CONSEQUENTIAL LOSS (FIRE) OF PROFIT PROPOSAL FORM



IMPORTANT GUIDELINES:

- 1. Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.
- 2. Insurance is the contract of utmost good faith required of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.
- 3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

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10. Please provide details of Joint Insured (i.e. list of all the parties who have insurable interest including financial institutions/banks)													s)													
11. How long have you carried on business in these premises or elsewhere?Years																										
12. Describ	_	-							-																	
13. Please																										
14. Sum ins	-			•	•																					
a. Gros	ss Prof	it (Ne	t Pro	fit aı	nd St	andir	ng Ch	arge	s): R	s																_
a. Gross Profit (Net Profit and Standing Charges): Rs																										
Serial No.		Description of Standing Charges Amount																								
15. Are your books regularly audited? ☐ YES ☐ NO																										
Please indicate the name and address of the auditors and enclose one copy of the latest audited accounts																										
16. Please	furnich	nart	icular	s of	sum i	neur	od n	orio	d of i	neur		and i	aram	ium c	f all	Eiro	Incu	ranc	- (m	toris	l dar		\ nol	icios	'n	
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17. Please indicate the basis of indemnity required																										
☐ Turnover basis ☐ Output basis ☐ Difference basis ☐ Revenue basis																										
18. Has any insurance company declined your proposal or cancelled any insurance? ☐ YES ☐ NO																										
If YES, please provide details:																										
19. Please	19. Please provide details of Claims Experience for the last three years.																									
If the space	above	is ins	uffic	ient 1	for ar	ny an	swer	, ple	ase c	ontir	nue o	n sep	arat	e she	et aı	nd at	tach	here	to.							

UIN: IRDAN132P0003V01200708

Payment 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:								
Nominee Details: Name:								
Date of Birth:								
Relationship with the								
proposer								
Mobile Number: E-Mail I	D:							
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 sees personal is a miner):								
Authorized person details (in case nominee is a minor): Declarations:								
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- i. 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 (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our 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 FGIICL 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 am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR

UIN: IRDAN132P0003V01200708

	"I/We hereby confirm that the premium payment have been paid by, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."
iv.	I/we am/are (please tick all that are applicable) □ High Net Worth Individual/s □ Non-Residential Indian/s □ Politically Exposed Person/s □ Jeweller/s □ Non-Governmental Organization
v.	I agree to receive service-related information from FGIICL 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.
vi.	I am aware and agree that the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
vii.	I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address.
viii.	/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 FGIICL Privacy Policy, available at https://general.futuregenerali.in/privacy-policy
in th	to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned is proposal, where available/chosen, your eIA and you may download and save the digitally signed and enticated policy document therefrom. If you still wish for a physical copy, you may tick on this box \Box
Date:	
Place	: Signature of the Proposer(s)
	(Affix stamp, where proposer is a juridical person)
For I	ntermediary Use Only
Perso of thi been, betwee propo	, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized on of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents is proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this posal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of CL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.
Name	e of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:
Interm	nediary's Code:

UIN: IRDAN132P0003V01200708

Intermediary's Signature:	
ANTI MONEY LAUNDERING FGIICL adheres to anti-financial crime practices, including anti-mon anti-bribery and anti-corruption, which ensure to not allow use of F policyholder, beneficiary, claimant, or nominee are, therefor records/information/assistance, as may be necessary to address the	GIICL as a tool/platform for financial crimes. The e, required to assist FGIICL with relevant
SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF RE	BATES:
No person shall allow or offer to allow either directly or indirectly as or continue an insurance in respect of any kind of risk relating to live of the commission payable or any rebate of the premium shown renewing or continuing a policy accept any rebate except such rebate prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this set to Ten Lakh Rupees.	es or property in India, any rebate of whole or part on the policy, nor shall any person taking out or as may be allowed in accordance with the published
Proposal form _ Consequential Loss (Fire) Of Profit UIN: IRDAN13	2P0003V01200708 5 of 5