





*Contents	Rs. _____
*Do you want Theft extension ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Basis of valuation (mandatory) Please tick: Reinstatement Value Basis <input type="checkbox"/> Market Value Basis <input type="checkbox"/>	

#### VI MONEY INSURANCE (If opted '\*\*' - fields marked '\*\*' are Mandatory)

Please indicate the amount to be insured	
*a) In transit – limit per carrying	Rs. _____
*b) In Safe/strong room – limit per occurrence	Rs. _____
*c) Loss or damage to insured safe - limit per occurrence	Rs. _____
*d) Out of safe during Business Hours only – limit per occurrence	Rs. _____

#### VII PLATE GLASS INSURANCE (If opted '\*\*' - fields marked '\*\*' are Mandatory)

*Position of each square of pane of glass	*Size of each square of pane		Description of glass: state whether Plain Plate or Plain Sheet painted rough silvered embossed Stained Bent or Ornamental	Value Rs. _____
	Height in Cm.	Width in Cm.		

#### VIII SIGN BOARD INSURANCE (If opted '\*\*' - fields marked '\*\*' are Mandatory)

S. No.	Particulars	Sign Board 1	Sign Board 2	Sign Board 3	Sign Board 4	Sign Board 5
*1.	Description with size (Example - Neon sign with size of 4 F X 6 Feet)					
*2.	Year of manufacture					
*3.	Manufacturer's name					
*4.	Location of Sign Board					
*5.	Please provide status of the Sign Board (Static / Mobile)					
*6.	Is height of the lowest end of Sign / Hoarding from ground level more than 6 feet? (Yes / No)					
*7.	Sum Insured					

#### IX FIDELITY GUARANTEE INSURANCE (If opted '\*\*' - fields marked '\*\*' are Mandatory)

\*Please fill the following if you require cover for entire workforce (Attach separate sheet, if required)

Category of staff	No. of employees	Estimated annual wages (Rs)	Employee Sum Insured (Rs)

\*Please fill the following if you require cover for selected categories of employees only (Attach separate sheet, if required)

Category of staff	No. of employees	Employee Sum Insured (Rs)

\*Please fill the following if you require cover for named employees only (Attach separate sheet, if required)

Name	Designation	Duties	Since when, in service	Total remuneration (Rs)	Employee Sum Insured (Rs)

*State the estimate of maximum amount held by any employee at any one time and for how long?		Money	Stock
	Amount (Rs)		
	Period (no. of weeks/months)		
*How frequently the audits take place			
*Is dual control and dual signatory system followed			
*How often cash books, stock books and accounts are reconciled			

**X PORTABLE ELECTRONIC EQUIPMENT INSURANCE** (Items are required to be covered on RIV basis) (If opted '\*\*' - fields marked '\*\*' are Mandatory)

S. No.	*Description	*Make & Model	*Year of Manufacture	*Identification No.	*Sum Insured (Rs)

Which property (ies) of the specification are second hand, please provided description? Attach separate sheet, if necessary

Do you have valid Maintenance Contract in force? If yes, please enclose copy. Yes  No

Does any of the proposed equipment contain refurbished machines? Yes  No

Coverage Territory Required India  Worldwide

Whether cover for machinery/electrical break down in required? Yes  No

Whether cover for theft is required Yes  No

**XI EMPLOYEES COMPENSATION INSURANCE** (If opted '\*\*' - fields marked '\*\*' are Mandatory)

\*Particulars of the work to be covered in detail

\*Risk Location Address

\*Employees Details - all persons employed must be included

S. No.	Description of work done by the Employees	No. of Employees	Declared Wages during the Period of Insurance (INR)	Place / Places of Employment
1				
2				
3				
4				
5				
<b>Total</b>				

\*Coverage under Law: Cover required?

Employees Compensation Act, 1923 and subsequent amendments thereof..... Yes  No   
(Limit: as per Employees Compensation Act, 1923)

Common Law. If yes, please provide the limit of indemnity required..... Yes  No

i. Per Employee Limit ..... INR

ii. Any One Accident Limit ..... INR

iii. Any One Year Limit .....INR

- "Per Employee Limit" is limit per employee for any number of accidents during Period of Insurance.
- "Any One Accident Limit" is limit per accident for any number of Employees.
- "Any One Year Limit" is aggregate limit for all accidents and claims arising there from during the Period of Insurance.

\*Is joint policy required? If yes, please provide the information

i. Name of joint holder :

ii. Joint holder category :

Parent Company

Associated Company

Public Authority

Subsidiary

Government Department

Others

Please provide total wages paid and particulars of accidents to your employees during the past three years

Year	Wages paid	Claim: Total Amount paid / Outstanding (INR)

**XII PUBLIC LIABILITY INSURANCE** (If opted '\*\*' - fields marked '\*\*' are Mandatory)

I. Risk Details: Mandatory field mark (*)					
*No. of locations to be covered	Located in country	Offices	Manufacturing units/Plants	Depots/Warehouses/ Godown/Tank farms	Others (please specify)
	India				
	OECD				
	Non OECD				
	USA & Canada				
Location of the Premises to be insured	Plot No./Door No.	Building			
	Road				
Please attach layout plans of manufacturing plant	Area				
	City	Pincode			
	State				
(Please attach separate sheet for additional locations)	Age of Building	<input type="checkbox"/> < 5 Years	<input type="checkbox"/> 5 - 10 Years		
		<input type="checkbox"/> 10 - 20 Years	<input type="checkbox"/> > 20 Years		
	Type of Construction	<input type="checkbox"/> Superior	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Kutcha
<b>Note:</b> Following definitions should be considered for classification of Building construction					
*Type of Construction	Walls	Roof			
Superior	Reinforced Cement Concrete	Reinforced			
Class A	Brick / Stone / Precast hollow cement blocks	Reinforced Cement Concrete			
Class B	Brick/Stone, Precast hollow cement blocks MetalSheet, AC Sheet, Glass Panel	AC Sheet, Metal Sheet, Tiles			
Kutcha	Canvas Tarpaulin Thatched Leaves Wood	Canvas, Tarpaulin, Thatched Leaves Wood			
Do you wish to Insure					
i. Offices		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
ii. Depots,		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
iii. Warehouse,		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
iv. Godowns		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
v. Tankfarms		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
vi. Other please specify		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
if yes, answer the following questions?					
(i) No. of offices, Depots, Warehouse, Godowns & tank-farm you wish to insure (use total figure of all)		<input type="checkbox"/> up to 10	<input type="checkbox"/> 11 - 99	<input type="checkbox"/> 100 - 499	<input type="checkbox"/> 500 and above
(ii) Are these Warehouses, Godowns, tank-farms, etc. occupied by		<input type="checkbox"/> you solely <input type="checkbox"/> shared with other parties			
		<input type="checkbox"/> hired to other parties			
*Please provide details of surrounding property within radius of 2 kms					
<input type="checkbox"/> Industrial area <input type="checkbox"/> Agricultural <input type="checkbox"/> Residential area <input type="checkbox"/> Other (Please Specify)					
*Please provide details of adjacent premises					
<input type="checkbox"/> Hazardous Industrial Unit <input type="checkbox"/> Non Hazardous Industrial Unit <input type="checkbox"/> Agricultural Land <input type="checkbox"/> Residential Unit <input type="checkbox"/> Other (Please specify) :					
*Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please provide the following information					
Substance	Quantity	Storage / handling		Precaution taken	
Are the premises fenced and / or locked?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Are customers/visitors permitted unaccompanied on the premises?					Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you complied with statutory provisions, rules and regulations in respect of the premises and operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are effluents treated before disposal and control systems of solid, liquid and gaseous waste or effluents are in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*Is there a programme for the prevention of fire, explosion? If yes, please indicate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(i) Are the Machines protected by fences or guarded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) Type of detection and alarm system:		
(iii) Fire protection devices installed:	<input type="checkbox"/> Portable Extinguishers	<input type="checkbox"/> Trailer Pumps <input type="checkbox"/> Fire Engine <input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fixed Water
(iv) Availability of service organisation in case of such incidents (Fire brigade, specialists in environmental protection and toxicology) :		
(v) Provisions made for supply of energy, water etc. in an emergency:		
(vi) Is there any welding, gas cutting or hot work being undertaken? If so, what are the precautions taken?:		
(vii) are there any vibrations from heavy machinery? If so, please explain the precautions taken:		
(viii) Is there any possibility of leakage of chemical or gas resulting in injury to third party property damage and/or bodily injury? If so, please give full details of alarm system, preventive measures and particulars of periodical inspection.		
Please provide details on security and safety arrangements:		
Please provide details of On-site & Off-site emergency plan		

**XIII. COVER DETAILS (If Section XII is opted '\*\*' - fields marked '\*\*' are Mandatory)**

*Period of Insurance	From	To		
	D D M M Y Y Y Y	D D M M Y Y Y Y		
*Retroactive Date	D D M M Y Y Y Y			
*Limit of Indemnity Required				
*Any one Accident Limit (AOA)	INR			
*Aggregate during policy period (AOY)	INR			
*AOA to AOY Ratio	<input type="checkbox"/> 1:1 <input type="checkbox"/> 1:2 <input type="checkbox"/> 1:3 <input type="checkbox"/> 1:4			
*Please indicate the Voluntary Excess opted (as percentage of indemnity limit per accident)				
*Territorial scope required	<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada			
*Jurisdiction required	<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada			
7. Have any of the items opted for coverage under various Sections enumerated overleaf suffered any damage previously? If so, give details of the same. Attach a separate sheet, if necessary.				
Date of Occurrence	Details of Loss	Amount of Loss (Rs)	Name of the Insurance Company	
8. Give details of previous insurance, if any.		Policy No.:	Company:	Expiry Date:

**XIV. ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION**

I want BUSINESS PACKAGE INSURANCE POLICY and related information in  Physical Format  e Format (electronic); as & when applicable

Choose your Insurance Repository (For those selecting e-Format)

NSDL Data Management Ltd.  CDSL Insurance Repository Ltd.  Karvy Insurance Repository Ltd.  CAMS Repository Services Ltd.

I have e Insurance Account & the No. is

My CKYC No. (Central Know Your Customer registry number) is  (If available)

I, \_\_\_\_\_, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: \_\_\_\_\_ Date:

Kindly visit our website [www.sbigeneral.in](http://www.sbigeneral.in) to view the list of KYC OVD (Officially Valid Documents).

### XV. \*PAYMENT DETAILS

Please fill in your payment details for either Cheque / Credit Card Option

\*Regulatory Requirement - For Premium Refund in case of Policy cancellations, please provide the Bank Account details as mentioned below.

Cheque please pay by crossed cheque (account payee only) in the name of "SBI General Insurance Company Ltd"

Cheque No.	<input type="text"/>	Amount	<input type="text"/>	IFSC Code*	<input type="text"/>
Account No.*	<input type="text"/>	Bank Name	<input type="text"/>		
Branch	<input type="text"/>	Dated	<input type="text"/>		

SBIGI does not accept Cash for Premium Payments against the Policy.

### XVI. AML GUIDELINES (Premium Payment shall be made by the Policyholder of the Policy)

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality:  Indian  Non-Indian  Non-resident Indian(NRI)  Others

If Non-Indian please specify the nationality and country address \_\_\_\_\_

If NRI please give details for resident country and address \_\_\_\_\_

Type of Organisation:  Corporation  Government  Non-Governmental Organisation  Society  Trust  
(Only applicable if policy issued on Group Basis)  Partnership  International Organisation  Cooperative  Section 25 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository.  Yes  No. Customer can submit CKYC form for updation.

Recent photograph of proposer:  
(Photograph is required. if customer does not have CKYC ID)

Signature of Proposer :

### XVII. PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT, 1938

1. 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 or 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 or continuing a policy accept any rebate, except such rebates as may be allowed in accordance with the prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 10 lakh.

### XVIII. DECLARATION

I/We hereby declare that the statements, answers and particulars given by me / us in this Proposal Form are true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to SBI General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this Proposal Form.

\*Place:  \*Date:  \*Signature of Proposer \_\_\_\_\_

### XIX. DECLARATION (If signed in Vernacular language / If you have affixed thumb impression above)

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language)

(Note: The below must be witnessed by someone other than the Advisor/Employee of the Company)

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us.

I, (Full name of the witness) \_\_\_\_\_ (Relation with the Proposer) \_\_\_\_\_ adult and inhabitant of (city) \_\_\_\_\_ and residing at \_\_\_\_\_ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I declare that whatever I have stated herein above is true and correct to the best of knowledge and belief.

Date:  Place:  Signature of the Witness \_\_\_\_\_

Signature/Thumb impression of the Proposer \_\_\_\_\_

## AML Declaration as per AML Master Guideline 2022:

### 1. Determination of Beneficial Ownership:

I/We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

#### \*Notes:

- a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.
1. **“Controlling ownership interest”** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company**;
  2. **“Control”** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;
- b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **Ten percent of capital or profits of the partnership**.
- c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals**.
- d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.
- e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten percent or more interest in the trust** and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

Date:

Signature of Policyholder: