

PROPOSAL FORM

CONSEQUENTIAL LOSS (FIRE) INSURANCE POLICY

The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Company and does not result in a concluded contract of insurance.

The liability of the Company does not commence until the proposal has been accepted by the Company and the 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. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest.

FOR OFFICE USE

Name :	<input type="text"/>	Code :	<input type="text"/>
Branch :	<input type="text"/>	Code :	<input type="text"/>
Business Type :	Rural <input type="checkbox"/> Non-rural <input type="checkbox"/>	Code :	<input type="text"/>

PROPOSER DETAIL (* Mandatory Fields)

Name :	<input type="text"/>				
Contact Person (in case of Corporate) :	<input type="text"/>				
Communication (Postal Address) :	<input type="text"/>				
	<input type="text"/>		District :	<input type="text"/>	
Pin Code :	<input type="text"/>	State :	<input type="text"/>		
Contact Nos :	Mobile :	<input type="text"/>	Office :	<input type="text"/>	
Residence :	+91 <input type="text"/>	Aadhaar Card No.:	<input type="text"/>		
PAN* :	<input type="text"/>	/ Form 60/61: (if Available)	<input type="checkbox"/>	Email ID :	<input type="text"/>
Policy Period :	From :	<input type="text"/>	To :	<input type="text"/>	

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.

FINANCIAL INSTITUTION DETAILS

Name of Financier :	<input type="text"/>			
Address of Financier :	<input type="text"/>			
	<input type="text"/>		District :	<input type="text"/>
Pin Code :	<input type="text"/>	State :	<input type="text"/>	
Name of Financier :	<input type="text"/>			
Address of Financier :	<input type="text"/>			
	<input type="text"/>		District :	<input type="text"/>
Pin Code :	<input type="text"/>	State :	<input type="text"/>	

RISK DETAILS

Description of Business :	<input type="text"/>		
Business Activity :	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

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. | Consequential Loss (Fire) Insurance Policy UIN: IRDAN144CP0007V01200910 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

RISK LOCATION DETAILS

1. Risk Location Address :

2. Risk Location Address :

Pin Code : State :

Pin Code : State :

RISK LOCATION DETAILS

1. Risk Location : Type of Construction : Superior Standard Height of Building (in Metres) :

Height of Building (in Metres) : Number of Floors (ex-Basements) :

Number of Basements : Age of Building :

2. Risk Location : Type of Construction : Superior Standard Height of Building (in Metres) :

Height of Building (in Metres) : Number of Floors (ex-Basements) :

Number of Basements : Age of Building :

FIRE PROTECTION DETAILS

	1. Risk Location :	2. Risk Location :
Hand Appliances & Trailer Pumps / Fire Engines :	<input type="text"/>	<input type="text"/>
Hand Appliances & Hydrant System :	<input type="text"/>	<input type="text"/>
Hand Appliances & Independent Sprinkler Fixed Water Spray System :	<input type="text"/>	<input type="text"/>
Hand Appliances & Hydrant System & Independent Sprinkler /Fixed Water Spray System :	<input type="text"/>	<input type="text"/>

AMOUNTS TO BE INSURED

Particulars	Amount of Insurance
Gross Profit (List of Standing Charges to be attached separately) :	<input type="text"/>
Auditors Fee :	<input type="text"/>
Wage on Prorata Basis for..... No.of Weeks :	<input type="text"/>
Wages (on Dual Basis) -100% for.....weeks and.....% for the remainder period :	<input type="text"/>
Suppliers Extension :	<input type="text"/>
Customers Extension :	<input type="text"/>
Lay off and Retrenchment Compensation :	<input type="text"/>

TOTAL SUM INSURED

Please mention the Basis of Indemnity : Turnover Basis Output Basis Difference Basis

Please specify the Indemnity Period in Months :

ADD ON PERILS

Would you like to opt for the below mentioned add-on perils?

1. Forest Fire : Yes No 2. Impact damage due to insured own vehicle : Yes No 3. Spontaneous Combustion : Yes No

4. Earthquake : Yes No 5. Terrorism : Yes No

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ADD ON PERILS

Do you want to delete any of the following covers from the basic cover?

1. Storm, Tempest, Flood and inundation : Yes No 2. Riot, Strike and Malicious Damage : Yes No

DETAILS OF CONCURRENT MATERIAL DAMAGE (FIRE) POLICY

Name of Insurer :
Policy No. : Policy Period : to
Sum Insured : Add On Covers Opted :

VOLUNTARY DEDUCTIBLES DETAILS

Do you want to opt for Voluntary Deductibles, If yes please choose the slab mention below Yes No

7 days Gross Profit subject to minimum of Rs.10 Lakhs 14 days Gross Profit subject to minimum of Rs.20 Lakhs
21 days Gross Profit subject to minimum of Rs.30 Lakhs 28 days Gross Profit subject to minimum of Rs.35Lakhs
35 days Gross Profit subject to minimum of Rs.40Lakhs 60 days Gross Profit subject to minimum of Rs.45Lakhs

CLAIMS EXPERIENCE DETAILS

Please give premium and claims details for last 3 policy periods

Policy Period : <input type="text"/>	Premium Paid : <input type="text"/>
Incurred Claim (Paid + outstanding) : <input type="text"/>	Nature of claim/section : <input type="text"/>
Policy Period : <input type="text"/>	Premium Paid : <input type="text"/>
Incurred Claim (Paid + outstanding) : <input type="text"/>	Nature of claim/section : <input type="text"/>
Policy Period : <input type="text"/>	Premium Paid : <input type="text"/>
Incurred Claim (Paid + outstanding) : <input type="text"/>	Nature of claim/section : <input type="text"/>

TERRORISM COVER

I. Is Political Violence cover required ? Yes / No II. Is Third Party Liability cover required ? Yes / No

PREMIUM PAYMENT DETAILS

Kindly Select : Cheque DD / P.O
Cheque No./DD No. : Date:
Bank Name :
Premium Amount :

In words : _____
SBI GI does not accept Cash for Premium Payments against the Policy.

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 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 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 :

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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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SURAKSHA AUR BHAROSA DONO

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