

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 and perils under other sections of the product.
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 paid.

Note: The Coverage proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by SBI General Insurance Company Limited. ("Company").

OFFICE USE ONLY

*Policy Issuing Office Address:	<input type="text"/>	
	<input type="text"/>	
*Quote No:	<input type="text"/>	*Code: <input type="text"/>
*Receipt No:	<input type="text"/>	*Inward No: <input type="text"/>
		*Receipt Date: <input type="text"/>

INTERMEDIARY DETAILS (In this section the * mark is for all the mandatory fields.)

*Business Type:	New <input type="checkbox"/> Rollover <input type="checkbox"/> Renewal <input type="checkbox"/>	*In case of renewal, please share Policy Number
*Policy No.:	<input type="text"/>	
*Branch Office Name:	<input type="text"/>	
*Branch Office Code:	<input type="text"/>	*Segment: Corporate <input type="checkbox"/> Retail <input type="checkbox"/> SME-1 <input type="checkbox"/> SME-3 <input type="checkbox"/>
*Sales Channel Type:	Banca <input type="checkbox"/> Agency <input type="checkbox"/> Direct <input type="checkbox"/> Corporate/broker <input type="checkbox"/>	
*Intermediary Name:	<input type="text"/>	
*Intermediary Code:	<input type="text"/>	*Agreement Code: <input type="text"/>
*SP Name:	<input type="text"/>	*SP Code*/PF ID: <input type="text"/>
*SP Mobile No.:	<input type="text"/>	*RM ID: <input type="text"/>
*GSTN/ISDN:	<input type="text"/>	

A. DETAILS ABOUT PROPOSER AND POLICY PERIOD (*MANDATORY FIELDS):

1. Name of the Proposer's:	<input type="text"/>
2. Address: of Proposer's:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Pin code:	<input type="text"/>
3. Gender:	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
4. Phone:	<input type="text"/>
5. Mobile No.:	<input type="text"/>
6. Aadhaar No.:	<input type="text"/>
7. PAN*:	<input type="text"/> /Form 60/61 (if Available): <input type="text"/>
8. Profession:	Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Others <input type="checkbox"/>
9. Email ID:	<input type="text"/>

10. Contact person details (where proposer is not an individual)

a. Name:	<input type="text"/>	b. Designation:	<input type="text"/>
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11. Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions

<input type="text"/>
<input type="text"/>
<input type="text"/>

12. Period of Insurance: From to 13. Are You or any of the proposed applicants or close relatives is/are associated to 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.

Disclaimer: SBI General Insurance Company Limited I 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. | Laghu Business Package Insurance, UIN: IRDAN144CP0001V01202122 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Section I : Standard Fire and Special Peril

B. BUSINESS AND LOCATION OF BUSINESS

1.	Business of the Proposer	Sl.No.	Address	PIN Code	Occupancy	Age of Unit	Floor*
2.	Location of risk/business to be covered - full postal address with Pin Code.						

*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H)

C. DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION

1.	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)	
2.	If used as warehouse / godown (no located in a manufacturing unit), please give the list of goods stored.	
3.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)	
4.	If used as an Industrial Manufacturing unit please state whether the factory is working or silent?	
5.	Fire Protection devices installed	Please tick the correct answer in the box below.
		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 <input type="checkbox"/>
6.	Indicate whether AMC (Annual Maintenance Contract) for the Fire Protection Appliances is in force	Yes <input type="checkbox"/> / No <input type="checkbox"/>
7.	Construction details	
a.	Please state material used	Please tick the correct answer in the box.
	i. Walls	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>
	ii. Floor	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>
	iii. Roof	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 likes are treated as Kutcha Construction. Pucca : Buildings other than Kutcha are treated as Pucca constructions	
b.	Number of Floors	

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																	
8.	Distance between the risk to be covered and nearest Fire Brigade																
9.	Whether you have insured the same property with any other Insurance Company with the same type of coverage (Give details)																
10.	Whether Insurance was declined by any other Company (Give details)																
11.	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> <tr> <td>TOTAL</td> <td>₹</td> <td>₹</td> </tr> </table>	Year	Premium	Claim		₹	₹		₹	₹		₹	₹	TOTAL	₹	₹
Year	Premium	Claim															
	₹	₹															
	₹	₹															
	₹	₹															
TOTAL	₹	₹															
12.	Is Political Violence cover required ?	Yes <input type="checkbox"/> / No <input type="checkbox"/>															
13.	Is Third Party Liability cover required ?	Yes <input type="checkbox"/> / No <input type="checkbox"/>															
14.	Do you Long Term Relation with SBIG? Please select any one option.	<input type="checkbox"/> New Business <input type="checkbox"/> 1st Renewal <input type="checkbox"/> 2nd Renewal <input type="checkbox"/> 3rd Renewal <input type="checkbox"/> 4th Renewal <input type="checkbox"/> 5th and above renewal.															
15.	Do you have any other policy from SBIG? Please select any one option.	<input type="checkbox"/> New Business <input type="checkbox"/> Existing Customer															
16.	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)	<input type="checkbox"/> Negligible <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme															
17.	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)	<input type="checkbox"/> Negligible <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme															

D. SUM INSURED AND OTHER DETAILS OF INSURED PROPERTY (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, either wholly or to the extent of the damage. The Company's liability shall be based on the Contract Price).

1.	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. STANDARD ADD-ONS

Do You want to opt for Floater Cover? Yes ☐/No ☐ (strike off what is not applicable). If Yes, give details below:

1.	Floater Cover (for stocks at various locations)	Location (Postal Address with PIN Code)	Sum Insured (in ₹)
		i) Maximum value at any one location: ₹.....	
		ii) Whether stocks stored in open: Yes <input type="checkbox"/> /No <input type="checkbox"/>	

2. Stocks which fluctuate in value to be covered on (monthly) declaration basis:

Amount (₹): _____

Do You want to opt for Declaration Policy? Yes ☐/No ☐

Other Sections:

Section II Business Interruption

i The Indemnity: The amount which the Insured is entitled to recover under the provisions of the attached specification which is declared to be incorporated in and to form part of this Schedule but not exceeding the total Sum Insured hereby

ii Total Sum Insured

iii Period of Indemnity

Section III Machinery Breakdown (Items are required to be covered on RIV basis)

S.No	Description	Make & Model	Year of manufac-ture	Identification no.	Sum Insured (Rs)
Total					

Section IV (A) Electronic Equipments / Appliances (Items are required to be covered on RIV basis)

S.No	Description	Make & Model	Year of manufac-ture	Identification no.	Sum Insured (Rs)
Total					

Section IV (B) : External Data Media.

i) Data media	Rs.
ii) Expenses for Reconstruction and Re-recording of information	Rs.
Total	

Section IV (C): Increased Cost of Working.

i) Rent of substitute EDP equipments	
a) Indemnity Limit Per Hour	Rs.
b) Indemnity Period per occurrence	Weeks
c) Limit per occurrence (a x b)	Rs.
d) Aggregate indemnity limit during the period of insurance	Rs.
ii) Personal Expenses	Rs.
iii) Transportation of Materials	Rs.
iv) Time Excess	

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Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | www.sbigeneral.in

Section V Burglary Insurance

Description of Block	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finishe Stock	Other Contents (Please specify)	Total
							₹
							₹
							₹

Do you want Theft extension ? Yes ☐ No. ☐

Basis of valuation(mandatory) Please tick : Reinstatement Value Basis ☐ Market Value Basis ☐

Section VI Money Insurance

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.

Section VII Plate Glass Insurance

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.		

Section VIII Sign Board Insurance

Sl. No.	Sign Board 1	Sign Board 2	Sign Board 3	Sign Board 4	Sign Board 5
Description with size (Example – Neon sign with size of 4Feet X6 Feet)					
Year of manufacture					
Manufacturer's Name					
Location of Sign Board					
Please provide status of the sign board (static/mobile)					
Is Height of the lowest end of Sign/Hoarding from ground level more than 6 feet? (Yes/ No)					
Sum Insured					

Section IX Fidelity Guarantee Insurance

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?		Amount (Rs)	Money		Stock
		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					

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
Give details of previous insurance, if any.		Policy no:	
		Company:	
		Expiry Date:	

Section X Portable Electronic Equipment Insurance (Items are required to be covered on RIV basis)

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				() Yes () No	
Whether cover for machinery/electrical break down is required?				() Yes () No	
Whether cover for theft is required?				() Yes () No	

Section XI Employees Compensation Insurance

Particulars of the work to be covered in detail			
Risk Location Address			
Employees Details – all persons employed must be included			

Sr. 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				
	Total			

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 LimitINR

ii. Any One Accident Limit INR

iii. Any One Year LimitINR

- "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)

Section XII Public Liability Insurance

I. Risk Details:

No. of locations to be covered	Located in country	Offices	Manu- facturing units/ Plants	Depots/Warehous- es/Gowdown/Tank farms	Others (please specify)
	India				
	OECD				
	Non OECD				
	USA & Canada				
Location of the Premises to be insured.	Plot No/Door No.	Building			
	Road				
	Area				
	City				
	State			Pincode:	
Please attach separate sheet for additional locations)	Age of Building	() < 5 Years () 5 – 10 Years () 10-20 Years () > 20 Years			
	Type of Construction	() Superior () Class A () Class B () Kutcha			

Note: Following definitions should be considered for classification of Building construction

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Type of Construction	Walls	Roof
Superior	Reinforced Cement Concrete	Reinforced Cement Concrete
Class A	Brick / Stone / Precast hollow cement blocks	Reinforced Cement Concrete
Class B	Brick/Stone, Precast hollow cement blocks Metal Sheet, AC Sheet, Glass Panel	AC Sheet, Metal Sheet, Tiles
Kutchia	Canvas Tarpaulin Thatched Leaves Wood	Canvas, Tarpaulin, Thatched Leaves Wood
Do you wish to Insure		
i. offices		() Yes () No
ii. Depots,		() Yes () No
iii. Warehouse,		() Yes () No
iv. Godowns		() Yes () No
v. tankfarms		() Yes () No
vi. other please specify		() Yes () No
if yes, answer the following questions?		
(i) No. of offices, Depots, Warehouse, Godowns & tankfarm you wish to insure (use total figure of all)		() up to 10 () 11 - 99 () 100 - 499 () 500 and above
(ii) Are these Warehouses, Godowns, tank-farms, etc. occupied by		() you solely () shared with other parties () hired to other parties

Please provide details of surrounding property within radius of 2 kms

() Industrial area	() Agricultural		
() Residential area	() Other (Please Specify)		
Please provide details of adjacent premises			
() Hazardous Industrial Unit	() Non Hazardous Industrial Unit		
() Agricultural Land	() Residential Unit		
() Other (Please specify) :			
Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons ?			
() Yes () No			
If yes, please provide the following information			
Substance	Quantity	Storage/handling	Precaution taken
Are the premises fenced and/or locked?	() Yes () No		
Are customers/visitors permitted unaccompanied on the premises?	() Yes () No		
Have you complied with statutory provisions, rules and regulations in respect of the premises and operations?	() Yes () No		
Are effluents treated before disposal and control systems of solid, liquid and gaseous waste or effluents are in place?	() Yes () No		
Is there a programme for the prevention of fire, explosion incidents? If yes, please indicate	() Yes () No		
(i) Are the machines protected by fences or guarded ?	() Yes () No		
(iii) Fire protection devices installed: () Portable Extinguishers () Trailer Pumps () Fire Engine () Hydrant System			
() Sprinkler System () 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			

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II. COVER DETAILS:		
Period of Insurance	From: dd/mm/yyyy	To: dd/mm/yyyy
Retroactive Date	dd/mm/yyyy	
Limit of Indemnity Required		
Any one Accident Limit (AOA)	INR	
Aggregate during policy period (AOY)	INR	
AOA to AOY Ratio	() 1:1 () 1:2 () 1:3 () 1:4	
Please indicate the Voluntary Excess opted (as as percentage of indemnity limit per accident)		
Territorial scope required	() India () Worldwide	
	() Worldwide excluding USA & Canada	
Jurisdiction required	() India () Worldwide	
	() Worldwide excluding USA & Canada	

(Please attach separate sheet for additional locations)

F. Add-ons:

Sr No	Add on Name	Please select (✓/x)	Sum Insured
1.	Involuntary betterment/ technological advancements clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
2.	Impact damage by Insured's Own Vehicle	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
3.	Accidental Damage Cover Clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
4.	Electrical Clause /Electrical Installation Clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
5.	Brand and Trade Mark Clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
6.	Adequacy of Sum Insured	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
7.	Leakage and Contamination Cover		
a)	Where the tanks are within the Insured's own premises		
	Leakage Cover Only	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
	Leakage & Contamination	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
b)	Where the tanks are located elsewhere		
	Leakage Cover Only	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
	Leakage & Contamination	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
8.	EMI Protection cover	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
9.	Loss of Rent and Additional Expenses of Rent for an Alternate Premises	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
10.	Deterioration of Stocks		
a)	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	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
b)	Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril.	Yes <input type="checkbox"/> /No <input type="checkbox"/>	

G. Premium Details:

Premium Amount ₹:	<div></div>	Cheque No.:	<div></div>	Date:	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Premium payment option:	Cheque <input type="checkbox"/> DD <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/>				
Bank Name:	<div></div>	IFSC Code:	<div></div>		
Bank Account Number:	<div></div>				
Branch Name:	<div></div>	Card details:	Master <input type="checkbox"/>	Visa <input type="checkbox"/>	
Card No.:	<div></div>	Card Expiry Date:	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		

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

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H. Declaration by Insured:

I/ We hereby declare that the value of 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. Electronic Insurance Accounts Details:

I want Laghu 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 an 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 to view the list of KYC OVD (Officially Valid Documents).

J. 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/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 ☐ 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
(Only applicable if policy issued on Group Basis) ☐ 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

Disclaimer: SBI General Insurance Company Limited I 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. | Laghu Business Package Insurance, UIN: IRDAN144CP0001V01202122 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

K. 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:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of the Agent: _____

L. 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) _____

_____ (Relationship 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 my/our knowledge and belief.

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Signature of the Witness Insured

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Signature/Thumb impression of the Proposer/Primary

Date:

D	D	M	M	Y	Y	Y	Y
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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.

Any Person Making Default In Complying With The Provisions Of This Section Shall Be Punishable With Fine Which May Extend Up To Rupees Ten Lakhs.

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:

- 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.
 - "Controlling ownership interest"** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company**;
 - "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;
- 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**.
- 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**.
- 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.
- 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: