

JEWELLERS BLOCK INSURANCE PROPOSAL FORM

IMPORTANT GUIDELINES:

1. Insurance is the contract of utmost good faith requiring 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.
2. This form can be used to apply for Jewellers Block Insurance.
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.

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) _____

1. Proposer Information

a)	Proposer's Name	
b)	Proposer's Present Address	
c)	Permanent Address	
d)	Telephone	
e)	Fax	
f)	Mobile	
g)	Email ID	
h)	PAN	
i)	Aadhar No.	
j)	CKYC (if available)	

2. Business Information

a)	Name of the Trade/Business of the Insured	
b)	Telephone	
c)	Fax	
d)	Mobile	

e)	Email ID	
f)	PAN	
g)	Aadhar No.	
h)	Contact person details, if not an individual a. Name b. Designation	
i)	Policy to be Issued in favor of (list out all the parties who have insurable interest) including the financial institutions.	
j)	Period of Insurance	From: To:
k)	Source of Business	Broker: Agent: Other: If yes, please specify:

Insured Premises- Location of risk/business to be covered - full postal address with Pin Code	Sr No.	Address	Pin code	Floor*
	1.			
	2.			
	3.			
	4.			
Other Premises-where property will be deposited				
How long have you carried on business: In insured premises?		_____ Years		
Elsewhere?		_____ Years		
Nature of your Business		Wholesale (%) Manufacturing (%) Retail (%) Pawn-Broking (%)		

3. Employees

How Many employees do you have?			
What is the Minimum number of employees incl. principals in the sales section of your premises at any time during business hours, incl. lunchtime? Goods never left unattended except when kept in locked safe			
A) Is there a system to obtain references from previous employers? If not, specify practice.	YES	NO	
—			
—			

B) Has there been any occasion to question honesty or conduct of any person proposed for guarantee? If yes, please provide details.	YES	NO
—		
—		
C) How often are the employees required to account for money?		
D) Are books of accounts balancing every day?	YES	NO
E) What independent system including Audits is there to check that all sums received by employees are accounted for and how often are Audits done.		
F) Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners, or directors during the last three years?		

4. Valuation Basis

On what basis do you require claims to be settled? (Please Note: Unless otherwise agreed on the policy claims in respect of your own stock will be settled based on cost price . All figures completed in this proposal must reflect the basis of valuation required.)	
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5. Stock Value

a) What was the average total value during the last twelve (12) months of:		
b) your own stock and banknotes? (The stock figure is to be declared on the basis cost price or on the basis as in question 4 above)		
i) goods in trust (other than for safe custody), goods on approval, repairs and the like?		
TOTAL (i + ii)		
c) What was the maximum value of your own stock & goods in trust (other than for safe custody) & bank notes at any time during the last twelve (12) months		

6. Value Out of safe

What will be the maximum value of all watches, jewellery, gold, bullion and platinum goods, precious stones, and pearls (including those in windows) out of locked safe or strong room?	Outside Business Hours	During Temporary Closing

7. Premises

a) Has a Security Survey been conducted concerning the Premises?	YES	NO
If Yes, please specify the date (dd/mm/yy) of the Security Survey:		
b) Are the premises occupied at night by the proposer?	YES	NO
Are the premises occupied at night by an employee or a caretaker?	YES	NO
If Yes, please select the time period during which the building is secured:	24/24	DAYTIME
Will there be a watchman on the insured premise(s)?	YES	NO
If yes, please specify	Please select type of watchman: ☐ Common Watchman ☐ Dedicated Watchman ☐ Armed Watchman ☐ Unarmed Watchman	
	Duration of the watchman: ☐ All 24 Hours ☐ Only During Business Hours ☐ Only Outside Business Hours	

8. Celler / Basement

Are there any openings leading to a cellar or a basement from outside the shop?	YES	NO
If yes, please give details and protections:		

9. Doors, Windows, and Openings

Is an inside grill fitted to your Gold and Gems Showroom, window or is any other protection Installed against loss by window smashing?	YES	NO
If so, State what protection		
Are your display windows, protected by rolling shutter outside business hours?	YES	NO
Give details of the following and how they are protected:		
a) Each outer door		
b) Each inner door		

c) All windows other than display windows	
d) All skylights or fanlights or roof openings	

10. Burglar Alarms

a) Is there any burglar alarm?	YES	NO
If yes, state name and forward copy of maker's specifications to the underwriters (or if not available give full details):		
b) Are hold-up/panic buttons incorporated in the system?	YES	NO
c) Is the system maintained under contract?	YES	NO

11. Safes

a) Give the maker's name of safe, cost when purchased (state whether new or second hand), and give details of any descriptive markings on the door:	Maker			
	Safe Model			
	Purchase Price			
	New/Second Hand			
b) Approximate size and weight (please state measures)	Size:		Weight:	
c) Approximate age	Years:			
d) Whether illuminated and visible from the street at night	YES		NO	

12. Strong Room

Is there a strong room?	YES	NO
b) If yes, give full details:		

13. Keys

Are all keys (including your alarm, safe and strong room keys) removed from the premises outside business hours?	YES	NO
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14. Special Protection

a) Is there a 'Closed Circuit T.V.' (C.C.T.V.) camera?	YES	NO
Please Provide No. of CCTV cameras on the premises and their locations	Sr No.	Camera Location

b) Is the premises protected by Armed Guards on 24 hr basis	YES	NO
c) Please specify any other special means of protection:		

15. Stock Records

a) When was your last annual stock-taking?		
b) Do you keep proper records of all sales purchases and transactions?	YES	NO

16. Losses

a) Have you ever sustained a loss or losses?	YES	NO
b) If yes, give statement covering the past 3 years with particulars, including the amount of each loss.		
Number of Claims		Remarks
Claim amount Insurance		
Insurance Company		

17. Receipts

a) Is it your practice to give receipts for goods left with you by non-trade customers, for repairs, valuation, sale, or any other purpose and to require surrender of such receipts before goods are returned to the customer?	YES	NO
b) Do you use entrustment/approbation notes in respect of all entrustments?	YES	NO

18. Home Risks (Private Dwelling House)

Does any Partner, Director takes stock to his private residence for any purpose?	YES	NO
If yes, please give following information:		
Address and details of any protective devises		
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Address and details of any protective devises		
Maximum Value taken		
Is the property ever left unattended at the private dwelling house?	YES	NO

19. Exhibitions and Displays

a) Did you during the past twelve (12) months exhibit any portion of your stock at any exhibition, other than one promoted or financially assisted by any public authority or by any trade association, or entrust goods for any display or performance?	YES	NO
If yes, give full particulars including values:		
b) Do you exhibit goods, in any showcase in any hotel, club or elsewhere away from your premises?	YES	NO
If yes, give full particulars including values and details of protections, i.e., type of glass, locks, and the like:		

20. Sum Insured

Section-I: Stock In Premises		
i) Stock on Premises and in Locked Safe		
ii) Cash & Currency on Premises and in Locked Safe		
iii) Stock in Display Window		
iv) Stock in Bank / Safe Deposit Lockers. Locker No & Bank/Vault details to be furnished.		
Section - II: Property Insured Including Cash & Currency Notes Whilst in Custody of Specified Persons	Maximum Amount Each	Aggregate Amount
i) Property insured whilst in the "Close Personal Custody and Control" of Director(s), Employee(s), Partner(s), Duly Constituted Attorney(s) and Consultant(s) and such other authorized persons of the Insured.		
ii) Property insured whilst in the "Close Personal Custody and Control" of Cutter(s), Broker(s), Agent(s), Gold smith(s), Dealer(s), Client(s), Job worker(s), Contractor(s), Sub-Contractor(s) and other such entities including the employee(s) of the above, whether or not in regular employment of the Insured.		
a) Would the stock and stock in trade be entrusted to only your partners and employees?		
If no, please specify the category of persons to whom it would be entrusted (category of persons shall mean partner(S))	☐ Cutter(s) ☐ Broker(s) ☐ Agent(s) ☐ Gold smith(s) ☐ Job worker(s)	

	☐ Contractor(s) ☐ Sub-Contractor(s)	
b) Are the persons such as the Cutter(s), Broker(s), Agent(s), Gold smith(s), Job worker(s), Contractor(s), Sub-Contractor(s) in business for more than 3 years?	YES	NO
If yes, please state no. of years they have been in Business.		
Has there been any past losses known to you sustained by them whilst gold and other ornaments belonging to their customers was in their care and custody.		
iii) Cash, Currency Notes and Certificate of Diamonds in Transit in the custody of each / any Director(s), Employees including Contract Employee(s), Partner(s), Duly Constituted Attorney(s) and authorized person (s) of the insured whilst in transit to Bank & Vice Versa & Collection/Deliveries including all Insured Premises under Section – II	YES	NO

Section-III: Property Insured Excluding Cash & Currency Notes Whilst in Transit Within India		Maximum Amount Each	Aggregate Amount
a) Airfreight (Minimum 2% of value to be declared to Airlines)			
b) Angadia/Agreed/Named Couriers			
c) Registered Post Parcel / Speed Post up to 10% of Sec. 1(a) or maximum of Rs. 10,00,000/-.			
Section-IV: Infidelity Coverage			
Pls confirm if Infidelity Coverage is required on:		☐ Named Basis	☐ Unnamed Basis
Infidelity of Employees with Limit as per category detailed below.			
Employee Name	Designation	Monthly Salary	Amount of Cash / Stock held by the Employee
			Amount of Guarantee
G) If cover is required on Named Floater Basis, please provide the following information in respect of all the employees in respect of whom insurance cover is sought:			
Total Number of Employees (Please specify details of salaried employees, if any separately)		Amount of Guarantee	
a) Category - 1:			
b) Category - 2:			

c) Category - 3:		
d) Category - 4:		
H) If cover is required on Unnamed Floater Basis, please provide the following information in respect of all the employees in respect of whom insurance cover is sought:		
Total Number of Employees (Please specify details of salaried employees, if any separately)	Amount of Guarantee	
a) Category - 1:		
b) Category - 2:		
c) Category - 3:		
d) Category - 4:		
(Maximum Limit allowed is Rs. 2 Crores with a limit per persons as agreed but, in any case, not exceeding Rs. 50,00,000/-)		
Section-V: Exhibition Risks		
Type of Exhibitions	Estimated Aggregate Sum Insured During Policy Period	
a) Domestic Exhibitions		
b) International Exhibitions		
Section-VI: Other Property of the Insured		
	Location	Sum Insured on Reinstatement Value Basis
For Furniture, Fixtures, Fittings:		
For Trade Equipment		
For Safe at Residence:		

21. Add on Covers

a) Extension of cover under Sec 2(i) & (iii) to include Common Employees of Group/Sister/Associate Companies operating from the same premises.	YES	NO
If yes, provide the Names and address.		
a) Extension of cover under Sec. 2(i) to include Deemed Imports and Deemed Exports to EPZ If yes, please provide sum insured limit: _____	YES	NO

b) Extension of cover under Section 1(a) and 2 (a) to include Boiling Operations out of business hours. If yes, please specify the amount. _____	YES	NO
c) Terrorism Cover	YES	NO
d) Loss of Stock due to Mysterious Disappearance under Section I If yes, please provide: Any One Accident (AOA)/Single Loss Limit: Any One Year (AOY)/Aggregate Loss Limit:	YES	NO
e) Peak Season Increase under section I If yes, percentage increase of Sum Insured: _____	YES	NO
f) First Buy Cover Clause under Section II If yes, please specify sum insured: _____	YES	NO
g) Spurious & Stolen Gold Clause under Section I If yes, please specify sum insured: _____	YES	NO
h) Infidelity Coverage (specific person other than employees) under Section IV If yes, please specify sum insured: _____	YES	NO
i) Sales trip coverage endorsement If yes, please specify: Period of this coverage: _____ days Sum Insured Limit: _____ Itinerary of sales trips: _____ Storage during sales trips: _____	YES	NO
j) Certificates Of Diamond / Jewels Coverage	YES	NO

If yes, please specify sum insured: _____		
k) Full Cover for Pair And Set If yes, please specify sum insured: _____	YES	NO
l) Shop Lifting under Section I If yes, please specify sum insured: _____	YES	NO
m) Working upon property extension If yes, please specify sum insured: _____	YES	NO
n) Wearing Extension If yes, please specify sum insured: _____	YES	NO
o) Fashion Show/Private Event Coverage Endorsement If yes, please specify: Period of this coverage: from _____ to _____ Sum Insured Limit: _____ Venue of the fashion show/private event: _____ Storage after fashion show/private event: _____	YES	NO

22. Other Insurances		
a) Have any other insurer ever cancelled or refused to issue or to continue any insurance for you?	YES	NO
b) Have you previously been insured?	YES	NO
If YES, please state with whom, risks covered, and for what amount and please attach copy of the policy.		

23. References

Unless proposing for renewal, give two (2) references FROM YOUR TRADE:

24. Important Notices

Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance?

YES

NO

If YES, please specify:

Signing this form does not bind the Proposer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued

I / We have disclosed all the facts, which could influence the acceptance of this Proposal or the terms to be approved, & the above facts, documents, statements shall be the basis of the contract between me/us and Generali Central Insurance Company Limited

I / We agree that if this insurance is completed the protections and/or safeguards mentioned above shall not be withdrawn or varied to the detriment of the interests of the Company without their consent and additional premiums if any will be remitted.

Outdoor Risk

Outside Limit (a)

Give the following information of all insured property (incl. of amounts carried to and from Bank or Safe Deposit) carried outside the Proposer's Premises stated in Question 1 (b) by yourselves, your representatives, travellers, agents, messengers and delivery hands but NOT Brokers during the last 12 months.

a) In the city or town in which the proposer's premises are situated:

city/town:	(*)	Average	Maximum
		Amount Each	Amount Each

b) Elsewhere in the country in which the proposer's premises are situated:

Home Risk (Private Dwelling House)		
Does any principal, employee, traveller/agent take stock to his private residence for any purpose?	YES	NO
If YES, please give following information:		
Name:		
Address:		
Full details of safe or any other protection		
Maximum value taken: In connection with out-of-town travel and personal conveyance to the Different locations as provided under the present contract		
Is the property ever left unattended at the private dwelling house?	YES	NO

What was the estimated value entrusted to dealers, customers, repairers, cutters and brokers during the past 12 months?

Specify the TERRITORIAL LIMITS: Western Europe	Maximum to any one party:	Maximum to all third parties

Spendings

a) What was the ANNUAL TURNOVER of all insured property sent during the past twelve months in the country in which the proposer's premises are situated and which method of shipment was used in order to send this property?

	Method of Shipment	Annual Turnover

b) What was the ANNUAL TURNOVER of all insured property sent during the past twelve months elsewhere than the country in which the proposer's premises are situated and which method of shipment was used in order to send this property?

State Geographical Areas	Method of Shipment	Annual Turnover

Exhibitions and Displays

a) Did you during the past twelve(12) months exhibit any portion of your stock at any exhibition, other than one promoted or financially assisted by any public authority or by any trade association, or entrust goods for any display or performance?

YES

NO

If YES, give full particulars including values:

b) Do you exhibit goods, in any show case in any hotel, club or elsewhere away from your premises?

YES

NO

If YES, give full particulars including values and details of protections (i.e., type of glass, locks, and the like:	
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Whether you have insured the same property with any other Insurance Company with the same type of coverage (if yes, Give details)	YES	NO
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Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)	YES	NO
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Premium/Claim details for the past 36 months excluding the expiring policy period.	Premium	Claims

Voluntary Excess Opted	YES	NO
5 Times Minimum Excess		
10 Times Minimum Excess		

PREVIOUS INSURER AND CLAIM DETAILS*

RENEWAL INSURER AND CLAIM DETAILS						
Product Name	Policy Number	Name of Insurer	Policy Period	Premium Paid (₹)	No. of claims	Claim Amount (₹)
Any other information please specify:						
Has any company Declined/Cancelled/ Refused to renew/ Accept on special terms in the past? If Yes, please give the details:						
OTHER RELEVANT INFORMATION*						

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	
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)	

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.

DECLARATIONS

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 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 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, 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."

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 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.

vi. I am aware and agree that the information/data provided by me, through this application, to GCICL and/ or GCICL authorised 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.

vii. 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.

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>

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

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. ☐

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: _____

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 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.

*****END*****

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:** gccicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800