

Sl. No.	Address	Pin code	Occupancy	Age of unit	Floor*

***Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H)**

10. Business of Proposer:

11. Coverage Proposed: (Please tick the relevant sections you require)

Section – I: Fire and Allied Perils - Details about business covered at the insured location

1.	Details of insured property	Please tick in the space below:
a.	Offices, Shops, Hotels, etc	Yes / No
b.	Industrial / Manufacturing risks	Yes / No
c.	Storage outside Industrial/ Manufacturing risks	Yes / No
d.	Tanks / Gas holders outside Industrial/ Manufacturing risks.	Yes / No
e.	Utilities located outside Industrial/Manufacturing risks.	Yes / No
f.	Boundary wall	Yes / No
g.	Basement storage	Yes / No
		If, yes value stored SI: ₹.....
h.	Others (please specify)	
2.	If used as warehouse / go down (not located in a manufacturing unit), please give the list of goods stored.	
3.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)	
4.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	

5.	Fire Protection devices installed	Please tick the correct answer in the box below.																				
		<input type="checkbox"/> Portable Extinguishers <input type="checkbox"/> Small bore hose reels <input type="checkbox"/> Trailer Pumps/Fire engines <input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fixed Water Spray System <input type="checkbox"/> Foam System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Gas Flooding System <input type="checkbox"/> Others, please specify below.																				
6.	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force																					
7.	Construction details																					
a.	Please state material used	Please tick the correct answer in the box.																				
i.	Walls	Kutcha / Pucca																				
ii.	Floor	Kutcha / Pucca																				
iii.	Roof	Kutcha / Pucca																				
	Note: <i>Kutcha: Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction.</i> <i>Pucca: Buildings other than Kutcha are treated as Pucca constructions</i>																					
b.	Number of Floors																					
c.	Age of the Building	<table border="1"> <tr> <td>Less than 5 Years</td><td></td></tr> <tr> <td>5-10 Years</td><td></td></tr> <tr> <td>10-20 Years</td><td></td></tr> <tr> <td>Above 20 Years</td><td></td></tr> </table>			Less than 5 Years		5-10 Years		10-20 Years		Above 20 Years											
Less than 5 Years																						
5-10 Years																						
10-20 Years																						
Above 20 Years																						
8.	Distance between the risk to be covered and nearest Fire Brigade																					
9.	Premium / Claim details for the past 36 Months for Fire and Allied perils Section excluding the expiring policy period	<table border="1"> <tr> <th>Year</th><th>Premium (Rs.)</th><th>Claim(Rs.)</th></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr> <td>Total</td><td>Rs.</td><td>Rs.</td></tr> </table>	Year	Premium (Rs.)	Claim(Rs.)													Total	Rs.	Rs.		
Year	Premium (Rs.)	Claim(Rs.)																				
Total	Rs.	Rs.																				

Sum Insured and Other details of Insured Property (Indicate Sum Insured on the following basis:

— For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents:

Reinstatement Value;

— For raw material: **Landed Cost;**

— For stock in process: **Input cost;**

— For finished stock: **Manufacturing cost** of the finished stock or the **Contract Price*** of goods sold but not delivered, as applicable.

* **Contract Price** is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

12.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total

Details for in-built cover for Floater

13.	Floater Cover (for stocks at various locations)		
		Location (Postal Address with Pin code)	Sum Insured(in ₹)
		Maximum value at any one location: ₹..... Whether stocks stored in open: Yes/No	

Standard Add-On

Do You want to opt for Declaration Policy? -- Yes/No (strike off what is not applicable). If Yes, give details below:

14.	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹):
-----	--

Details of additional covers (add-ons) offered with the policy:

Sr. No.	Add On Covers Name	Yes / No
1	Additional Custom Duty (UIN: IRDAN132RP0001V01202122/A0001V01202223)	
2	Claim Preparation Costs (UIN: IRDAN132RP0001V01202122/A0002V01202223)	
3	Escalation (UIN: IRDAN132RP0001V01202122/A0003V01202223)	
4	Involuntary Betterment (UIN: IRDAN132RP0001V01202122/A0004V01202223)	
5	Deterioration Of Stocks In Cold Storage Premises (UIN: IRDAN132RP0001V01202122/A0005V01202223)	
6	Insurance Of Additional Expenses Of Rent For An Alternative Accommodation (UIN: IRDAN132RP0001V01202122/A0006V01202223)	
7	Loss Of Rent Clause (UIN: IRDAN132RP0001V01202122/A0007V01202223)	

Section II: Fire Loss of Profit

Tick	Description	Sum Insured in Rs.
<input type="checkbox"/>	Net Profit	
<input type="checkbox"/>	Standing Charges or Fixed Charges	
<input type="checkbox"/>	Wages- if required separately	
Gross Profit (TOTAL)		

a. Critical Equipment's & their Lead time:

Please mention the type of Process : ☐Continuous / ☐Non-Continuous

b. Please select Extension/s that you wish to opt

<input type="checkbox"/>	Description	Sum Insured in Rs.
	Auditor Fees	
	Customers Premises _____ No. Dependence _____ %	
	Suppliers Premises _____ No. Dependence _____ %	
	Loss due to accidental failure of public electricity/gas/water supply	

Section III: Burglary

Please provide a description of all valuables in the insured premises, excluding jewellery, electronic equipment, Television, domestic appliance and the like which can be insured in the respective covers under the Policy. *(Please attach separate sheet, if required)*

Description	Sum Insured

a. Please specify if Watch & ward facility is available for 24 hours. ☐ YES ☐ NO

b. Please provide details of any other security facilities available at the premises.

c. Do you wish to avail cover on first loss basis? ☐ YES ☐ NO

If YES, please specify the % of First Loss basis

(Min25%): _____

d. Please mention the First Loss Sum insured:

Section – IV : Machinery Breakdown:

Please provide in respect of all Machineries which you wish to insure, the following information:
(Please add separate sheet, if required)

Description	Type of item along with serial number	Year of manufacture	Reinstatement Value (Rs)

Section – V : Electronic Equipment

Please provide in respect of all the Electronic Equipment's that you wish to insure the following:
(Please attach separate sheet if required)

Note: We will not provide insurance cover in respect of Electronic equipment's, which are more than Ten years old from the year of manufacture of such equipment's.

Description	Type of item along with serial number	Year of manufacture	Reinstatement Value (Rs)

a. Is a valid maintenance contract in force for the items insured above?

YES ☒ NO ☐

If YES, please enclose a copy of the same.

b. Do you wish to include External Data Media and/or Increased Cost of working covers?

☐ YES ☐ NO If YES, please fill a separate EEI proposal form.

Section – VI: All Risks

Description	Make	Sr. No.	Year of manufacture	Sum insured Rs.

Section – VII: Accident Suraksha

Note:

1. Please restrict the sum assured under this cover to 60 times monthly income
2. Sum assured for non-working spouse and children above 18 years is restricted to Rs.1,00,000 and for children below 18 years is restricted to Rs.50,000
3. You should note that the Cover under Temporary Disability Benefits and Hospital Confinement Allowance are not available for dependent Children.

Please provide following information for each of the insured members:

Name of the insured person	Date of Birth	Occupation	Relationship with Proposer	Details of existing infirmity or disability	Name of Nominee	Relationship with the Insured

Section VIII: Liability

A. Tenant Liability:

Please specify the Limit of Indemnity required for Tenant Liability:

Rs. _____

(Limit for both Any One Accident and Any One Year shall be the same. Maximum limit is Rs.10,00,000/-)

B. Workers Compensation:

Please specify the following:

- i. Number of employees to be insured:

- ii. Job description:

- iii. Annual wages for each category of employees:

Please attach separate sheet if required.

C. Public Liability:

Please specify the following:

- i. Annual turnover:

- ii. Type of industry:

- iii. Nature of work:

- iv. Limits required (AOA: AOY):

- v. Expiring policy details:

Section IX: Baggage

Please provide details in relation to accompanied baggage, clothing, personal effects, medicines and all other articles that are generally carried during the period of travel anywhere within India, including a break-up of the value of such articles and a total value of all these articles combined as well

Description of item	Value (Rs)
Total	

Section X: Plate Glass

Please provide a description of the Plate Glass which you wish to insure and its value

Description	Size	Value in Rs.

Section – XI: Money Insurance

Please specify the following:

Description	Sum Insured in Rs.
Money in Transit (Annual Turnover)	
Money at Counter	
Money in safe	
Per Carrying Limit	

Location for Money in safe:

From where to where:

Mode of Transport:

Section – XII: Fidelity Guarantee

Please note only Permanent employees are covered. Attach separate list of No of employees to be covered, their names & designation.

Any One Person Limit:

Any one-Accident Limit:

Any one Year Limit:

Expiring policy details:

Section XIII: Pedal Cycle

Please provide in respect of all pedal cycles that you wish to insure, the following information:
(Maximum Sum insured is restricted to Rs.5000/-)

Name of the manufacturer	Year of production	Frame no.	Value including accessories (Rs)
Total			

Section – XIV: Neon Sign / Glow Sign

Please provide the details as follows:

Location/Height	Size	Type/Age	Value (Rs)

8.	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)	
9.	Whether Insurance was declined by any other Company (Give details)	

10. Premium/Claim Details: (past 36 months excluding the expiring policy period)

Section	Covers	Year	Premium in Rs.	Claim Details in Rs.
Section – I	Fire and Allied Perils			
Section – II	Fire Loss of Profit			
Section – III	Burglary			
Section – IV	Machinery Breakdown			
Section – V	Electronic Equipment			
Section – VI	All Risks			
Section – VII	Accident Suraksha			
Section – VIII	Liability			
Section – IX	Baggage			
Section – X	Plate Glass			
Section – XI	Money Insurance			
Section – XII	Fidelity Guarantee			
Section – XIII	Pedal Cycles			
Section – XIV	Neon Sign / Glow Sign			
Total				

PREMIUM DETAILS

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	

GSTIN (If more than one GSTIN, kindly attach an annexure with details)	
--	--

Note: Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

The company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the Customer, or persons associated with him/her, found to be named in any recognized blacklist.

Bank details of proposer for refund or claim purpose:

Name of bank account holder (*mention specifically, if different from name of policyholder*):

Bank Name & Branch:

Bank Account Number:

IFS Code:

NOMINEE DETAILS

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number:

E-Mail ID:

Address of Nominee:

Present address:

Permanent address: (*if left blank, will be construed as being same as Present Address*)

Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:

Bank Account Number:

IFS Code:

Authorized person details (in case nominee is a minor):

DECLARATION BY PROPOSER

- i. 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 GENERALI CENTRAL INSURANCE CO. LTD. (GCICL).

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same shall be conveyed to GCICL immediately, in writing.

- ii. I/We understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.

- iii. I/We declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our/proposer's income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002, and rules framed thereunder. I/We understand that GCICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We/Proposer am/are found to be named in any recognized sanctions list/happen to have violated any provisions of law.

OR

I/We confirm that the premium payment has been made by _____, who is having an insurable interest in my/our/proposer's policy under this application form. In case of any refund, please process the same in proposer's bank account mentioned above.

- iv. I/We am/are (please tick all that are applicable)

- | | |
|---|--|
| <input type="checkbox"/> High Net Worth Individual/s | <input type="checkbox"/> Non-Residential Indian/s |
| <input type="checkbox"/> Politically Exposed Person/s | <input type="checkbox"/> Non-Governmental Organization |

- v. I/We agree to receive service-related information from GCICL and its service providers, from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me/us.
- vi. I/We am/are aware and agree that the information/data provided by me/us, through this application, to GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my/our/proposer's relationship with GCICL, and used for the purposes relating to my/our/proposer's proposal for insurance cover and/or servicing policies issued in my/our/proposer's favour, whether by GCICL or its authorized partners. I/We/Proposer also understand that the said storage is necessary for my/our/proposer's consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I/We/Proposer consent to the fact that GCICL may download my/our/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/our/proposer's KYC records as part of this proposal. I/We/Proposer understand(s) that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I/We/Proposer, also, consent to receive information from the Central KYC Records Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Records Registry are current and valid, as on the date of this proposal, and can be used by GCICL hereafter. In case of any modification, the applicable information will be provided to GCICL for updating the CKYC Registry Records.
- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/>

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box. ☐

Date:

Place:

Signature of the Proposer(s)
(Affix stamp, where proposer is a juridical person)

FOR INTERMEDIARY USE ONLY

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF: _____

Intermediary's Code: _____

Intermediary's Signature: _____

ANTI MONEY LAUNDERING

GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist GCICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

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 liable for a penalty which may extend to Ten Lakh Rupees.

*****END*****

Annexure (Addendum) attached to and forming a part of Proposal Form of ('BUSINESS SURAKSHA-SOOKSHMA')

QUESTIONNAIRE

Sr. No	Details	Answer
1.	Is Watchmen on Duty (Round the Clock) available at your Storage Facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Are you following standard housekeeping practices at premises to be covered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Please confirm whether your premises has conductive wiring in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** GCicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800