

**FG BHARAT LAGHU UDYAM SURAKSHA
PROPOSAL FORM**

Important:

1. This proposal is for covering an enterprise whose total value of insurable assets at a location exceeds ₹5 Crore but does not exceed ₹50 Crore, against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

FOR OFFICE USE:

Intermediary Name: _____ Intermediary Code: _____

Business Channel: ☐ Agency ☐ Banca ☐ Corporate/Broking ☐ Direct ☐

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No: _____ GSTN: If applicable _____

POSP PAN (if applicable)

A. Details about Proposer and Policy Period:

1.	Name of Proposer	
2.	Present Address of Proposer	
3.	Permanent Address of Proposer	
4.	Mobile No	
5.	Email	
6.	Contact person details, if not an individual a. Name b. Designation	
7.	CKYC Number (if available)	
8.	Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
9.	Period of Insurance	From :

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		To :
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B. Business and Location of Business:

10.	Business of Proposer						
11.	Location of risk/business to be covered - full postal address with Pin Code	SL No.	Address	Pin code	Occupancy	Age of unit	Floor*
		1.					
		2.					
		3.					
		4.					
		*Floor: Ground Floor (GF) / Mezzanine Floor (MF)/ Higher Floor					

C. Details about business covered at the insured location

12.	The Insured property is	Please tick in the space below :
a)	Offices, shops, hotels etc.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b)	Industrial / manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c)	Storage outside Industrial/ manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d)	Tanks / gas holders outside industrial/ manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e)	Utilities located outside Industrial/manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f)	Boundary wall	Yes <input type="checkbox"/> / No <input type="checkbox"/>
g)	Basement storage	Yes <input type="checkbox"/> / No <input type="checkbox"/> If, yes value stored SI: ₹.....
h)	Others (please specify)	_____
13.	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.	
14.	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)	

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15.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?												
16.	Fire Protection devices installed	<p>Please Tick the correct answer in the box below.</p> <table border="1"> <tr><td><input type="checkbox"/> Portable Extinguishers</td></tr> <tr><td><input type="checkbox"/> Small bore hose reels</td></tr> <tr><td><input type="checkbox"/> Trailer Pumps/Fire engines</td></tr> <tr><td><input type="checkbox"/> Hydrant System</td></tr> <tr><td><input type="checkbox"/> Sprinkler System</td></tr> <tr><td><input type="checkbox"/> Fixed Water Spray System</td></tr> <tr><td><input type="checkbox"/> Foam System</td></tr> <tr><td><input type="checkbox"/> Fire Alarm System</td></tr> <tr><td><input type="checkbox"/> Gas Flooding System</td></tr> <tr><td><input type="checkbox"/> Others, please specify below.</td></tr> <tr><td>_____</td></tr> </table>	<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.	_____
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<input type="checkbox"/> Fire Alarm System													
<input type="checkbox"/> Gas Flooding System													
<input type="checkbox"/> Others, please specify below.													

17.	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force :	Yes <input type="checkbox"/> / No <input type="checkbox"/>											
18.	Construction Details												
a.	Please state material used	Please tick the correct answer in the box											
i.	Walls	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>											
ii.	Floor	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>											
iii.	Roof	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>											
	<p>Note: Kutchha: 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 Kutchha Construction. Pucca: Buildings other than Kutchha are treated as Pucca constructions.</p>												
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													
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19.	Distance between the risk to be covered and nearest Fire Brigade												

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20.	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)																			
21.	Whether Insurance was declined by any other Company (Give details)																			
22.	Premium / Claim details for the past 36 months excluding the expiring policy period	<table> <tr> <th>Year</th><th>Premium</th><th>Claim</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>₹</td><td>₹</td></tr> </table>	Year	Premium	Claim		₹	₹		₹	₹		₹	₹		₹	₹	TOTAL	₹	₹
Year	Premium	Claim																		
	₹	₹																		
	₹	₹																		
	₹	₹																		
	₹	₹																		
TOTAL	₹	₹																		

D. 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).

23	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
									₹
									₹
									₹

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E. Standard add-ons

I. Do You want to opt for Floater Cover?: Yes/No (strike off what is not applicable). If yes, give details below:

24.	Floater Cover (for stocks at various locations)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">Location (Postal Address with Pin Code)</th> <th style="width: 30%;">Sum Insured (in ₹)</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p>i) Maximum value at any one location: ₹.....</p> <p>ii) Whether stocks stored in open: Yes <input type="checkbox"/> / No <input type="checkbox"/></p>	Location (Postal Address with Pin Code)	Sum Insured (in ₹)						
Location (Postal Address with Pin Code)	Sum Insured (in ₹)									

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

25.	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹):
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Details of additional covers (add-ons) offered with the policy:

Annexure		Please tick	Sum Insured
Sr. No.	Add On Covers Name		

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F. 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	

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Bank Name & Branch	
Bank Account Number	
IFS Code	
Authorized person details (in case nominee is a minor)	

H. Declaration by Insured

- i. I/ We hereby declare that the value insurable assets is more than ₹5 Crore but less than ₹50 Crore and 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 FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL).

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

- 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
"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
☐ Film Actor/s ☐ Producer/s
- 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.

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- 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. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by FGII hereafter. In case of any modification, the applicable information will be provided to FGII 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 FGIICL Privacy Policy, available at <https://general.futuregenerali.in/privacy-policy>.

Proposer's Signature: _____ **Place:** _____ **Date:** _____

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, 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 ☐

ANTI MONEY LAUNDRING

FGIICL adheres to the 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 FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

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

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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 FGIICL 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 FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

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

Intermediary's Code: _____

Intermediary's Signature: _____

INSURANCE ACT 1938 SECTION 41- 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 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus 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 TEN LAKHS RUPEES.

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Annexure (Addendum) attached to and forming a part of Proposal Form of 'FG Bharat Laghu Udyam Suraksha')

QUESTIONNAIRE

S.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