

LAGHU LITE PROPOSAL FORM

IMPORTANT:

1. 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.
2. This form can be used to apply for Laghu Lite.
3. 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
4. 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.
5. 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) _____

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.	I am (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 <input type="checkbox"/> Non-Governmental Organisation <input type="checkbox"/> Non-Profit Organisation

	If you are an NGO/NPO, please provide Niti Ayog – Darpan Portal Registration Number: _____	
	^Non-Profit Organisation means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act 1961, that is registered as a trust or a society under the Societies Registration Act, 1860 or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013.	
	If you are Differently Abled, please tick on the checkbox to provide confirmation.	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, kindly provide the below details) I. Type of Impairment: _____ II. Percentage of Impairment: _____ III. UDID Number: _____
9.	Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
10.	Period of Insurance	From : _____ To : _____

B. Business and Location of Business:

11.	Business of Proposer						
12.	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

13.	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)												
14.	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.												
15.	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)												
16.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?												
17.	Fire Protection devices installed?	<p>Yes/No</p> <p>If Yes,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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18.	Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force :	Yes <input type="checkbox"/> / No <input type="checkbox"/>											
19.	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:</p> <p>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.</p> <p>Pucca: Buildings other than Kutchha 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> <input type="checkbox"/> Earthquake Resistant Construction <input type="checkbox"/> Superior Construction <input type="checkbox"/> Class I Construction <input type="checkbox"/> Class II Construction											
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											
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20.	Distance between the risk to be covered and nearest Fire Brigade																			
21.	Please provide the distance of the premises from the nearest water body	_____ (in meters)																		
22.	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)																			
23.	Distance between the Risk to be covered from the nearest water body																			
24.	Whether Insurance was declined by any other Company (Give details)																			
25.	Is Watchmen on Duty (Round the Clock) available at your Storage Facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO																		
26.	Are you following standard housekeeping practices at premises to be covered?	<input type="checkbox"/> YES <input type="checkbox"/> NO																		
27.	Please confirm whether your premises has conductive wiring in place ?	<input type="checkbox"/> YES <input type="checkbox"/> NO																		
28.	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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	₹	₹																		
	₹	₹																		
	₹	₹																		
	₹	₹																		
TOTAL	₹	₹																		
	b) Please provide the type and description of claim	_____																		

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).

29.	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
									₹
									₹
									₹

E. Optional Covers/Add-On

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

Sr. No	Optional Cover	Please tick (√)	Sum Insured (₹)
1.	Floater Cover (for stocks at various locations) Location (Postal Address with Pin Code) <input type="text"/> <input type="text"/> <input type="text"/> i) Maximum value at any one location: ₹..... ii) Whether stocks stored in open: Yes <input type="checkbox"/> / No <input type="checkbox"/>		
2.	Declaration Policy For Stocks* <i>*Stocks which fluctuate in value to be covered on (monthly) declaration basis</i>		
3.	Sabotage And Terrorism Damage Cover Endorsement (Material Damage Only) Please select if below mentioned extensions under the above cover are also opted. I. Terrorism Third Party Liability Insurance Add On Cover II. Political Violence Insurance Extension		
4.	Involuntary Betterment		
5.	Immediate Repair Clause		
6.	Escalation		
7.	Brands And Label		
8.	Additional Custom Duty		
9.	Loss Of Rent Clause		

	Indemnity Period (___) in months		
10.	Insurance Of Additional Expenses Of Rent For An Alternative Accommodation Indemnity Period (___) in months		
11.	Deterioration Of Stocks In Cold Storage Premises (A) 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 (B) 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		
12.	Accidental Damage		
13.	EMI Protection Cover		

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 INSURED

- i. All statements and information provided in this proposal are complete and accurate. No relevant information has been withheld. This proposal and declaration, together, forms the basis of the insurance contract with Generali Central Insurance Co. Ltd. (GCICL), if issued, and I/We agree to accept the corresponding terms and conditions.
- ii. If GCICL finds out that I/We have misrepresented or suppressed any material fact or, committed a fraudulent act relating to this insurance proposal/policy, GCICL may render my insurance policy void ab initio, and forfeit the corresponding premium amount.
- iii. I/We understand that GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. So, I/We confirm that the policyholder(s), beneficiary(s), claimant(s), or nominee(s) will assist GCICL with relevant records/information/assistance, as necessary, to address anti-financial crime practices.
- iv. I/We, or a person having insurable interest in the insured asset, have/has paid/will pay the premium from legitimate source and not from crime proceeds, in line with The Prevention of Money Laundering Act, 2002 and rules thereunder. GCICL can verify the source of funds, call for documents, and reject or terminate the insurance policy and/or

forfeit the premium amount, if found otherwise or if I/We are named on any recognized sanctions list or have violated any provision of law. Refund of premium, if any, shall be made to my/our designated bank account(s).

- v. I/We consent to
- a. receive policy and service communications from GCICL and its authorized service providers, vide electronic and telecom means, including WhatsApp, and understand that no unsolicited information will be sent to me;
 - b. GCICL and its authorized service providers storing and processing my personal data for the purpose of this proposal and corresponding insurance policy as may be issued, throughout the period of necessary retention;
 - c. GCICL accessing my/our CKYC records from Central KYC Records Registry (CKYCR) for verification, and to receive information from the CKYCR through SMS/email on the mobile phone number/email address provided above;
 - d. abide by the obligations under the GCICL Privacy Policy at <https://generalicentralinsurance.com/> ;
 - e. GCICL reserving the right to reject this proposal or to terminate the insurance contract unilaterally and/or freeze the funds, if I/We, or persons associated with me/us, are named in any recognized sanctions list.
- My/our KYC records in CKYCR are current and valid and I/We undertake to inform GCICL in case of change.

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.

ANTI MONEY LAUNDERING

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: _____

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