cover Required (Each Type of Cover is explained in detailed in the Prospectus)	<input type="checkbox"/> Specific Voyage Policy <input type="checkbox"/> Open Cover <input type="checkbox"/> Open Policy <input type="checkbox"/> Sales Turnover Policy <input type="checkbox"/> Stock Throughput Policy <input type="checkbox"/> Project Cargo Policy
b.	Coverage Desired for:	<input type="checkbox"/> Inland <input type="checkbox"/> Import <input type="checkbox"/> Export <input type="checkbox"/> Transit Between Countries Outside India
c.	Please provide the details of the subject matter, merchandise/cargo to be Insured:	
d.	Subject Matter, Merchandise Cargo proposed for Insurance is:	<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Reconditioned <input type="checkbox"/> Fresh <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen <input type="checkbox"/> Fragile <input type="checkbox"/> Over Dimensional
e.	Please provide basis of Voyage/Transit: Please specify any other details specific to the Voyage/Transit: (Origin and Destination of Transit, wherever applicable)	<input type="checkbox"/> Overseas WH (To) Indian WH / Port <input type="checkbox"/> Overseas Port (To) Indian WH / Port <input type="checkbox"/> Indian Port (To) Overseas Port <input type="checkbox"/> Indian WH (To) Overseas WH / Port <input type="checkbox"/> Indian Port (To) Indian WH <input type="checkbox"/> Indian WH (To) Indian Port <input type="checkbox"/> Shore Tank at Overseas Port (To) Indian WH / Port <input type="checkbox"/> Shore Tank at Indian Port (To) Shore Tank at Overseas WH / Port <input type="checkbox"/> Inland Transit By Road
f.	Terms of Sales / Basis of Valuation: For Specific Voyage: For Other than Specific Voyage:	_____ Value + _____ % Imports: _____ Value + _____ %

	Imports: (FOB / CIF / Ex-Works Etc) Exports (CIF / FOB / C&F Etc.)	Exports: _____ Value + _____ %
g.	Mode of Transport / Shipment: For Annual and Project Policy, In case of transit by Sea, what will the be the Maximum Vessel Age that can be used for Transit During the Policy Period: For Specific Voyage by Sea/Coastal Shipments/Inland Waters, please provide:	<input type="checkbox"/> Sea <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Road <input type="checkbox"/> Post Parcel <input type="checkbox"/> Courier <input type="checkbox"/> Other, please specify _____ Years Name of the Vessel _____ Age of the Vessel _____ Classification Society _____
h.	Type of Packing	<input type="checkbox"/> Bulk <input type="checkbox"/> Break-Bulk <input type="checkbox"/> FCL <input type="checkbox"/> LCL <input type="checkbox"/> Reefer <input type="checkbox"/> Open Top / Flat Rack <input type="checkbox"/> Non-Containerized Cargo <input type="checkbox"/> Tanks <input type="checkbox"/> Others , Pls Specify _____
i.	In case the Cargo is not Containerized, Please Confirm, if it is:	<input type="checkbox"/> Over Deck <input type="checkbox"/> Under Deck
j.	In case of Break Bulk Cargo, Containerized Cargo, please specify the further Packing Details:	<input type="checkbox"/> Wooden Boxes <input type="checkbox"/> Cardboard Boxes <input type="checkbox"/> Gunny Bags <input type="checkbox"/> Drums <input type="checkbox"/> Bundles <input type="checkbox"/> Cartons <input type="checkbox"/> Carats Any other, please specify _____
k.	Who Packs the goods in Containers?	<input type="checkbox"/> Shipper <input type="checkbox"/> Carrier <input type="checkbox"/> Other
l.	Insuring Terms	<input type="checkbox"/> All Risk Cover <input type="checkbox"/> Wider Cover <input type="checkbox"/> Basic Cover Is War & SRCC Extension Required? <input type="checkbox"/> Yes / <input type="checkbox"/> No Any other Covers required, please Specify _____
m.	Do You specifically want to opt for any Clause? If, Yes, please share the clause name. Note: You may refer to the Prospectus of this Product to check the clauses available under this Policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
n.	In case of Inland Transit, Please Confirm the Type of truck used for transport:	<input type="checkbox"/> Closed Truck <input type="checkbox"/> Open Truck <input type="checkbox"/> Special Truck for ODC <input type="checkbox"/> Open Truck with Tarpaulin
o.	Sum Insured for Specific Voyage	INR _____

p.	Annual Turnover for Expiring Year:	Inland : INR Imports: INR Exports: INR
q.	Expected Turnover for Current Year Project Period:	Inland : INR Imports: INR Exports: INR
r.	Per Shipment Limits Required:	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 Others, Please specify: _____
s.	Limit Per Location required:	INR _____
t.	Do You want to cover Duty on Import Consignment?	<input type="checkbox"/> Yes / <input type="checkbox"/> No If Yes, Please specify the annual amount & maximum value/amount per shipment: _____
u.	Do You want "Increased Value Insurance" for import?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
v.	Do You have any special agreement with the Carriers that may limit liability?	<input type="checkbox"/> Yes / <input type="checkbox"/> No If Yes, please give details: _____
w.	Deductible / Excess (Please mention the % from the range of 0% to 20% in multiples of 0.05%)	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 You also, have an option to Select Deductible as % age of Limit Per Shipment: For Any One Vessel: _____ % of the consignment value each & every loss. For Any One Aircraft: _____ % of the consignment value each & every loss For Any One Vehicle: _____ % of the consignment value each & every loss. For Any One Rail: _____ % of the consignment value each & every loss. For Any One Courier: _____ % of the consignment value each & every loss. For Any One Post Parcel: _____ % of the consignment value each & every loss. Location _____ % of the Limit Per Location each & every loss.
x.	Please specify any additional information that is relevant to the proposed insurance:	

DETAILS OF PROJECT CARGO

Detailed Address of the Project Site(s)

	Pin Code:
	Pin Code:
	Pin Code:

Details of Critical Items

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

**PREVIOUS INSURANCE DETAILS
(For Cargo)**

a. Has Your Insurance cover ever been cancelled/declined by any Insurer?
 Yes / No
 If Yes, Please provide details: _____

b. Previous Insurance Particulars and Claims Experience:

Year	Premium Paid	Claims Received	Outstanding	Total	Cause of Loss	No. of Claims	Insuring Conditions	Underwriters/Insurers

**In case of a large claim please give details: _____

**ADDITIONAL QUESTIONNAIRE FOR STOCK THROUGHOUT POLICY
(Storage Details)**

1.	Please specify if additional storage is required? If Yes, coverage is required for how many Days / Months?	<input type="checkbox"/> Yes / <input type="checkbox"/> No _____ Days
2.	What type of coverage is required during storage?	<input type="checkbox"/> All Risk Cover <input type="checkbox"/> Wider Cover <input type="checkbox"/> Basic Cover
3.	What will be the Storage Location?	<input type="checkbox"/> Port Premises <input type="checkbox"/> Container Stuffing Location <input checked="" type="checkbox"/> Container De- Stuffing Location <input type="checkbox"/> Packing Premises <input type="checkbox"/> Plant <input type="checkbox"/> Warehouse <input checked="" type="checkbox"/> Storage Location <input type="checkbox"/> Job-Work Processing Locations <input type="checkbox"/> All the mentioned Locations
4.	Detailed Address of the Storage Locations: (Attach separate Annexure if the space is not enough)	
5.	How will the cargo be stored in intermediate location?	<input type="checkbox"/> In Open <input type="checkbox"/> Closed Warehouse/Structure <input checked="" type="checkbox"/> Temporary Shed
6.	Do the Goods require special storage conditions, temperature control, special security arrangements?	

	If Yes, please provide the details:	
7.	Is cover required for Riot, Strike, Civil Commotion, Terrorism and Malicious Damage?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
8.	Estimate of maximum value of cargo at risk at any one time and in any one location	INR _____
9.	Deductible / Excess (Please mention the % from the range of 0% to 20% in multiples of 0.05%)	_____ % of maximum value of cargo at risk at any one time and in any one location for Each and Every Loss

**PREVIOUS INSURANCE DETAILS
(For Intermediate Storage)**

a.	Has Your Insurance cover ever been cancelled/declined by any Insurer?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If Yes, Please provide details: _____						
b.	Previous Insurance Particulars and Claims Experience:								
	Year	Premium Paid	Claims Received	Outstanding	Total	Cause of Loss	No. of Claims	Insuring Conditions	Underwriters/Insurers

**In case of a large claim please give details: _____

**Section 17
Digit Finshield Insurance Policy**

Coverage Details: -

Sr. No	Sections	Opted/ Not Opted
1.	Card Cover	Yes/No
	1.1. Lost Card Liability	Yes/No
	1.2. Online Transaction Cover	Yes/No
	1.3. Card Liability due to unauthorized / fraudulent usage	Yes/No
	1.4. ATM assault and robbery	Yes/No
	1.5. ATM Fraud Cover	Yes/No
2	Other Electronic Transaction Cover	Yes/No
3	Digital Wallet Cover	Yes/No
4	Identity Theft	Yes/No
5	Purchase Protection	Yes/No
6	Price Protection	Yes/No
7	Wallet Protection (Lost Wallet Coverage)	Yes/No
Sr. No	Sections	Opted/ Not Opted
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
	17.a.4 ATM assault and robbery	Yes/No
	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

GROUP SIZE (IF APPLICABLE)

Total Number of Insured Person (Refer Annexure I)	
---	--

Coverage Details (Please fill in details of only those Sections for which coverage is required)

Section 17.A: Card Cover

Description of Cards

S. No	Type of Card	Description of Cards	Daily Withdrawal Limit	Daily Transaction Limit	Total Number of Cards
Total Number of Cards					

a. Please mention the Sum Insured against the respective Cover:

Coverage	Sum Insured (in INR)
17.A.1 Lost Card Liability	
17.A.2 Online Transaction Cover	
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	
17.A.4 ATM assault and robbery	
17.A.5 ATM Fraud Cover	

b. Reporting Period (in hours) for applicable sections

Pre- Reporting Period		Post- Reporting Period	
Name of Section (s)	Pre- Reporting Period (in no. of hours)	Name of Section (s)	Post- Reporting Period (in no. of hours)

c. Geographic Limits

Coverage Geographic Limit	
Any specific requirement, in case worldwide cover is opted	

d. Total Limit of Liability

Any One Year (Limit of Liability) (INR)	Any One Accident Limit (INR)

e. Please specify the frequency of pin change: Every 3 months ___ Every 6 months ___ Every 9 months ___ Every 12 Months ___ More than a year ___

f. Please specify the education level of the user:

g. Please specify the employment type of User: Service Job ___ Homemaker ___ Students ___ Self -employed ___ Retired ___

h. Please specify which device is used for doing for Financial Transactions/accessing social media accounts: Personal Device ___ Both Personal Device or/and Family member device ___ Cyber Cafe or/and personal device ___

i. Please specify the Mobile operating system is used: IOS ___ Windows ___ Android ___ Any Other Mobile Operating System ___

j. Any specific coverage/ condition under this Section.

Section 17.B: Other Electronic Transaction Cover

a. Please mention the Sum Insured against the respective Cover:

Coverage	Sum Insured (in INR)
Other Electronic Transaction Cover	

b. Name the Electronic Transaction mode(s) for which coverage is required:

c. Reporting Period (in hours)

Pre- Reporting Period (in no. of hours):		
Post- Reporting Period (in no. of hours):		
d. Total Limit of Liability	Any One Year (Limit of Liability) (INR)	Any One Accident Limit (INR)
e. Geographic Limits		
Coverage Geographic Limit		
Any specific requirement, in case worldwide cover is opted		
f. Please specify the frequency of password change: Every 3 months ___ Every 6 months ___ Every 9 months ___ Every 12 Months ___ More than a year ___		
g. Please specify the education level of the user:		
h. Please specify the Employment Type of User: Service Job ___ Homemaker ___ Students ___ Self -employed ___ Retired ___		
i. Please specify which device is used for doing for Financial Transactions/accessing social media accounts: Personal Device ___ Both Personal Device or/and Family member device ___ Cyber Cafe or/and personal device ___		
j. Please specify the Mobile operating system is used: IOS ___ Windows ___ Android ___ Any Other Mobile Operating System ___		
k. Any specific coverage/ condition under this Section.		

Section 17.C: Digital Wallet Cover

a. Please mention the Sum Insured against the respective Cover:		
Coverage	Sum Insured (in INR)	
a. Loss of wallet balance due to fraudulent transaction as a result of theft, burglary or loss of mobile phone/device		
b. Loss of wallet balance by unauthorized / fraudulent transaction		
b. Name of Digital Wallet		
c. Total Limit of Liability	Any One Year (Limit of Liability) (INR)	Any One Accident Limit (INR)
d. Geographic Limits		
Coverage Geographic Limit		
Any specific requirement, in case worldwide cover is opted		
e. Please specify the frequency of pin change: Every 3 months ___ Every 6 months ___ Every 9 months ___ Every 12 Months ___ More than a year ___		
f. Please specify the education level of the user:		
g. Please specify the employment type of User: Service Job ___ Homemaker ___ Students ___ Self -employed ___ Retired ___		
h. Please specify which device is used for doing for Financial Transactions/accessing social media accounts: Personal Device ___ Both Personal Device or/and Family member device ___ Cyber Cafe or/and personal device ___		
i. Please specify the Mobile operating system is used: IOS ___ Windows ___ Android ___ Any Other Mobile Operating System ___		
j. Any specific coverage / condition under this Section.		

Section 17.D: Identity Theft

a. Please mention the Sum Insured against the respective Cover:		
Coverage	Sum Insured (in INR)	
Identity Theft		
b. Geographic Limits		
Coverage Geographic Limit		
Any specific requirement, in case worldwide cover is opted		
c. Please specify the education level of the user:		
d. Please specify details of licensed anti-virus is installed in devices used by the user. ___ Yes All devices / ___ More than one device, but not all device / ___ No device		
e. Please specify which device is used for doing for Financial Transactions/accessing social media accounts: Personal Device ___ Both Personal Device or/and Family member device ___ Cyber Cafe or/and personal device ___		
f. Please specify how active you are on Social Media? ___ No Social media account / ___ Logging once in a month / ___ Login once in a week / ___ Daily Login		

g. Any specific coverage/ condition under this Section.

Section 17.E: Purchase Protection

a. Please mention the Sum Insured against the respective Cover:

Coverage	Sum Insured (in INR)
Purchase Protection	

b. Please mention Number of Days from item Purchase date upto which coverage will be provided: _____ days

c. Any specific coverage/ condition under this Section

Section 17.F: Price Protection

a. Please mention the Sum Insured against the respective Cover:

Coverage	Sum Insured (in INR)
Price Protection	

b. Please mention Number of Days from item Purchase date upto which coverage will be provided: _____ days

c. Please mention from the where the item has purchased from: a. E – Commerce Platform: ___ b. Platform ___ c. Physical Stores

d. Any specific coverage/ condition under this Section

Section 17.G: Wallet Protection (Lost Wallet Coverage)

a. Please mention the Sum Insured against the respective Cover:

Coverage	Sum Insured (in INR)
Wallet Protection (Lost Wallet Coverage)	

b. Any specific coverage/ condition under this Section.

Has any company in respect of Insurance of the above property:

d. Declined your Proposal?

Yes/No

e. Cancelled or refused to renew the Policy?

Yes/No

f. Accepted proposal on special terms and conditions?

Yes/No

Do you have any existing policy having same coverage as proposed under this policy?

___ Yes/ No

If Yes, please provide details of the policy.

Claims details Please specify details of any loss to the proposed in last 3 years

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

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
<p>Section 18.A DAILY CASH BENEFIT</p>	<p>___ Per Day Benefit</p>	<p>Maximum _____ Days _____% of Daily Cash Allowance if admitted in ICU</p>	<p>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 _____</p>	<p>Contingency Opted:</p> <ul style="list-style-type: none"> <input type="radio"/> Accidental Hospitalization <input type="radio"/> Accidental & Illness Hospitalization <input type="radio"/> Critical Illness <input type="radio"/> Maternity Benefit <p>Critical illness plan opted:</p>
<p>Section 18.B FIXED CASH BENEFIT</p>	<p>___ Fixed Cash benefit</p>	<p>Maximum _____ Days Continuous & completed days of Hospitalisation: _____ days.</p>	<p>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 _____</p>	<p>Contingency Opted:</p> <ul style="list-style-type: none"> <input type="radio"/> Accidental Hospitalization <input type="radio"/> Accidental & Illness Hospitalization <input type="radio"/> Critical Illness <input type="radio"/> Maternity Benefit <p>Critical illness plan opted:</p>

Section 19

Personal Accident

Details of Insured Persons

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
19.A	Accidental Death	<Yes/No>	
19.B	Permanent Total Disablement	<Yes/No>	
19.C	Permanent Partial Disablement	<Yes/No>	
19.D	Accidental Hospitalization	<Yes/No>	
19.E	Children education benefit	<Yes/No>	
19.F	Marriage expense for children benefit	<Yes/No>	
19.G	Orphan benefit for children	<Yes/No>	
19.H	Funeral expenses	<Yes/No>	
19.I	Transportation expenses	<Yes/No>	
19.J	Trauma counselling	<Yes/No>	
19.K	Coma benefit cover	<Yes/No>	
19.L	Fracture cover	<Yes/No>	
19.M	Burns cover	<Yes/No>	
19.N	Lifestyle modification benefit	<Yes/No>	
19.O	Expense for external aids & appliances	<Yes/No>	
19.P	Compassionate visit	<Yes/No>	

Section 20 EMI Protection

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

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

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 PAYMENT DETAILS**

Cheque No/NEFT Ref No	Bank Name	Date	Amount (Including applicable taxes)

DECLARATION APPLICABLE TO ALL SECTIONS

- I/We, hereby declare that the statements and particulars given in this Proposal form are complete, true and accurate and I/We agree that the Insurance company will not be liable under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect /misleading /Fraudulent in any respect on any matter to the grant of a cover or submission of claim in future.
- I/We hereby agree to receive all monies due from the Company by way of refund of premium, claims etc. into my/our bank account / payment mode as specified in the instrument / electronic transaction tendered towards insurance premium and such electronic transfer will constitute full and final discharge of Company's obligation.
- I/We hereby declare that all statutory provisions relating to my / our business proposed for insurance are complied with.
- I/We further declare that I/we will notify in writing any change in the below details occurring after the proposal has been submitted but before communication of the risk acceptance by the Company and during the Risk Period:
 - Any business other than the Business as described in this Proposal, and/or
 - Any material change in the facts and matters stated in this Proposal, and/or
 - Any Change in the duties or terms of service of Employees from those described in this Proposal, and/or
 - Any Change in the precautions and checks for ensuring the accuracy of the Insured's accounts and stocks from those described in this Proposal.
- I/We authorize the Company to share information pertaining to my proposal for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.
- I/We hereby agree and undertake that I/we are agreeable not to receive the hard copy of the Policy and related documents Yes/No

DECLARATION APPLICABLE TO SECTION 18. HOSPITAL CASH COVER, SECTION 19. PERSONAL ACCIDENT AND SECTION 20.EMI PROTECTION

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."

Date: _____ Signature of the Proposer

Place: _____

Declaration from Person filling the form in case proposer is unable to sign or signs in vernacular:

I hereby certify that the contents of the proposal form and/or any other documents used towards solicitation have been fully explained to the Proposer and that he/ she/they have fully understood the said contents. I hereby confirm that the responses have been recorded to the best of my ability.

Date: _____
Place: _____
Name & Relationship with Proposer: _____ Signature (on behalf of the Proposer)

*** Indicates optional fields**

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 FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

Go Digit General Insurance Ltd, A Company incorporated under Indian Companies Act, 2013 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Reg No. 158, Corporate Identification Number U66010PN2016PLC167410, Reg. Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: www.godigit.com

ANNEXURE I

S.no.	Details of Insured Person and Cards
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	