



**Proposal Form
(Industrial All Risk Policy)**

Annexure IV

INTERMEDIARY DETAILS

Branch Code Employee Code Intermediary Code

PROPOSER'S DETAILS

I. a) Proposer's Full Name: _____
 b) Correspondence Address: _____
 Pin. Code: _____ Phone No: _____ Mobile: _____ Email ID: _____
 c) Risk Location Address (attach list): _____
 Pin. Code: _____ Phone No: _____ Mobile: _____ Email ID: _____
 c) Nature of Trade or Business: _____
 d) Occupancy Details: _____

RISK DETAILS

CONSTRUCTION a) Walls b) Roof c) Frame Standard of Construction: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/>	OCCUPANCY: Is the Building Part of Modern Business/ Industrial Park? YES <input type="checkbox"/> No <input type="checkbox"/> If yes, give details of Surrounding occupancies and distance? _____ Occupancy of Premise: _____ _____ _____	Fire Safety Arrangement: FEA INSTALLATIONS: Extinguishers <input type="checkbox"/> Hose Reels <input type="checkbox"/> Hydrants <input type="checkbox"/> Sprinklers <input type="checkbox"/> Distance of Nearest Fire Brigade: Less than 2 Km <input type="checkbox"/> 2-5 KMS <input type="checkbox"/> 5-10 Km <input type="checkbox"/> Above 10 Km <input type="checkbox"/>	Other Details: Smoke Detectors Installations: YES <input type="checkbox"/> NO <input type="checkbox"/> Previous flooding History at site YES <input type="checkbox"/> NO <input type="checkbox"/> Are insured the sole occupant? YES <input type="checkbox"/> NO <input type="checkbox"/> If not, give details _____ _____ _____
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Are the premises occupied by insured at night? YES <input type="checkbox"/> NO <input type="checkbox"/> Do watchmen or safety guards guard the premises? Is this for 24 Hours? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, by how many and during what time? _____ Will the premises at any time be left un-occupied? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, how often and how long? _____ _____	Is the premises fitted with alarm? YES <input type="checkbox"/> NO <input type="checkbox"/> Are all valuables secured in safe (s) outside business hours? YES <input type="checkbox"/> NO <input type="checkbox"/> How many keys are there to the safe (s) & with whom are they kept? _____ Are Stock & Sales Book maintained? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, how frequently? _____
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COVERAGE DETAILS

**SUM INSURED DESCRIPTION: Section I: Material Damage
a) Fire & Special Perils**

Sum Insured Description	Amount (in Rupees)	Sections Covered	Under	Which

a. Building		
b. Plinth & Foundation		
c. Lease hold Improvements		
d. Furniture, Fixtures, Fittings & Interiors		
e. Plant Machinery & Equipments		
f. Stock and Stock in process		
g. Electronic Equipments		
h. Portable Equipments		

b) Burglary

Do you require theft extension?

YES

☐

NO

☐

c) Machinery Breakdown:

Yes

☐

No

☐

d) Boiler Pressure Plant

Yes

☐

No

☐

e) Electronic Equipment Insurance

Yes

☐

No

☐

f) Portable Equipment Insurance

Yes

☐

No

☐

Please attach the following details for Machinery Breakdown, Boiler Pressure Plant & Electronic Equipments & Portable Equipments:

Sl. No.	Type of Equipment	Make	Model	Serial No.	Value (in Rs.)

(Please attach separate sheet for additional information)

1) Do you have the valid Annual Maintenance Contract for the Machinery to be insured above?

Yes

☐

No

☐

If yes please provide the copy of the same

2) State which machineries form the most critical part of the manufacturing process? _____

3) State at which stage of manufacturing does these machine are used.

4) Total Value of the total turnover which is affected by the damage of these machines? _____

Section II: Business Interruption

a) Fire Loss of Profit

1) Give description of the manufacturing process and utility supplies such as power, steam, air, water etc. required for production. _____

2) Are there any alternative means of maintaining production by -

- i) the work being done at other premises ? Yes ☐ No ☐
If yes, to what extent _____
- ii) hiring temporarily suitable replacement machine Yes ☐ No ☐
- iii) by any other means Yes ☐ No ☐ ☐

3) What are your normal working hours?

- a) _____ Hrs. per day
- b) _____ Days per week.
- c) _____ Days per year.
- d) Can extra shifts be worked to make up production loss? Yes ☐ No ☐

4) If the business is 'Seasonal' indicate the period of high and low output or turnover and indicate the degree of fluctuation. State if there is a tendency of fluctuations due to demands. _____

5) State what terms are required for Loss of Profits insurance with regard to -

- a) Indemnity period (max.12 months) _____
- b) Time Exclusion (Min.7 working days) 7 days ☐ 14 days ☐ 28 days ☐

6) INSURED STANDING CHARGES - Please indicate charges to be insured - delete or supplement as appropriate -

Description of Overheads	Amount in (INR)
a) Interest on Debentures Motor Upkeep and Licenses:	
b) Mortgages, Loans and Lighting, Heating Power and Bank Overdrafts:	
c) Water Charges	
d) Directors' Fees and Office Expenses:	
e) Remuneration	
f) Rents and Rates	
g) Salaries including State Insurance Contribution	
h) Taxes other than those chargeable on Profits	
i) Insurance Premiums	
j) Contributions to Pension Fund	
k) Telephone Rentals	
l) Miscellaneous Charges	
m) Traveling Expenses	
n) Advertising Cost	
o) Auditors' and Legal Fees	
p) Trade and Charitable Subscriptions	
q) Repairs and renewals chargeable to revenue account	
r) Depreciations of Buildings/ Machinery Plant and Motor Vehicle	

7) State the Sum Insured on -

- a) Gross Profit under the Loss of profits Policy? Rs. _____
- b) On Wages (Alternative forms of cover available)
- i) _____ Weeks wages to the extent of _____ % of the total wage roll OR Rs. _____
- ii) Wages to the extent of _____ % of the total wages for roll. OR Rs. _____

iii) Total wages for the first ____ weeks followed by ____ % for the remainder of the Indemnity Period OR Rs. _____

C) On Auditors/Accountants Fees - (cost incurred in the preparation of claims.) Rs. _____

8) Are your books regularly audited? Yes ☐ No ☐

a) If yes, provide name & address of your auditors _____

b) When does your financial year end? _____

c) Date of commencement of Insurance? From _____ to _____

9) Do you wish to cover the goods lying at the supplier's premises? Yes ☐ No ☐

10) If yes, state the amount to be covered _____

11) Do you wish to extend the cover loss due to accidental failure of public electricity/gas/water supply?

Yes ☐ No ☐

If yes indemnity Period for Extension to cover loss due to accidental failure of public electricity/gas/water supply?

(Maximum 60 days) _____

b) Machinery Loss of Profit

1) Do you wish to cover Machinery Loss of Profit? Yes ☐ No ☐

2) Do you wish to cover the risk of loss of profit arising out of explosion of Boiler Pressure Plant?

Yes ☐ No ☐

If Yes, please provide a separate proposal form for Machinery Loss of Profit

Annexure:

- Please attach a process flow diagram showing connected machinery and indicate bottlenecks or buffer stocks if any
- Please attach separate line diagram for utility supplies such as power, steam, air and water showing interconnected machinery.

DETAILS OF VOLUNTARY EXCESS

1) Do you wish to opt for higher excess? Yes ☐ No ☐

If yes give details:

a) Material Damage

Deductible	Option to be chosen (please tick)
5% of the claim amount subject to minimum of Rs. 10 lakhs	<input type="checkbox"/>
5% of the claim amount subject to minimum of Rs.15 lakhs	<input type="checkbox"/>
5% of the claim amount subject to minimum of Rs. 20 lakhs	<input type="checkbox"/>
5% of the claim amount subject to minimum of Rs. 25 lakhs	<input type="checkbox"/>



b) Business Interruption

Deductible	Option to be chosen (please tick)
7 days Gross Profit subject to minimum of Rs.10 lakhs	
14 days Gross Profit subject to minimum of Rs. 15 lakhs	
21 days Gross Profit subject to minimum of Rs. 20 lakhs	
28 days Gross Profit subject to minimum of Rs. 25 lakhs	
35 days Gross Profit subject to minimum of Rs. 30 lakhs	

CLAIM DETAILS & PAST INSURANCE DETAILS

Year	Premium Paid	Total Claims

Details of Claim _____

PAST INSURANCE DETAILS

- a) Name of the Company _____
- b) Policy Type _____
- c) Period of Insurance
FROM _____ TO _____

Has any Company in respect of any Policy:

- a) Declined your proposal
YES ☐ NO ☐
- b) Cancelled or refused to renew your proposal?
YES ☐ NO ☐
- c) Accepted your proposal on special terms & conditions?
YES ☐ NO ☐

PAYMENT DETAILS

Cheque ☐ DD ☐ Cash ☐ Pay - Order ☐ Any Other (Please Specify) ☐ _____

Amount (Rs.) _____ /- Amount in Words (Rupees _____)

Bank Name _____ Cheque/DD Date _____

DECLARATION BY PROPOSER

I/We hereby declare that the particulars contained herein are true and correct and that no material fact has been withheld, misstated or misrepresented and also that this proposal forming part of the company's standard policy shall be basis of contract between me/us and the insurance company. I/We further declare that the sum insured herein represent the full value of the property described herein. I/We further hereby declare that the proposed assets are bought out of legal funds and I / We have an insurable interest in the assets to be insured.

PLACE

DATE

Signature of Proposer



Section 41 of Insurance Act 1938

PROHIBITION OF REBATES –

- 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 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 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 provision of this Section shall be punishable with fine, which may extend to five hundred rupees.

Note: For Premium in excess of of Rs. 1 Lac, the self attested copy of PAN Card and address proof duly certified by an authorised person of Shriram General Insurance Co. Ltd. is attached herewith.