

PROPOSAL FORM

ADVANCED LOSS OF PROFITS (ALOP) INSURANCE



Proposal Cum Questionnaire for Advanced Loss of Profits (ALOP) Insurance

The questionnaire contained herein is in addition to the questionnaire for EAR / CAR material damage cover which forms Integral part of this proposal. N.B. If you do not find sufficient space in any of the columns below, please use additional sheets for giving full details.

Insured's Details (*mandatory fields)

1. Proposor (principal to be insured)

Salutation Mr. Miss Mrs.

Name:

(in full BLOCK LETTERS)

Address :

Plot No/Door No.

and building name

Road name Area

City Pin code State

Kind of business:

PAN*: / Form 60/61 (if Available): Aadhaar Card No.:

Are You or any of the proposed applicants are Politically Exposed Person? Yes No

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

2.	RISK DETAILS:																					
	a. Brief description of construction/erection works to be carried out																					
	b. Any existing plant or surrounding property in processor's possession or care, custody or control on the above site(s) or adjacent to it (them). (Please attach site layout plan)	<input type="checkbox"/> The project is <input type="checkbox"/> A new venture <input type="checkbox"/> The extension of existing works																				
	c. Loss or damage to existing Plant or surrounding Property arising out of the Erection activities which such activities are likely to Cause. If so, please specify																					
	d. Delay in completion of works or start up of business to be insured. If so, please fill in Loss of Profit Questionnaire																					
	e. Loss or damage to plants or Parts thereof adjacent to site and still in operation arising out of the erection activities which is likely (and to be covered) to cause any loss of profits. If so, please fill in Machinery Loss of Profits Questionnaire.																					
3.	Brief description of the process or services, making special mention of bottlenecks. (Please attach flow sheet)																					
	a. Has the method of production or services Been employed by the proposer previously. If so, for how many years?																					
4.	Intended normal working hours.																					
	<table border="1"> <thead> <tr> <th></th> <th>Per day</th> <th>Hours</th> <th>Shifts</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Per week</td> <td>Hours</td> <td></td> </tr> <tr> <td></td> <td>Per year</td> <td>Hours</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Per day	Hours	Shifts						Per week	Hours			Per year	Hours						
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	Per year	Hours																				
5.	Loss of Profit Questionnaire																					
	a. Anticipated gross profit (Annual turnover less costs of supplies of goods, raw material, electricity, water gas, etc.) for first year of operation (monthly figures)																					
	b. If indemnity period required longer than 12 months	Indemnity period required :- Gross profit of required period:-																				

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. | 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. | Advance Loss of Profits (ALOP) Insurance, UIN: IRDAN144CP0016V0120101 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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/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 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 (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 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

AGENT DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised 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.

Licence No.: _____

Date: Place: _____

Signature of the Agent

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I would like Advance Loss of Profits (ALOP) Insurance and related information in: Physical Format e-Format (electronic)

I have eIA Number:

I would like to apply for eIA with:

NSDL Data Management CSDL Insurance Repository Ltd Karvy Insurance Repository Ltd CAMS Repository Services Ltd

CKYC No (Central Know Your Customer Registry Number), (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 to view the list of KYC OVD (Officially Valid Documents).

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/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.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

PROHIBITION OF REBATES (Under Section 41 of 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 rebate 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 liable for a penalty, which may extend to Ten Lakh rupees.

Place: _____

Proposer's Signature

Date:

D	D	M	M	Y	Y	Y	Y
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Name _____

Designation _____

STATUTORY NOTICE: INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION

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:

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