Standard Fire & Special Perils (SFSP) Insurance Policy

PROPOSAL FORM



Guidelines For Completion of The Form

1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 2. Kindly contact SBI General's Offices or Agents for any doubts or clarifications on the proposal form.

Note: The liability of SBI General Company Ltd does not commence until this proposal has been accepted by SBI General and premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company.

For Office Use	
Marketing Officer Name:	
Specified Person's Name*:	Specified Person's Code*:
Broker / Agent Name:	Code:
Business Sector:	Urban Social Rural Sales Channel Type: Agency Direct Corporate/ broker
Details of the Persons Prop	posed to be Insured for Main Borrower (*mandatory fields)
Name*:	
Present Address*:	
(Current Residing Address)	City: Village: Village:
	Gram Panchayat: State:
	PIN code: Landmark: Landmark:
My Present Address is same	as Permanent Address
Permanent Address*:	
	City: Village: Village:
	Gram Panchayat: State:
	PIN code: Landmark:
Contact Details:	Mobile No.: Alternate No.:
	Email: Marital Status*: Married Unmarried
	Date of Birth*: D D M M Y Y Y Y PAN *: //Form 60/61 (if Available):
Aadhaar Card No.*:	Age: Gender: M F Other
Paid up Capital of the Compa	any: Financial interests: 1 2 3 4 5 6 7 8
Location of risk to be	Plot No.: Building Name:
covered:	Road: Area: City:
	District: PIN: State:
Period of Insurance: Do you want to delete a) Flood, Cyclone, group of p	From: DDMMYYYY To: DDMMYYYYY Derils: Yes /No b) Riot, Strike & Malicious damage: Yes /No
	ed applicants are Politically Exposed Person? Yes //No
Politically Exposed Persons (PE	Ps) are individuals who have been entrusted with prominent public functions by a foreign country, including the ents, senior politicians, senior government or judicial or military officers, senior executives of state-owned

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT < Policy Number>" to 561612 from your registered mobile number.

Note (*) marked fields are mandatory | ^Alternate number has to be different from the provided mobile number

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. I For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | Standard Fire & Special Perils (SFSP) Insurance Policy, UIN: IRDAN144RP0008V04201112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Nominee Details*:																															
Nominee 1																															
*Name:														Π											Τ			Т	Τ	Т	_
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	Nu	mb	er:																							_					_
Do you want the Plinth & Four	nda [.]	tior	n alc	ong	wit	h th	ne b	uilc	ling	j :		Yes	;] /۱	No																
Add-on covers required																															
Architects Consulting & Engamount)	ine	ers	Fee	s (ir	ı ex	ces	s o	f 3%	% cl	aim																					
Debris Removal (in excess of	f 1%	6 cla	aim	am	oun	it)					T																				_
Deterioration of Stocks in co accidental power failure due an insured peril	old s to o	stor dan	age	e pre e at	po\	ses	on	aco	oui n di	nt c ue t	of co																				
Forest Fire																															
Leakage & contamination co	ver																														
Spoilage material damage co	ovei	r																													
Temporary removal of stock	s																														
Loss of rent											\prod																				
Additional expenses of rent	for	an									_[
alternative accommodation																															

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Start up expenses				
Vehicle Impact damage due to insured's				
own vehicles				
Spontaneous Combustion				
Omission to Insure additions				
Earthquake (fire & shock)				
Terrorism				
Others, please specify				
Whether you have insured the same property with any other insurance company with the same type of coverage (Give details)				
Whether insurance was declined by any other company or imposed any special conditions (Give details)				
Premium / Claim details for the past 3 policy periods	Year	Premium i	n Rs	Claims in Rs.
	Icai	Treman.	1113.	Cidii ii
				<u> </u>
Total	<u> </u>	<u> </u>		
Patrilla About Proporty To Pa Covered At The Insured Leastin				
Details About Property To Be Covered At The Insured Location	n			
The Insured Property is	Yes/No			
Residence, Office, Shops, Hotel etc	Yes/No			
Industrial/Manufacturing risks	Yes/No			
Storages outside industrial risks	Yes /No			
Tanks/Gas Holders outside Industrial Manufacturing risks	Yes /No			
Utilities located outside Industrial Manufacturing risks	Yes /No			
Is used as Shop please declare whether the goods handled are as per the following list. If yes, whether the stock value will exceed 5% of shops value				
1.Celluloid goods, 2.Coir Loose, 3.Crackers & Fire Works, 4. 8.Matches, 9.MethylatedSpirit, 10.NitroCellulosePlastics, 11.Oils/E below 32oC(Closed cup Test), 12.Paints with inflammable bas in sealed tins or drums, 13. Varnishes having a Flash point bel 14. Disinfectant liquids and liquid insecticides-Other than in sea fibre.	ther/IndustrialSolvents e having flash point b low 320C (Closed cup	sandotherir pelow 320C Test)-ither	nflammable (Closed C r than in s	leliquidsflashingatand Cup test)-Other than sealed tins or drums.
If used as warehouse / go-down (not located in a manufacturing unit) please give the list of goods stores.				
If used as an Industrial Manufacturing unit give products manufactured at the location proposed				
If used as an Industrial Manufacturing unit please state				
whether the factory isworking or silent				
Fire Protection devices installed	Please Tick in the box	below		
	Portable Extinguishe	ers		
	Trailer Pumps			
	Fire Engine			
	Hydrant System			
	Sprinkler System			
	Fixed Water			
	<u>- </u>			

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Sum Insured											
The basis proposed for i	nsurance										
(Building /Machinery/FFI	F										
Market Value Basis				Yes/No							
Reinstatement Value Ba	sis Yes/No			Yes	/No 🗌						
a) Construction details b) Height of Building c) Age of Building i					Please state material used 5- 10 years i) Walls ii) Floor iii) Roof Metres Less than 5 Years 10-20 Years 5-10 Years Above 20 Years						
Note: Buildings having wasphalt cloth/canvas/tar			•		-	ass /l	nay of any kind/ba	mboo/plastic c	loth/		
Building-wise values (Ple	ase include the	e kutcha build	ings also in th	nis list a	and give indivi	dual	values against su	ch buildings)			
A. On Floater Basis Stocks at various location	ns (warehouse	es/go-downs a	and / or open	etc.,) o	can be covere	d on 1	loaters basis for a	single Sum Ins	ured		
				Tick		Am	ount Rs.				
Floater Basis											
B. On Declaration Basis Stocks which fluctuate in		covered on (m	onthly) decla	ration	basis						
		Tick				Am	ount Rs.				
Declaration Basis Note: 1. Minimum Sum II at Railway sidings are no		Crore, and pol	icy not issued	d on sh	ort period bas	sis. 2.	Stocks in process	s and stocks sto	red		
C. On Floater Declaration Stocks which fluctuate in		as stored in va	rious locatio	ns can	be covered or	n (mo	nthly) floater dec	aration basis.			
		Tick				Am	ount Rs.				
Declaration Basis											
Note: 1. Minimum Sum II	nsured is Rs.2 C	Crores 2. Stoc	ks in process	and st	ocks stored a	t Rail	way sidings are no	t covered.			
D. Stocks stored in Ope Stocks which fluctuate in		as stored in va	rious locatio	ns can	be covered or	n (mo	nthly) floater dec	aration basis.			
		Location	S			Am	ount Rs.				
Stocks in open (located of factory compound)	outside the										
Total Sum Insured (as pe	r relevant seria	l numbers sho	own against e	each)							
	Clause / Peril code	Risk code	Rate Code		Rate		Sum Insured	Premium			
Building wise values											
Architects & Engineers fees											
Debris Removal											
Deterioration of stocks in cold											

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storage premises on

account of

power failure due to insured peril						
Forest fire						
Impact damage due to	 			†		
Insured's						
own vehicle						
Spontaneous Combustion						
Omission to Insure additions						
Alternation extension						
Earthquake						
Building-wise values						
Stocks – Floater Basis						
Stocks –						
Declaration Basis						
Stocks – Floater						
Declaration Basis	 					
Stocks – In open – outside factory						
compound	 					+
Grand Total	 			1	1	+
Grana rotar			1	1	J	
Premium Details*:						
Premium Amount ₹			Cheque No./ Pa	/	Date: D	M M Y Y Y
Premium payment option	n: Cheque	DD Deb	oit Card / Credit C	ard EFT		
Bank Name:				ch Name:		
IFSC Code:			Banl	Account No		
Card Details*Master	Visa Othe	ers Card N	o*	E	xpiry Date* 🛛 🗈	M M Y Y Y
SBIGI does not accept Ca	ash for Premiu	── m Payments ag	ainst the Policy.			
Bank Account Details For	Process Of Re	fund*:				
Characa will be incread in th		Duamanananh	In coor of concelle	tion of policy if our		
Cheque will be issued in the refund amount would be o						
Cheque: (Cancelled Cheque)						
Name of Account						
Holder						
Bank Name:				Branch Name:		
Bank Account No.:				IFSC Code:		
MICR Code:						
Note: The Proposer agredetails. If ECS is selected,						nge in bank accoun
KYC Documents Attache	·	t the standing i	nstruction forma	valiable at our brain	crics.	
Pan Card Pass	sport	Government	UID Voter's la	lentity Card	Aadhaar Card	Telephone Bill
Ration Card Driv	ring Licence	Electricity Bil		s not older than 2 m	onuns Kegist	ration Certificate
AML GUIDELINES (Prem	nium Pay <u>ment</u>	shall be made b	by the Policyholde	r of the Policy)		
I/We hereby confirm that					no premiums have	been/will be paid ou
of proceeds of crime rela						

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/ies has/have 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 statues, directly or indirectly governing the Prevention of Money Laundering in India.

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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 (Only applicable if policy issued on Group Basis):	
Corporation Government Non-Governmental Organisation	Society Trust
Partnership International Organisation Cooperative	Section 25 Companies
I hereby declare that the current address is different from the avalilable in the Cen Customer can submit CKYC form for updation.	tral identities Data Repository. Yes No.
Recent photograph of proposer. (Photograph is required. if customer does not have CKYC ID)	
	Signature of Proposer
ELECTRONIC INSURANCE ACCOUNT DETAILS*:	
I have an elA Number	
(a) NSDL Database Management Ltd (b) Centrico Insurance Repositor Known as CDSL Insurance Re	
(c) Karvy Insurance Repository Ltd. (d) CAMS Insurance Repository S	ervices Ltd
My CKYC No. (Central Know Your Customer Registry Number), (if available):	
	ant explicit consent to SBI General Insurance
Company for the retrieval and downloading of my CKYC record from the Centrinformation is essential for the purpose of ensuring accurate and updated record General Insurance Company will handle my CKYC information in compliance regulations. This consent is valid until revoked in writing by me. I have read and un usage of my CKYC information and voluntarily provide my consent.	ds for insurance services. I acknowledge that SBI e with all applicable data protection laws and
Customer Name:	Date: D D M M Y Y Y Y
Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Visit our website) where the state of	/alid Documents)

Declaration by Proposer

- 1. I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated.
- 2. I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property as if it were uninsured.
- 3. I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.
- 4. I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.
- 5. I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.
- 6. I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal.

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7. The details filled in the proposal form would be used for new as well as f	or renewal purposes.
Do you suffer from any disability? Yes No If Yes, please st	ate the type of disability.
Please share the percentage of disability	
Date: D D M M Y Y Y Y	
Place:	
	Signature of the Proposer
Agent Declaration	
I,	ontained in this Proposal Form to the Proposer including roposal Form to questions contained herein or any details e Company and the Proposer, if this Proposal is accepted any untrue statement(s)/ information/response(s) is/are atements, submissions, furnished/to be furnished, the and further more if there has been a non-disclosure of any
Date:	Signature of the Agent:
Vernacular Declaration	
Applicable where the Proposer is illiterate or is suffering from a disability has signed in vernacular language. (Note: The below must be witnesse: Company). I/We certify that the product applied for by me/us and the contents of the	d by someone other than the Advisor/Employee 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 information provided by me/us. I, (Full name of the witness) (Relation with the Proposer/Primary insured) do hereby certify that I ha Form and all other documents incidental to availing the insurance po Proposer/Primary Insured and he/she/they have understood the same. It is true and correct to the best of knowledge and belief.	adult and inhabitant of (city) and residing at ve read out and explained the contents of the Proposal licy from SBI General Insurance Company Ltd., to the
Date: D D M M Y Y Y Place:	Signature of the Witness
Signa	ture/Thumb impression of the Proposer/Primary Insured
Consent Code And Account Debit Mandate	
	is the consent code to
authorize SBI to Debit the customer account I	authorize
SBI to debit my Account Number with ₹	for premium of
Date: D D M M Y Y Y Place:	Signature of the Witness :
	Signature/Thumb impression of the Proposer
Insurance Act,1938, Section 41-Prohibition of Rebates	
 No person shall allow or offer to allow, either directly or indirectly as continue an insurance in respect of any kind or risk relating to lives or commission payable or any rebate of the premium shown on the policy, a policy, accept any rebate except such rebate as may be allowed in accept. 	property in India, any rebate of the whole or part of the nor shall any person taking out or renewing or continuing

- 2. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

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AML Declaration as per AML Master Guideline 2022:

- 1. KYC Details for Individual Members covered under the Group Insurance:
 - "I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required."
 - To be included as declaration by proposer /insured Section in all Proposal forms.
- 2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non Individual customers.

3. 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 or who exercises control through other means.
 - Explanation For the purpose of this clause, "Control" shall include the right to control the management or policy decision
- 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.