# PROPOSAL FORM

## (CONSEQUENTIAL LOSS (FIRE) INSURANCE POLICY

SURAKSHA AUR BHAROSA DONO

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 :																					]		Cod	le :									
Branch :																							Coc	le :									
Business Type :	Rural			Non	-rura	al																	Cod	le :									
PROPOSER D	DETAI	<b>L (*</b> M	anda	tory l	Field	ls)																											
Name:																																	
Contact Person (ir	n case (	ofCorp	orate	e):																													
Communication (P	Postal /	Addres	s):																														
																]				[	Distri	ct :											
					Pin C	ode	:										Sta	te:															
Contact Nos :					Mobi	ile : [																Offic	ce:										
Residence :					+91													Aadh	naar (	Card	No.:	$\square$	$\boxtimes$										
PAN*:																rm 6 (if Ava					E	mail	ID :										
Policy Period :         From:         D         D         M         Y         Y         Y         To:         D         D         M         Y																																	
Are You or any of	Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person ? Yes No																																
Politically Expose senior politicians,																													State	s or	Gove	ernm	ents
FINANCIAL II	NSTIT		I DET	AILS	;			-										-			-		-		-	-							
Name of Financier	:																																
Address of Financi	ier:																																
																				[	Distri	ct :											
				Pin C	ode	: [											Sta	te:															
Name of Financier	:																																
Address of Financi	ier:																																
																				. [	Distri	ct :											
				Pin C	ode	: [											Sta	te:															
RISK DETAIL	S																																
Description of Bus	iness:																																
Business Activity :														1																			
									 					ĺ				Í		 	-												
Disclaimer: SBI G	eneral	Insura	nce C	ompa	ny L	imite	dIC	orpc	orate	& Re	giste	ered	Offic	ce: Fi	Ilcrur	n Bu	ildin	g, 9 <sup>th</sup>	Floo	r, A 8	k B W	/ing, :	Sahai	r Roa	id, Ai	ndhe	ri (Ea	st), I	Mum	bai -	400 (	099.	For

<b>RISK LOCATION</b>	DETAILS																														
1.Risk Location Address	s:																														
										Ī						T		Ť													
														1				Di	stric	ct:											
		Pin Co	ode :	!					-	-	]		!	_	_ Sta	ate :									 						
2.Risk Location Address	s:										]																				
																+		+													
																				stric	.+ .										
											 1																				
		Pin Co	ode:	L							]				Sta	ate :															
<b>RISK LOCATION</b>	DETAILS																														
1.Risk Location :	Type of Cons	tructi	on:	Si	uper	ior			S	tand	ard				Height of Building (in Metres) :																
	Height of Buil	uilding (in Metres) :								Number of Floors (ex-Basements) :																					
	Number of Ba	f Basements :								Age of Building :																					
2.Risk Location :	Type of Cons	tructi	on:	Si	uper	ior			S	tand	ard		1	Height of Building (in Metres) :																	
	Height of Buil	lding (	in Me	etres	s) : [			1							Number of Floors (ex-Basements) :																
	Number of Ba	-			ſ										]							Buildi									
					L										J					5			5								
FIRE PROTECTIO	N DETAILS																														
									1.R	isk L	.ocat	ion	:			_			_				2.6	Risk L	.ocat	ion:					
Hand Appliances & Trail	ler Pumps / Fire	e Engi	nes :																												
Hand Appliances & Hyd	rant System :																		[												
Hand Appliances & Inde Water Spray System	pendent Sprin	kler Fi	xed																[												
Hand Appliances & Hydr Sprinkler /Fixed Water S		Indep	ende	ent															[												
AMOUNTS TO BE																															
Particulars																	Amo	ount	ofl	ncu	anc	•									
Gross Profit (List of Sta	nding Charges	to be	atta	cheo	d ser	oarat	ely):									,															
Auditors Fee :							-												T												
Wage on Prorata Basis f	for No.of V	Veeks	:																T												
Wages (on Dual Basis) -					%	for th	ne rei	mair	nder	nerio	d								T												
Suppliers Extension :	10070101	veens						man		peric	<i>.</i>																				
																			+												
Customers Extension :		tion .																													
Lay off and Retrenchme	ent Compensat	tion :																													
TOTAL SUM INSU	JRED																														
Please mention the Bas	is of Indemnity	<i>'</i> :	Т	urno	over	Bas	is 🗌			С	Jutpu	ıt B	asis				Diff	erer	nce	Bas	is										
Please specify the Inder	mnity Period in	Mont									-										L										
ADD ON PERILS																															
Would you like to opt fo	or the bwlow me	entior	ned a	dd-o	on p	erils?																									
1. Forest Fire : Yes	No				-			due	to ir	sure	ed ow	n ve	ehicle	e:Ye	s		10					3. S	pont	aneo	us C	ombu	istio	n:Y	es	1	10
4. Earthquqke : Yes	No		1	5. Te	erro	rism	: `	′es [		No																					
Disclaimer: SBI Genera more details on the ri Company Limited IRD/ Company Limited und is working as Corporat	sk factor, term Al Reg. No. 144 er licence.   Col	ns and 1 date nsequ	l con d 15/ Ientia	iditio /12/ al Lo	ons, 200 oss (l	plea:   Cl   ire)	se re N: U6 nsur	fer 1 5600 ance	to th 0MH e Pol	e Sa 1200 icy L	les B 9PLC JIN: IF	roc 2190	hure 0546	and F SBI	Policy Logo	y Wo disp	rdin olaye	igs c ed be	are	fully Igs t	bef o St	ore d ate E	condi Bank	uctin of Ind	g a s dia ar	ale. I nd us	For ed by	· SBI y SBI	Gene Gene	ral In ral In	surance surance

ADD ON PERILS										
Do you want to delete any of the following coverrs 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.:										
Sum Insured :         Add On Covers Opted :         Image: Covers Opted :         Ima										
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:         Premium Paid:										
Incurred Claim Nature of claim/section:										
(Paid + outstanding):										
Incurred Claim Nature of claim/section :										
(Paid + outstanding):        Policy Period:    Premium Paid:										
(Paid + outstanding):										
TERRORISM COVER										
I. Is Political Violence cover required ?     Yes     / No										
PREMIUM PAYMENT DETAILS										
Kindly Select : Cheque DD / P.O										
Cheque No./DD No.:										
Bank Name :										
Premium Amount :										
In words :										
SBIGI 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 statues, directly or indirectly governing the Prevention of Money Laundering I adv.										
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										
(Only applicable if policy										
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, 9 <sup>th</sup> 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. I 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.										

#### **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 statues, 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	Μ	$\mathbb{M}$	Y	Y	Y	Y	Place:	

Signature of Proposer:

#### AGENT DECLARATION

Licence No	
Date:         D         M         M         Y         Y         Y         Place:         Signature of Agent:         Signature of Agent:	
ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION	
I want my Consequential Loss (Fire) Insurance Policy and related information in: Physical Format e-Format (electron	nic); 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 I	Repository Services Ltd.
I have an e-Insurance Account & the No. is	
My CKYC No. (Central Know Your Customer Registry Number) is	available).
I,, hereby grant explicit consent to SBI General Insurance Company record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection is revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and volun	and updated records for insurance services. I aws and regulations. This consent is valid until
Customer Name:	Date: D D M M Y Y Y Y
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 s	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 l/w certify that the replies in the Proposal Form have been recorded as per the information provided by me/us.	we have fully understood them. I/We further
I, (Full name of the witness)	adult and inhabitant of (City)
and residing atdo 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/the	ey 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.	
Date:         D         M         M         Y         Y         Y         Place:	
	Signature of the Witness
	Signature/Thumb impression of the Proposer

#### SECTION 41 OF INSURANCE ACT, 1938:

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 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 published prospectuses 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 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:

- 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:





SURAKSHA AUR BHAROSA DONO