## INDUSTRIAL ALL RISK PROPOSAL FORM



Note: All questions are compulsory. Please fill up using BLOCK LETTERS.

	Insura	nce		Fro	om	D	D	M	М	Υ	Υ	Y	١		То	D	D	М	М	Υ	Υ	Υ	١
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				which provides a high degree of						comb ture	ustibl	stible in		construction features that			walls, roof and floors						
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	Sr. no	Sr. no. Particulars Amount of Insurance													
	1	Gross Profi													
	3	Auditor's F Total Sum			-										
	_	specify the Ind		in Months	П										
L2.	2. Do you wish to opt for Voluntary deductibles- Section II? □ YES □NO In case of Yes please select the slab mentioned below: 1. 14 days Gross Profit subject to minimum of Rs.15 lakhs □														
		21 days Gross 28 days Gross													
		35 days Gross													
	Do you In case	wish to extend of Yes please f	Section II (Built is in the details	usiness Inter mentioned b	rrupti elow	on) to	— Machinery I			INO					
	Please specify the Indemnity Period in Months - Machinery Loss of Profits ☐☐ months  Time Excess: ☐ 14 days ☐ 21 days ☐ 28 days ☐ 45 days ☐ 60 days														
	iime E	xcess: 🔲 14 day	s 🗆 21 days	∐ 28 days [	_ 45 C	uays _	ou days								
	In case	of Machinery L	oss of Profits,	please give	detai	ls for C	ritical Mach	ines as p	er the format b	elow					
	Sr. No.	Description Critical Machinery	Relative Importance (%)	Reserve Capacity (Yes/No)	-		No. of Shifts	Age	Foreign Machinery (Yes/No)	Remarks					
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	Dotoilo	of Claims Evas	rianaa												
L <b>4</b> .		of Claims Expe		ils for last 3	policy	v perio	ds								
	Please give premium and claim details for last 3 policy periods  Policy Period Premium Paid Incurred Claim Amount (Paid + Outstanding)  Nature of Claim/Sect (Paid + Outstanding)														
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<u></u>			<b>'</b>		· ·										
	I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD  I/ We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/ our income OR  I/ We hereby declare that the premium is paid from the Bank Account of Mr. /Ms														
	□High No	are (please tick all et Worth Individual, tor/s □Producer/s			olitically	/ Exposed	d Person/s □J	eweller/s [	⊒Non Governmenta	l Organization					
	Premiur	nt details: n paid by Cash/ C t (Rs.)				Date:	DD/MM/YY	Bank							
	PAN			(if premium p	ayable	e is abov	ve Rs.1 lac (P	lease atta	ch proof)						
	Place: _		Date:	Prop	oser's	Signatu	ıre:								
۱7.	For Int	ermediary Use	Only												
	Interm	nediary's Code: _ nediary's Signatur				Intern	nediary's Nar	me:							

11. Details of Sum Insured for Section II- Business Interruption

## SECTION 41. OF INSURANCE ACT, 1938-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 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. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.

**Future Generali India Insurance Company Limited**