



SHOPKEEPER'S INSURANCE PROPOSAL FORM CUM SCHEDULE

ADDRESS OF THE POLICY  
ISSUING OFFICE

ATTACHED TO & FORMING PART OF  
POLICY No.

Agency :  
INSURED :

1. Name of proposer in full :
2. Full business (Shop) Address :
3. Nature of Business / Trade :

Period of insurance :  
From :  
To :

Section No.	Description of Property				Sum Insured	Rate per mille	Premium
I FIRE & ALLIED PERILS	A. BUILDING (OF CLASS A CONSTRUCTION ONLY) SHOP OWNED BY INSURED SOLELY OCCUPIED / PARTIALLY OCCUPIED				Rs.	2.25	
	B. CONTENTS : (Excluding money/ valuables)				Rs.	2.25	
	1. Furniture, Fixtures, fittings – Rs. 2. Stock in trade consisting of						
	NOTE : Total sum insured under items A & B above should not exceed Rs. 1,00,00,000/-						
II BURGLARY & HOUSE BREAK ING	CONTENTS : All contents in Shop Premises stated at the address above				Rs.	2.50	
	NOTE : Insurance on contents should be for value equivalent to the value mentioned under item (B) above.						
III MONEY INSUR ANCE	A. In transit (not exceeding Rs. 1,00,000/- per any one carrying)				Rs.	2.50	
	B. In safe (2% of the sum insured under Section-I or Rs. 1,00,000/- whichever is less)				Rs.	2.50	
	C. In till / counter (1% of the sum insured under section – I or Rs. 50,000/- whichever is less)				Rs.	2.50	
IV PEDAL CYCLES	Make&Name of Manufacturer	Year of Mfr.	Frame No.	Accessories attached if any	Rs.	20.00	
V PLATE GLASS	DESCRIPTION OF PLATE GLASS INCLUDING DIMENSION  (10% of the sum insured under Section - I or Rs. 5, 00,000/- which ever is less)				Rs.	10.00	

<b>VI NEON &amp; GLOW SIGNS (INCL. THEFT OF THE WHOLE SIGN)</b>	<b>Description</b>	<b>Year of Mfr.</b>	<b>Price Paid</b>	<b>Mfd. By</b>	<b>Rs.</b>	<b>10.00</b>	
	(2% of the sum insured under Section – I or Rs. 2,00,000/- whichever is less)						
<b>VII BAGGAGE INSURANCE</b>	Carrying trade samples and /or personal effects of insured / Partner  (2% of the S. I. Under Section - I or Rs. 20,000/- whichever is less)				<b>Rs.</b>	<b>7.50</b>	
<b>VIII PERSONAL ACCIDENT</b>	(Age Group between 12-70)						<b>Rs.</b>
	<b>1.</b>	<b>Age</b>	<b>Details of Existing Infirmary Disability</b>	<b>Occu pation</b>	<b>Table of Benefit opted</b>	<b>Name of Assignee</b>	
	<b>NOTE :</b> 1. For Table of Benefit see attached information sheet. 2. For assignment of benefit in case of death (Please see below) 3. Do you require cover for Medical expenses due to accident. (Premium loading @ 20% ) <b>Yes / No</b>						
<b>IX FIDELITY GUARA NTEE</b>	(Excluding Salesmen & commission Agents)						
	<b>Name</b>	<b>Desig- nation</b>	<b>Salary (p.m)</b>	<b>Amount of Guarantee</b>	<b>Rs.</b>	<b>10.00</b>	<b>Rs.</b>
	<b>1.</b>						
	<b>2.</b>						
	(10% of the sum insured under Section I or Rs.10,00,000/-- whichever is less).						
<b>X PUBLIC LIABILITY</b>	A) Public Liability (5% of the sum insured under or Rs. 5,00,000/- whichever is less)					<b>Rs.</b>	
	B) Workmen's Compensation Liability	<b>Name of Employee</b>	<b>Nature of Work</b>	<b>Monthly Wages</b>	<b>Rs.</b>	<b>0.50 as per tariff</b>	<b>Rs.</b>
<b>XI BUSINESS INTERR- UPTION</b>	Loss of profits due to operation of perils mentioned under Section-I of the policy and subject to admissibility of Claim under Section-I.  (Sum Insured should not exceed the gross annual profit)				<b>Rs.</b>	<b>Rs. 2.81 (i. e 1.25 times of fire rate)</b>	<b>Rs.</b>

# **TABLE OF BENEFITS UNDER SECTION NO. VII - PERSONAL ACCIDENT**

Benefit No.	Description				
1.	Death only _____ 100% of CSI	Table - I			
2.	Loss of Two Limbs, Two Eyes of One Limb and One Eye _____ 100% of CSI.				
3.	Loss of One Limb or One Eye _____ 50% of CSI.				
4.	Permanent Total disablement from injuries other than named above (P.T.D.) _____ 100% of CSI.	Table - II			
5.	Permanent Partial Disablement _____ % age as per schedule of the policy.		Table - III		
6.	Temporary total Disablement (T.T.D) @ 1% of CSI up to _____ 100 Weeks (maximum weekly benefit not exceeding Rs. 3,000/-)			Table - IV	

		Risk Gr. I	Risk Gr. 2	Risk Gr. 3
Table - I	- Benefit No. 1	0.45	0.60	0.90
Table - II	- Benefit No. 1 to 4	0.65	0.90	1.30
Table - III	- Benefit No. 1 to 5	0.95	1.25	1.75
Table - IV	- Benefit No. 1 to 6	1.50	2.00	3.00

**RISK GROUP I :** Accountants, Doctors, Lawyers, Architects, consulting Engineers, Teachers, Bankers, Person engaged in Administrative functions, Person primarily engaged in occupations of similar hazard.

**RISK GROUP II :** Builders, Contractors and Engineers engaged in superintending functions only, Veterinary doctors, Paid Drivers of Motor cars and Light Motor Vehicles and persons engaged in occupation of similar hazard and not engaged in manual labour.

**RISK GROUP III :** All persons engaged in Manual Labour (except those falling under Group III) Cash Carrying employees, Garage and Motor mechanics, Machine Operators, Drivers of truck or Lorries and other Heavy vehicles, Professional athletes and Sportsmen, wood working machines and persons engaged in occupation of similar hazard.

**RISK GROUP III :** Persons working in underground mines, explosives, magazines, workers involved in electrical installation with high tension supply. Hockeys, Circus personnel, persons engaged in activities like racing on wheels or horseback, big game, hunting, Mountaineering, winter sports, skiing, ice hockey, ballooning, hand gliding, river rafting polo and persons engaged in occupations/activities of similar hazard.

## **Additional Covers :**

- Medical Expenses :** (arising out of an accident), up to 10% of the capital sum insured or 50% of the admissible claim whichever is lower, at additional premium of 20%

	TOTAL PREMIUM	Rs.
LESS : Discount for covering more than 4/6 Section (other than I, XB and XI)	%	Rs.
Add Premium @ Rs. 0.30% 0 for Terrorism Cover on Sec-I and Section XI sum insured		Rs.
NET PREMIUM		Rs.
Add : Service tax 8%		Rs.

NOTE : The liability of the company does not commence until the proposal has been accepted by the Company and the full premium paid.

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 CUM SCHEDULE FORMING PART OR THE COMPANY'S STANDARD POLICY SHALL BE THE BASIS OF CONTRACT BETWEEN ME/US AND THE INSURANCE COMPANY. I FURTHER DECLARE THAT THE SUM INSURED HEREIN REPRESENTS THE FULL VALUE OF THE PROPERTY DESCRIBED HEREIN.

Place :  
Date : Signature of Proposer

**ASSIGNMENT CLAUSE FOR PERSONAL ACCIDENT INSURANCE - SECTION VIII**

I \_\_\_\_\_ do hereby assign the moneys payable in the event of my death by the **United India Insurance Co. Ltd.** to \_\_\_\_\_ (relation to the insured) and further declare that this receipt shall be sufficient discharge to the Company.  
Dated this \_\_\_\_\_ day of \_\_\_\_\_ 200

**Witness :**  
1. Name  
2. Address  
Signature of Proposer

**(TO BE COMPLETED BY INSURANCE COMPANY)**  
SPECIAL CONDITIONS : INSURANCE COVER HEREIN APPLIES TO SECTION NOS. \_\_\_\_\_  
ABOVE  
IN WITNESS WHEREOF SIGNED BY & ON BEHALF OF THE COMPANY  
OFFICE ADDRESS :  
For **UNITED INDIA INSURANCE COMPANY LTD.**

DATE : Authorised Signatory