

STANDARD FIRE & SPECIAL PERILS POLICY 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 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.*
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/Insured details a) Name of the Proposer/ Insured b) Nature of Business c) Type of Occupancy	
2.	Address of Proposer a) Correspondence Address with Pin code b) Risk Location Address with Pin code c) CKYC Number (if available)	

	Permanent Address of Proposer <i>(If left blank, will be construed as being same as Present Address)</i>		
3.	Interest of Financial Institutions/Bank		
4.	Period of Insurance	From _____ To _____	
5.	Add-on Covers Required	Options	Sum Insured (Rs.)
I)	Earthquake (Fire & Shock)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
II)	Terrorism	Yes <input type="checkbox"/> No <input type="checkbox"/>	
iii)	Omission to Insure additions, alterations, or extensions clause	Yes <input type="checkbox"/> No <input type="checkbox"/>	
iv)	Removal of Debris (in excess of 1% of claim amount)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
v)	Architect, Surveyors & Consulting engineer's fees excess of 3 % of claim amount.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

vi)	Impact Damage due to insured's own Rail/Road Vehicles, Fork lifts, Cranes, Stackers and the like and articles dropped therefrom.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
vii)	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. Change in temperature arising out of loss or damage to the cold storage machinery (ics) in the Insured's premises due to operation of insured peril.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
viii)	Spontaneous Combustion	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ix)	Spoilage Material Damage Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>	
x)	Temporary Removal of Stocks	Yes <input type="checkbox"/> No <input type="checkbox"/>	
xi)	Loss of Rent	Yes <input type="checkbox"/> No <input type="checkbox"/>	
xii)	Rent for an Alternate Accommodation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
xiii)	Forest fire	Yes <input type="checkbox"/> No <input type="checkbox"/>	

6.	Premium/Claim details for the past 3 yrs.	Premium	Claims
7.	Fire Protection Devices installed	Fire Extinguishers Trailer Pumps Hydrant Systems Sprinkler Foam System Fire Alarm	
8.	Options to delete STFI RSMD	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.	Voluntary Deductible, if opted		
10.	Please indicate basis on which insurance is proposed	Market Value: Reinstatement Value:	
11.	Details of Sum Insured (In Indian Rupees) a) Building b) Plinth and Foundation c) Furniture and Fixture d) Plant machinery e) Stocks and Stocks in Process f) Others if any		
	Total Sum Insured (Rs.)		
12.	Do you want to cover the stock (Excluding stock in process) on Declaration Basis: Sum Insured:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13.	Do you want to cover the stock (Excluding stock in process) on Floater Basis (floater location list to be provided) Sum Insured:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

14.	Underwriting Information on Risk proposed a) Age of the Building	<input type="checkbox"/> Up to 5 Years <input type="checkbox"/> More than 5 Years but less than 10 Years <input type="checkbox"/> More than 10 Years but less than 15 Years <input type="checkbox"/> More than 15 Years but less than 20 Years <input type="checkbox"/> More than 20 years
	b) Type of Construction	(RCC/Brick RCC/Kutch/Others) <input type="checkbox"/> Wall <input type="checkbox"/> Roof <input type="checkbox"/> Floor <input type="checkbox"/> Others
	c) Surrounding Occupancies	<input type="checkbox"/> Open <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Warehouse
15.	Is the premises has suffered any flood loses in last 5 years. If yes please provide loss/ claim details- loss / claim Amount	Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	Whether you have insured the same property with any other Insurance Company with the same type of coverage (if yes, give details_____)	Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	Whether Insurance was declined by any other Company or imposed any Special conditions (if yes, give details_____)	Yes <input type="checkbox"/> No <input type="checkbox"/>

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. 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 CO LTD (GCICL) and I/We agree to accept a policy, subject to the conditions prescribed by GCICL.

- 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)
 - a. ☐ High Net Worth Individual/s ☐ Non Residential Indian/s
 - b. ☐ Politically Exposed Person/s ☐ Non-Governmental Organization
- 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 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.
- 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/>

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 ☐

Date:

Place:

Signature of the Proposer(s)

(Affix stamp, where proposer is a juridical person)

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