

STANDARD FIRE & SPECIAL PERILS INSURANCE POLICY

Acceptance of this proposal is subject to the rates & regulations of Tariff Advisory Committee's All India Fire Tariff. (The property proposed for insurance is not covered until the proposal is accepted and premium paid).

| | | | | | | | | | | | | | | |
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| Quote No. | | | | | | | | | | | | | | |
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| Inward No. | | | | | | | | | | | | | | | | | | | | |
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| Receipt No. | | | | | | | | | | | | | | |
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| Receipt Date | D | D | M | M | Y | Y | Y | Y |
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|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------|
| Segment Type | <input type="checkbox"/> Corporate | <input type="checkbox"/> Retail | <input type="checkbox"/> SME | Business Sector | <input type="checkbox"/> Urban | <input type="checkbox"/> Rural | <input type="checkbox"/> Social |
| Business Type | <input type="checkbox"/> New | <input type="checkbox"/> Roll-over | <input type="checkbox"/> Renewal | Sales Channel Type | <input type="checkbox"/> Banca | <input type="checkbox"/> Agency | <input type="checkbox"/> Direct |
| Sales Channel Code | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | Specified Person's / Intermediary's Code* | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Specified Person's / Intermediary's Name* | <input type="text"/> | | | | | | |

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|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name of the Proposer | | |
| 2. Address of the Proposer | | |
| | | |
| | | Pincode |
| | | |
| 3. Paid up Capital of the Company | | |
| 4. Financial interests | 1. <div style="border: 1px solid black; height: 25px;"></div> 3. <div style="border: 1px solid black; height: 25px;"></div> 5. <div style="border: 1px solid black; height: 25px;"></div> 7. <div style="border: 1px solid black; height: 25px;"></div> | 2. <div style="border: 1px solid black; height: 25px;"></div> 4. <div style="border: 1px solid black; height: 25px;"></div> 6. <div style="border: 1px solid black; height: 25px;"></div> 8. <div style="border: 1px solid black; height: 25px;"></div> |
| 5. Coinsurance Details | | |
| 6. Location of risk to be covered | | |
| | | |
| | | Pincode |
| | | |
| 7. Period of Insurance | From <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">D</div> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">D</div> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">M</div> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">M</div> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">Y</div> </div> | To <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">D</div> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">D</div> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">M</div> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">M</div> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">Y</div> </div> |
| 8. Do you want to delete | | |
| a) Flood, Cyclone, group of perils | <div style="display: inline-block; text-align: left;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> | |
| b) Riot, Strike & Malicious damage | <div style="display: inline-block; text-align: left;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> | |
| 9. Do you want the Plinth & Foundation along with the building | <div style="display: inline-block; text-align: left;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> | |
| 10. Add-on covers required | | |
| - Architects Consulting & Engineers Fees (in excess of 3% claim amount) | <div style="display: inline-block; text-align: left;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> | |
| - Debris Removal (in excess of 1% claim amount) | <div style="display: inline-block; text-align: left;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> | |
| - Deterioration of Stocks in cold storage premises on account of accidental power failure due to damage at power station due to an insured peril | <div style="display: inline-block; text-align: left;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> | |

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- [illegible]

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- | Year | Premium in Rs. | Claims in Rs. |
|------|----------------|---------------|
| | | |
| | | |
| | | |
| | | |

14. The Insured Property is

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- ☐ Yes ☐ No

- [illegible]

1.Celluloid goods, 2.Coir Loose, 3.Crackers & Fire Works, 4.Explosives of any kind, 5.Hay/Straw, 6.Hemp, 7.Jute Loose, 8.Matches, 9.Methylated Spirit, 10.NitroCellulose Plastics, 11.Oils/Ether/Industrial Solvents and other inflammable liquids flashing at and below 32oC(Closed cup Test), 12.Paints with inflammable base having flash point below 320C(Closed Cup test)-Other than in sealed tins or drums, 13. Varnishes having a Flash point below 320C (Closed cup Test)-ither than in sealed tins or drums. 14. Disinfectant liquids and liquid insecticides-Other than in sealed tins or drums, 15.Vegetable fibres of any kind including Rayon fibre.

- [illegible]

- [illegible]

- [illegible]

- ☐ Trailer Pumps
- ☐ Hydrant System
- ☐ Fixed Water

☐ Yes ☐ No

- [illegible]

- | c) Age of Building | Less than 5 Years | 5-10 Years | 10-20 Years | Above 20 Years |
|--------------------|-------------------|------------|-------------|----------------|
|--------------------|-------------------|------------|-------------|----------------|

[illegible][illegible]

- [illegible]

3

C. On Floater Declaration Basis

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

Floater Declaration Basis

Tick ☐

Amount Rs.

[illegible]

Note: 1. Minimum Sum Insured is Rs.2 Crores

2. Stocks in process and stocks stored at Railway sidings are not covered.

D. Stocks stored in Open

Stocks in open (located outside the factory compound)

Locations

[illegible]

Amount Rs.

[illegible]

24. Total Sum Insured (as per relevant serial numbers shown against each)

| | Clause / Peril code | Risk Code | Rate Code | Rate | Sum Insured | Premium |
|---------------------------------------------------------------------------------------------------|---------------------|-----------|-----------|------|-------------|---------|
| Building wise values | | | | | | |
| Architects & Engineers fees | | | | | | |
| Debris Removal | | | | | | |
| Deterioration of stocks in cold storage premises on account of power failure due to insured peril | | | | | | |
| Forest fire | | | | | | |
| Impact damage due to Insured's own vehicle | | | | | | |
| Spontaneous Combustion | | | | | | |
| Omission to Insure additions | | | | | | |
| Alternation extension | | | | | | |
| Earthquake | | | | | | |
| Building-wise values | | | | | | |
| Stocks – Floater Basis | | | | | | |
| Stocks – Declaration Basis | | | | | | |
| Stocks – Floater Declaration Basis | | | | | | |
| Stocks – In open – outside factory compound | | | | | | |
| Grand Total | | | | | | |

PAYMENT DETAILS

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited"

(*Mandatory fields)

Cheque No/DD No.

| | | | | | |
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| | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|
| Amount | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Bank Name

Branch

Bank Account No.*

[illegible]

IFSC Code*

[illegible]

DECLARATION BY INSURED

I/We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and SBI General Insurance Company Limited.

If any additions/alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the Company immediately.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group (please strike this clause in case you do not wish to disclose the personal data).

Place:

Date:

| | | | | | | | |
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| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature of Proposer _____

SECTION 41 OF THE INSURANCE ACT, 1938

1. 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 or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this Section shall be liable for a penalty which may extend to Rs.10,000.00/-