

FIRE SURAKSHA POLICY PROPOSAL FORM

Important Instruction: Insurance is the contract of utmost good faith requiring 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. Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein. Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form. It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number. Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.

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) _____

Policy Issuing Office Address & Code	
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A. Details about Proposer and Policy Period

1.	Name of Proposer	
2.	Present Address of Proposer	
	Permanent address of the proposer (if left blank, will be construed as being same as Present Address)	
3.	Phone No. a. Mobile b. Landline	
4.	Email CKYC No. (if available)	
5.	Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
6.	Period of Insurance	From _____ To _____ (Home and Content cover: No of Years in case of long term policy : _____) Note: For Long term policy, Period shall not exceed 30 years.

B. Covers Opted

7.	Is there any policy in place for the same property?	Yes/No	
	If Yes, please provide the details		
8.	Cover/s required:	Cover	Please tick
		Home Building & Home Contents	
		Home Building Only	
		Home Contents Only	

C. Location of - Home Building

9.	Location of Home Building - full postal address with Pin Code.	Pin Code:
10.	Is it in a multi-storey building or is it a standalone house?	
	In case of multi-storey building, i. Please provide total number of floors in the building ii. Please provide the floor number of Your house	
11.	Is there a basement to Your house?	

Business and Location of Business

1.	Business of Proposer						
2.	Location of Risk/business to be covered - full-postal address with Pin code	Sl. No.	Address	Pin code	Occupancy	Age of unit	Floor*

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

D. Details of Home Building

12.	<p>Sum Insured (SI) for Home Building: Please note the following: (The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:</p> <p>a. For residential structure of Your Home including fittings and fixtures:</p> <p>Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date.</p> <p>The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.</p>	<p>a. SI for residential structure of Your Home including fittings and fixtures (in ₹):</p>									
	<p>b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)</p>	<p>b. SI for additional structures (in ₹):</p> <table border="1"> <thead> <tr> <th>Additional Structure</th> <th>Sum Insured (in ₹):</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Additional Structure	Sum Insured (in ₹):						
Additional Structure	Sum Insured (in ₹):										
13.	Carpet area of structure of Home in square metres										
14.	Rate of Cost of Construction per square metre at the policy Commencement Date										
Other Details											
15.	Age of Home Building	<table border="1"> <tr> <td>Upto 5 Years</td> <td> </td> </tr> <tr> <td>More than 5years - Upto 10 Years</td> <td> </td> </tr> <tr> <td>More than 10years -Upto 25 Years</td> <td> </td> </tr> <tr> <td>Above 25 Years</td> <td> </td> </tr> </table>		Upto 5 Years		More than 5years - Upto 10 Years		More than 10years -Upto 25 Years		Above 25 Years	
Upto 5 Years											
More than 5years - Upto 10 Years											
More than 10years -Upto 25 Years											
Above 25 Years											
16.	<p>Are Fire Protection devices installed?</p> <p>If Yes, please select the type:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> Hand Appliances <input type="checkbox"/> Hand Appliances & Hydrant System <input type="checkbox"/> Hand Appliances + Hydrant System & independent Sprinkler/ Fixed Water Spray System</p> <p>Others, pls specify _____</p>									

17.	Is round the clock security guard available in your premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO								
18.	Distance of your proposed Property from the public fire station?	_____ (in KM)								
19.	Is there a railway crossing in between the public fire station and your Property?	<input type="checkbox"/> YES <input type="checkbox"/> NO								
20.	Please provide the distance of your Property from the nearest water body	_____ (in meters)								
21.	Please confirm whether your proposed Property has insulated wiring in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO								
22.	Are there any loose wiring, connections or improper electrical Installations in your Property?	<input type="checkbox"/> YES <input type="checkbox"/> NO								
23.	Are you following standard housekeeping practices in your Property?	<input type="checkbox"/> YES <input type="checkbox"/> NO								
24.	<p>Construction Details Please note the following:</p> <p>(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.</p> <p>Construction other than Kutcha Construction is a 'Pucca Construction')</p>	<table border="1"> <thead> <tr> <th></th> <th>Construction*</th> </tr> </thead> <tbody> <tr> <td>Walls</td> <td>Kutcha/Pucca</td> </tr> <tr> <td>Floor</td> <td>Kutcha/Pucca</td> </tr> <tr> <td>Roof</td> <td>Kutcha/Pucca</td> </tr> </tbody> </table> <p>(*strike out what is not applicable)</p>		Construction*	Walls	Kutcha/Pucca	Floor	Kutcha/Pucca	Roof	Kutcha/Pucca
	Construction*									
Walls	Kutcha/Pucca									
Floor	Kutcha/Pucca									
Roof	Kutcha/Pucca									

Details about business covered at the insured location

3.	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)	<hr/>
4.	If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.	
5.	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.)	
6.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
7.	Fire Protection devices installed?	Yes/No If Yes, 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.

8.	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force									
9.	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								
	<p>Note:</p> <p>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.</p> <p>Pucca : Buildings other than Kutcha are treated as Pucca constructions</p>									
b.	Please select the type of Construction quality/structure	<p>Please tick the correct answer in the box.</p> <p><input type="checkbox"/>Earthquake Resistant Construction</p> <p><input type="checkbox"/>Superior Construction</p> <p><input type="checkbox"/>Class I Construction</p> <p><input type="checkbox"/>Class II Construction</p>								
c.	Number of Floors									
d.	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>Upto 15 Years</td> <td></td> </tr> <tr> <td>Above 15 Years</td> <td></td> </tr> </table>	Less than 5 Years		5-10 Years		Upto 15 Years		Above 15 Years	
Less than 5 Years										
5-10 Years										
Upto 15 Years										
Above 15 Years										
10.	Distance between the risk to be covered and nearest Fire Brigade									
11.	Please provide the distance of the premises from the nearest water body	_____ (in meters)								
12.	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)									

13.	Whether Insurance was declined by any other Company (Give details)																					
14.	Is Watchmen on Duty (Round the Clock) available at your Storage Facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO																				
15.	Are you following standard housekeeping practices at premises to be covered?	<input type="checkbox"/> YES <input type="checkbox"/> NO																				
16.	Please confirm whether your premises has conductive wiring in place ?	<input type="checkbox"/> YES <input type="checkbox"/> NO																				
17.	Please confirm the average age of equipment in the premises?	Average Age of the equipment																				
		Less than 2 years																				
		3 - 5 years																				
		5-10 years																				
		10 - 15 years																				
		15 - 20 years																				
		20 - 25 years																				
		Above 25 years																				
18.	a.) Premium / Claim details for the past 36 months excluding the expiring policy period	<table border="1"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>Claim</th> </tr> </thead> <tbody> <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> </tbody> </table>			Year	Premium	Claim		₹	₹		₹	₹		₹	₹		₹	₹	TOTAL	₹	₹
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	₹	₹																				
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	₹	₹																				
TOTAL	₹	₹																				
	b.) Please provide the type and description of claim	<hr/>																				

E. Details of Home Contents

Please note the following:

- i) Home Contents refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
- ii) **General Contents** are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
- iii) **Valuable Contents** of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.

25.	<p>If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured</p> <p>Or</p> <p>If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents.</p> <p>(Sum Insured represents Cost of Replacement)</p>	<p>Item wise Sum Insured for General Contents (in ₹):</p> <table border="1"> <thead> <tr> <th>Items</th> <th>Sum Insured</th> </tr> </thead> <tbody> <tr> <td>Furniture, Fixtures and Fittings (Home Furnishings)</td> <td></td> </tr> <tr> <td>Electrical/Electronic</td> <td></td> </tr> <tr> <td>Others</td> <td></td> </tr> </tbody> </table>	Items	Sum Insured	Furniture, Fixtures and Fittings (Home Furnishings)		Electrical/Electronic		Others	
Items	Sum Insured									
Furniture, Fixtures and Fittings (Home Furnishings)										
Electrical/Electronic										
Others										
26.	In case of Basement, If there are contents in it, please provide the Sum Insured									

Details about Business:

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).

19.	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

F. Optional Covers (available on payment of additional premium)

Please select from below mentioned covers, which you want to opt for:

Sl. No.	Optional Covers	Please tick (✓)	Sum Insured (₹)
1.	Lightning		
2.	Explosion or Implosion		
3.	Aircraft Damage		
4.	Riot, Strike and Malicious Damage		
5.	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation		
6.	Impact Damage		
7.	Subsidence and Landslide including Rockslide		
8.	Bursting and/or overflowing of Water Tanks, Apparatus and Pipes		
9.	Missile testing operations		
10.	Leakage from Automatic Sprinkler Installations		
11.	Bush fire, Forest fire, Jungle fire		
12.	Sabotage and Terrorism Damage		
13.	Earthquake, Volcanic eruption, or other convulsions of nature		

G. Add-on covers:

S. No.	Add-on	Deductible/Excess	Sum Insured
1	Architects, Surveyors And Consulting Engineer's Fee (Excess of 3% Of The Claim Amount)		
2	Removal Of Debris Clause (Excess of 1% Of The Claim Amount)		
3	Deterioration Of Stocks In Cold Storage Premises Due To Change In Temperature Arising Out Of Loss Or Damage To The Cold Storage Machinery(ies) In The Insured's Premises Due To Operation Of Insured Peril		
4	Deterioration Of Stocks In Cold Storage Premises Due To		

	Accidental Power Failure Consequent To Damage At The Premises Of Power Station Due To An Insured Peril (Accidental Power Failure)		
5	Impact Damage Due To Insured's Own Rail/ Road Vehicles, Fork Lifts, Cranes, Stackers And The Like And Articles Dropped There From.		
6	Spontaneous Combustion Clause		
7	Omission To Extensions Insure Additions, Alterations Or Extensions		
8	Spoilage Material Damage Cover		
9	Leakage And Contamination Cover		
10	Temporary Removal Of Stocks Clause		
11	Loss Of Rent		
12	Insurance Of Additional Expenses Of Rent For An Alternative Accommodation		
13	Start Up Expenses Clause		
14	Escalation Clause		
15	Floater Clause		
16	Burglary Cover (with-in 7 days of fire)		
17	Protection and Preservation of Property		
18	Landscaping Including Lawns, Plants, Shrubs or Trees		
19	EMI Cover		
20	Utility Expense Cover		
21	Involuntary Betterment		
22	Smoke Damage		
23	Personal Accident Cover		

H. Claim Details

Please specify details of any loss to the proposed Property in last 3 years, In case, your Property is more than 3 yrs old, please provide the loss details for last 10 years

Year	Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

PAYMENT DETAILS

Mode of Payment	
Payment Details	
Amount in (Rs.)	
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)	

Please fill up the request for authorization form attached with this proposal form to receive claim/refund payments if any, directly into your bank account through NEFT if the premium amount is more than Rs.10,000/-

Note: 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 OF PROPOSER:

1. 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 **GENERALI CENTRAL INSURANCE COMPANY LIMITED (GCICL)** and I/We agree to accept a policy, subject to the conditions prescribed by GCICL.
2. I 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.
3. 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 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 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 has 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.

4. I/we am/are (please tick all that are applicable)

☐ High Net Worth Individual/s ☐ Non-Resident Indian/s
☐ Politically Exposed Person ☐ Non-Governmental Organisation

5. I 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.
6. I am aware and agree that the information/data provided by me, through this application, to GCICL and/ or GCICL authorized person/ agency, shall be stored by GCICL, throughout the currency of my relationship with GCICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by GCICL or its authorized partners. I also understand that the said storage is necessary for my 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.
7. I consent to the fact that GCI 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 GCI hereafter. In case of any modification, the applicable information will be provided to GCI for updating the CKYC Registry Records.

8. 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/privacy-policy>

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)

ANTI MONEY LAUNDRING

GCICL 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 GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL 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 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: _____

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.

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

*****END*****