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INDUSTRIAL ALL RISK INSURANCE POLICY

Proposal Form

The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Company and does not result in a concluded contract of insurance.

The liability of the Company does not commence until the proposal has been accepted by the Company and the premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company. If we do not accept this Proposal, we will $inform\,you\,and\,refund\,any\,payment\,received\,from\,you\,without\,interest.$

OFFICE DETAILS		
Name		Code
Branch		Code
Business Type Rural	Non-rural	Code
PROPOSER DETAILS		
1. Name M/s		
Contact Person Mr/Ms (in case of Corporate)		
3. Communication	Plot No/Door No.	Building Name
(Postal Address)	Road	Area
	City	Pincode
	District	State
4. Contact Nos.	Mobile	Office
	Residence	E-mail Id
5. Policy Period	From D D M M Y Y Y Y	To D D M M Y Y Y
FINANCIAL INSTITUTION	DETAILS	
	JE TAILS	
6. Name of Financier		
7. Address of Financier	Plot No/Door No.	Building Name
	Road	Area
	City	Pincode
	District	State
8. Name of Financier		
9. Address of Financier	Plot No/Door No.	Building Name
	Road	Area
	City	Pincode
	District	State

Hand Appliances & Hydrant System & Independent Sprinkler/Fixed Water Spray System

RISK DETAILS																	
10. Description of Business/																	
Business Activity																	
															T		
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RISK LOCATION DETAILS																	
11. Risk Location Address	Plot No/Door No.	Щ			B	Building	Name				_		_		Щ		
	Road	Ш				rea											
	City				P	incode											
	District					S	tate										
12. Risk Location Address	Plot No/Door No.					В	Building	Name									
	Road					Δ	rea										
	City					P	incode										
	District					S	tate										
CONSTRUCTION DETAILS				1													
13. Risk Location	Type of Construction			Superi	or	L	Stan	dard	_								
	Height of Building (in Me	res)															
	Number of Floors (ex Bas	Number of Floors (ex Basements)															
	Number of Basements																
	Age of Building																
14. Risk Location	Type of Construction	Type of Construction					Stan	dard									
	Height of Building (in Me	res)															
				1													
	Number of Floors (ex Bas	ements)															
	Number of Floors (ex Bas Number of Basements	ements)															
		ements)															
	Number of Basements Age of Building	ements)															
FIRE PROTECTION DETAI	Number of Basements Age of Building																
15.	Number of Basements Age of Building LS Risk	Location							Risk	Loca	atior	n 2					
15. Hand Appliances & Trailer	Number of Basements Age of Building LS Risk Pumps/Fire Engines								Risk	Loca	atior	n 2					
15. Hand Appliances & Trailer Hand Appliances & Hydrar	Number of Basements Age of Building LS Risk Pumps/Fire Engines Int System								Risk	Loca	ation	n 2					
15. Hand Appliances & Trailer	Number of Basements Age of Building LS Risk Pumps/Fire Engines Int System								Risk	Loca	ation	12					

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SECTION I - MATERIAL DAM	MAGE			
Particulars		Risk Lo	ocation	Remarks
	1		2	
Building				
Plant & Machinery				
Furniture& Fixture				
Piping				
Cabling				
Stock & Stock in process				
			1	
SECTION I - ADD ON COVE	RS			
Particulars			Risk Lo	ocation
			1	2
Architects, Surveyors & Consult	ting Engineers Fees			
Debris Removal				
Omission to Insure additions al	ternation extension			
Terrorism				
SECTION I - VOLUNTARY D	EDUCTIBLES			
 16. Do you want to opt for Volun If yes please choose the slab 5% of the claim amount subsections of the claim amount subsections of the claim amount subsections. 5% of the claim amount subsections. 	mention below Dject to minimum of Rs.10 Dject to minimum of Rs.15 Dject to minimum of Rs.20 Dject to minimum of Rs.25	Lakhs Lakhs		Yes No
SECTION II -BUSINESS INTE				
17. Amounts to be insured - Sect	tion II (Business Interruption	on)		
Particulars				Amount of Insurance
Gross Profit				
Auditors Fee				
Total Sum Insured				
SECTION II - VOLUNTARY D	EDUCTIBLES (BUSINES:	INTERR	UPTION)	
18. Do you want to opt for Volun If yes please choose the slab				Yes No
- 7 days Gross Profit subject t	to minimum of Rs.10 Lakl	าร		
- 14 days Gross Profit subject	to minimum of Rs.15 La	khs		
- 21 days Gross Profit subject	to minimum of Rs.20 La	khs		
- 28 days Gross Profit subject	to minimum of Rs.25 La	khs		
- 35 days Gross Profit subject	to minimum of Rs.25 La	khs		

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19. Do you want to extend Secti	on II (Bus	iness Int	erruptio	on) to M	1achi	nery Lo	oss of	Profit	s?				Yes				N	0						
Please specify the Indemnity	Period in	Month															М	onth	ıs					
Time Excess	7 d	ays] 14 d	ays	2	1 days		28 (days		45	5 days	; [6	60 dc	ıys								
In case of Machinery Loss o	f Profits, p	olease gi	ve deta	ils for C	ritica	ıl Mach	ines c	as per	form	at b	elow	,												
Description of Critical Machine	Relati Impoi	Reserve Capacity			Spare Availa		Number of Shifts				Age					ign hine	ry Y	/N	Remarks					
CLAIMS EXPEDIENCE DET	ш.с.																							
CLAIMS EXPERIENCE DETA 20. Please give premium and cl		ils for la	st 3 nol	icy perio	nds																			
Policy Period	ims deta	113 101 10.	St 3 poi	ley pene	Jus] ,	Dror	mium	n Paid					Τ							
Incurred Claim								$\frac{\perp}{\Gamma}$]		ure o				+		 							
(Paid + outstanding)]		m/sec													
Policy Period										Prer	nium	Paid												
Incurred Claim (Paid + outstanding)											ure o													
Policy Period]	Prer	nium	Paid												
Incurred Claim											ure o													
(Paid + outstanding)									(claii	n/sed	ction												
PREMIUM PAYMENT DETA	LS																							
21. Kindly Select	Che	eque	D	D / PO		Cash	า																	
Cheque / DD / PO No.] [Date	ed	D D	M	Ν	Y	Υ	Υ	Υ						
Bank Name																								
Premium Amount																								
In words																								
DECLARATION																								
I/We hereby declare that the sta It is hereby understood and agre and that if, after the insurance is shall have no liability under this	ed that the effected,	ne stater , it is fou	nents, o	inswers	and	particu	lars p	rovid	ed he	rein	abov	e are	the b	oasi	on	whic	ch th	is ins	sura	nce i	s be	ing g	gran	ted
I/We agree and undertake to co submission of this proposal form		31 Gener	al Insur	ance C	ompo	any Lim	ited o	any ao	dditior	ns/a	ltera	tions (carrie	ed o	ut in	the	risk	prop	osed	d for	insu	ranc	e af	ter
Place:				Date:	D	D M	M	Y	Υ	Υ		S	ignat	ture	of P	ropo	oser							

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 punishable with fine which may extend to Rs.500/-