

**SARAL BHARAT LAGHU UDYAM SURAKSHA**

**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.

**Office use only**

Policy Issuing Office Address :

Code :

Intermediary/Agent Name :

Code (if any) :

**Details about Proposer and Policy Period**

1. Name of Proposer\*:

2. Present Address\*:   
 (Current Residing Address):  
 City:  Village:   
 Gram Panchayat:  State:   
 PIN code:  Landmark:

My Present Address is same as Permanent Address

Permanent Address\*:   
 City:  Village:   
 Gram Panchayat:  State:   
 PIN code:  Landmark:

3. Gender\*: M  F  Other  Marital Status\*:  Married  Unmarried

4. Phone No.:  Mobile No.:  Alternate Mobile no.:

5. Contact person details (where proposer is not an individual)  
 a. Name :   
 b. Designation :

6. Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions.

7. Period of Insurance : From         to

8. Loan Account no.:  Email ID:

9. Do you have an existing relationship with SBI General? Yes  No   
 If Yes, please mention the Customer ID.  
 Customer ID :  SBI Employee ID :

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

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

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.

**Nominee Details\***

Nominee 1  
 \*Name:   
 \*Relationship with Nominee:  \*Date of Birth of Nominee:   
 Mobile no.:  Email Id:

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. | Saral Bharat Laghu Udyam Suraksha, UIN: IRDAN144RP0029V01202324 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name:  Branch Name:   
 Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

\*Name:

\*Relationship with Nominee:  \*Date of Birth:

**Nominee 2**

\*Name:

\*Relationship with Nominee:  \*Date of Birth of Nominee:

Mobile no.:  Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name:  Branch Name:   
 Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

Name:

\*Relationship with Nominee:  Date of Birth:

Note (\*) marked fields are mandatory

**Business and Location of Business:**

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

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

**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"/>

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		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 in the space below :																						
	i. Walls	Kutchha <input type="checkbox"/>	Pucca <input type="checkbox"/>																					
	ii. Floor	Kutchha <input type="checkbox"/>	Pucca <input type="checkbox"/>																					
	iii. Roof	Kutchha <input type="checkbox"/>	Pucca <input type="checkbox"/>																					
<p><b>Note:</b>  <b>Kutchha:</b> 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 Kutchha Construction.  <b>Pucca:</b> Buildings other than Kutchha are treated as Pucca constructions.</p>																								
b.	Number of Floors																							
c.	Age of the Building	<table border="1"> <tr> <td>Less than 5 years</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5-10 years</td> <td><input type="checkbox"/></td> </tr> <tr> <td>10-20 years</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Above 20 years</td> <td><input type="checkbox"/></td> </tr> </table>		Less than 5 years	<input type="checkbox"/>	5-10 years	<input type="checkbox"/>	10-20 years	<input type="checkbox"/>	Above 20 years	<input type="checkbox"/>													
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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"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>Claim</th> </tr> </thead> <tbody> <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></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td><b>TOTAL</b></td> <td>₹</td> <td>₹</td> </tr> </tbody> </table>		Year	Premium	Claim		₹	₹		₹	₹		₹	₹		₹	₹		₹	₹	<b>TOTAL</b>	₹	₹
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<b>TOTAL</b>	₹	₹																						
11.	Do you Long Term Relation with SBIG? Please select any one option	<input type="checkbox"/> New Business <input type="checkbox"/> 1 <sup>st</sup> Renewal <input type="checkbox"/> 2 <sup>nd</sup> Renewal <input type="checkbox"/> 3 <sup>rd</sup> Renewal <input type="checkbox"/> 4 <sup>th</sup> Renewal <input type="checkbox"/> 5 <sup>th</sup> and above Renewal																						
12.	Do you have any other policy from SBIG? Please select any one option.	<input type="checkbox"/> New Business <input type="checkbox"/> Existing Customer																						



## Additional Optional Cover

Sr No	Add on Name	Please select (✓)	Sum Insured
1.	Terrorism Damage	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
2.	Accidental Damage Cover Clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
3.	Involuntary betterment/technological advancements/obsolete equipment clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
4.	Impact Damage by Insured's Own Vehicle	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
5.	Electrical Clause /Electrical Installation Clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
6.	Brand and Trade Mark Clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
	Deterioration of Stocks		
	Deterioration of Stocks in Cold Storage premises due to accidental power failure	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
7.	Deterioration of stocks in cold storage premises due to change in temperature	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
8.	Adequacy of Sum Insured	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
9.	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"/>	
10.	EMI Protection cover		
11.	Loss of Rent and Additional Expenses of Rent for an Alternate Premises		
12.	Floater Cover		
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.

## Declaration by Insured

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 Account Details\*:

I have an eIA Number

(a) NSDL Database Management Ltd  (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)   
(c) NSDL Database Management Ltd  (d) CAMS Insurance Repository Services Ltd

My 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](http://www.sbigeneral.in) to view the list of KYC OVD (Officially Valid Documents)

## 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 If Non-Indian, please specify the Country: \_\_\_\_\_

Type of Organisation:  Corporation  Government  Non-Governmental Organisation  Society  Trust  
(Only applicable if policy issued on Group Basis)  Partnership  International Organisation  Cooperative  Section 8 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 :

## 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) \_\_\_\_\_ (Relationship with the Proposer) \_\_\_\_\_

adult and inhabitant of (City) \_\_\_\_\_ and residing at \_\_\_\_\_ do hereby certify that I/We 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 knowledge and belief.

Date:

Place:

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

\_\_\_\_\_  
Signature of the Witness

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Call (Toll Free) | 1800 22 1111 | 1800 102 1111 | [www.sbigeneral.in](http://www.sbigeneral.in)

## Agents 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:

\_\_\_\_\_  
Signature of Agent

## Declaration by proposer

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

If Non-Indian, please specify the Country: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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Place:

\_\_\_\_\_  
Signature of Proposer

## INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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.

## 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.