

Saral Bharat Laghu Udyam Suraksha

PROPOSAL FORM

Important:

1. 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.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	

A. Details about Proposer and Policy Period:

1.	Name of Proposer	
2.	Address of Proposer	
3.	Telephone No (Landline)	
4.	Mobile No	
5.	Email	
6.	Contact person details, if not an individual	
	a. Name	
	b. Designation	

SBI General Insurance Company Limited. Registered and Corporate Office: 9th Floor, Wing A& B, Fulcrum, Sahar Road, Andheri (East), Mumbai – 400 099 | CIN: U66000MH2009PLC190546 | Toll free: 18001021111 | customer.care@sbigeneral.in | www.sbigeneral.in | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | UIN: IRDAN144RP0029V01202324

7.	Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
8.	Period of Insurance	From : To :
9.	Loan Account no	
10	Do you have an existing relationship with SBI General? Yes No [] If Yes, please mention the Customer ID. Customer ID: SBI Employee ID:	
11	Aadhaar No. : PAN detail /Form 60 :	

B. Business and Location of Business:

9.	Business of Proposer																															
10.	Location of risk/business to be covered - full postal address with Pin Code	<table border="1"> <thead> <tr> <th>SL No.</th> <th>Address</th> <th>Pin code</th> <th>Occupancy</th> <th>Age of unit</th> <th>Floor*</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><i>*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor</i></p>	SL No.	Address	Pin code	Occupancy	Age of unit	Floor*	1.						2.						3.						4.					
SL No.	Address	Pin code	Occupancy	Age of unit	Floor*																											
1.																																
2.																																
3.																																
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C. Details about business covered at the insured location

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11.	Details of Insured property	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)	
12.	If used as warehouse / godown (no located in a manufacturing unit) please give the list of goods stored.	
13.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed(detailed block plan showing various facilities to be enclosed whereve applicable)	

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14.	If used as an Industrial Manufacturing unit please state whether the factory is working or silent?						
15.	Fire Protection devices installed	Please Tick the correct answer in the box below. <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. _____					
16.	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force :	Yes <input type="checkbox"/> / No <input type="checkbox"/>					
17.	Construction Details						
a.	Please state material used	Please tick the correct answer in the box					
i.	Walls	<table border="1"> <tr> <td>Kutcha</td> <td><input type="checkbox"/></td> <td>/</td> <td>Pucca</td> <td><input type="checkbox"/></td> </tr> </table>	Kutcha	<input type="checkbox"/>	/	Pucca	<input type="checkbox"/>
Kutcha	<input type="checkbox"/>	/	Pucca	<input type="checkbox"/>			
ii.	Floor	<table border="1"> <tr> <td>Kutcha</td> <td><input type="checkbox"/></td> <td>/</td> <td>Pucca</td> <td><input type="checkbox"/></td> </tr> </table>	Kutcha	<input type="checkbox"/>	/	Pucca	<input type="checkbox"/>
Kutcha	<input type="checkbox"/>	/	Pucca	<input type="checkbox"/>			
iii.	Roof	<table border="1"> <tr> <td>Kutcha</td> <td><input type="checkbox"/></td> <td>/</td> <td>Pucca</td> <td><input type="checkbox"/></td> </tr> </table>	Kutcha	<input type="checkbox"/>	/	Pucca	<input type="checkbox"/>
Kutcha	<input type="checkbox"/>	/	Pucca	<input type="checkbox"/>			

Note:

Kutcha: 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 Kutcha Construction.

Pucca: Buildings other than Kutcha are treated as Pucca constructions.

b.	Number of Floors	
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c.	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>10-20 years</td> <td></td> </tr> <tr> <td>Above 20 years</td> <td></td> </tr> </table>	Less than 5 years		5-10 years		10-20 years		Above 20 years	
Less than 5 years										
5-10 years										
10-20 years										
Above 20 years										

18.	Distance between the risk to be covered and nearest Fire Brigade	
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19.	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)	
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20.	Whether Insurance was declined by any other Company (Give details)	
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21.	Premium / Claim details for the past 36 months excluding the expiring policy period	<table border="1"> <tr> <th>Year</th> <th>Premium</th> <th>Claim</th> </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> </table>	Year	Premium	Claim		₹	₹		₹	₹		₹	₹
Year	Premium	Claim												
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		₹	₹
		₹	₹
	TOTAL	₹	₹
22.	Do you Long Term Relation with SBIG? Please select any one option	<input type="checkbox"/> New Business <input type="checkbox"/> 1 st Renewal <input type="checkbox"/> 2 nd Renewal <input type="checkbox"/> 3 rd Renewal <input type="checkbox"/> 4 th Renewal <input type="checkbox"/> 5 th and above Renewal	
23.	Do you have any other policy from SBIG? Please select any one option.	New Business <input type="checkbox"/> Existing Customer <input type="checkbox"/>	
24.	What is the Flood Exposure at the risk location? Please select any one option. (Note - Usually Flood Exposure is High to Extreme if the risk is located near a River /Lake / Water body)	Negligible <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>	
25.	What is the Cyclone Exposure at the risk location? Please select any one option. (Note - Usually Cyclone Exposure is High to Extreme if the risk is located near Coastal area)	Negligible <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>	

D. Sum Insured and Other details of Insured Property

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(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).

	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. Additional Optional Cover

Sr No	Add on Name	Please select (√)	Sum Insured
1	Terrorism Damage	Yes/ No	

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2	Accidental Damage Cover Clause	Yes / No	
3	Involuntary betterment/technological advancements/obsolete equipment clause	Yes/ No	
4	Impact Damage by Insured's Own Vehicle	Yes / No	
5	Electrical Clause /Electrical Installation Clause	Yes /No	
6	Brand and Trade Mark Clause	Yes/ No	
7	Deterioration of Stocks		
	Deterioration of Stocks in Cold Storage premises due to accidental power failure	Yes / No	
	Deterioration of stocks in cold storage premises due to change in temperature	Yes / No	
8	Adequacy of Sum Insured	Yes /No	
9	Leakage and Contamination Cover		
	A) Where the tanks are within the Insured's own premises		
	Leakage Cover Only	Yes /No	
	Leakage & Contamination	Yes /No	

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10	B) Where the tanks are located elsewhere		
	Leakage Cover Only	Yes /No	
	Leakage & Contamination	Yes /No	
	EMI Protection cover	Yes / No	
11	Loss of Rent and Additional Expenses of Rent for an Alternate Premises	Yes /No	
12	Floater Cover	Yes/ No	
13	Declaration Policy for Stocks		

Note:

- i. For Accidental Damage Cover Specified Sum Insured Limit not exceeding 10% of location sum insured, subject to max of Rs. 1Cr
- ii. For Involuntary betterment/technological advancements/obsolete equipment clause: Specified Sum Insured Limit not exceeding 10% of location sum insured
- iii. For Impact damage by insured's own vehicle – Sum insured limit will be policy sum insured, if opted.

F. Premium Details

25.	Mode of Payment	
	Payment Details	
	Amount	

Declaration by Insured

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I / We hereby declare that the value insurable assets is more than ₹ 5 Crore but less than ₹ 50 Crore and 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 the _____.

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.

Date:

Place:

Signature of the Proposer

I hereby declare that I am not a Politically Exposed Person (PEP)- Yes ☐ No ☐

ELECTRONIC INSURANCE ACCOUNTS DETAILS

I would Saral Bharat Laghu Udyam Suraksha policy related information in	Physical Format <input type="checkbox"/> e-Format (electronic) <input type="checkbox"/>
I have eIA Number	
I would like to apply for eIA with	<input type="checkbox"/> NSDL Data Management <input type="checkbox"/> CSDL Insurance Repository Ltd <input type="checkbox"/> Karvy Insurance Repository Ltd <input type="checkbox"/> CAMS Repository Services Ltd
CKYC No (Central Know Your Customer Registry Number), (if available)	

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

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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 bonafide 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/We 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 ☐

If Non-Indian, please specify Country:

Type of Organization (Only applicable if policy is issued in group basis):

Corporations <input type="checkbox"/>	Governments <input type="checkbox"/>	Non-Governmental Organizations <input type="checkbox"/>
Society <input type="checkbox"/>	Trust <input type="checkbox"/>	International Organization <input type="checkbox"/>
Partnership <input type="checkbox"/>	Cooperatives <input type="checkbox"/>	Section 8 Companies <input type="checkbox"/>

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I here by 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

VERNACULAR DECLARATION

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/Primary insured) _____ 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/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

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Signature of the Witness Insured
Proposer/Primary.

Signature/Thumb impression of the

Date:

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Place: _____

AGENT DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

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Agent Name:

SP Name:

SP Code:

License No.: _____

Signature of Agent

Date:

Place

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INSURANCE ACT 1938 SECTION 41- 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.

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ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

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