

BURGLARY INSURANCE POLICY

The liability of the Company does not commence until the proposal has been accepted by the Company and the premium paid.

FOR OFFICE USE

Quote No.	<input type="text"/>	Inward No.	<input type="text"/>
Receipt No.	<input type="text"/>	Receipt Date	<input type="text"/>

INTERMEDIARY DETAILS (* Mandatory Fields if Sales Channel Type selected is Banca)

Segment Type	<input type="checkbox"/> Corporate	<input type="checkbox"/> Retail	<input type="checkbox"/> SME	Business Sector	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Social
Business Type	<input type="checkbox"/> New	<input type="checkbox"/> Roll-over	<input type="checkbox"/> Renewal	Sales Channel Type	<input type="checkbox"/> Banca	<input type="checkbox"/> Agency	<input type="checkbox"/> Direct
Sales Channel Code	<input type="text"/>	Specified Person's / Intermediary's Code*		<input type="text"/>			
Specified Person's / Intermediary's Name*	<input type="text"/>						
Intermediary Contact number	<input type="text"/>						

PART I-PROPOSER'S DETAILS

- Name and address of the Proposer in full (BLOCK LETTERS)

S	U	R	N	A	M	E	M	I	D	D	L	E	N	A	M	E	F	I	R	S	T	N	A	M	E
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- Name of the Financial Institution/s (if any financial interest is involved)
- Nature of Trade or Business
- Address of the premises to be insured

 Pincode
- Occupancy
 Residence Shop Office Manufacturing Unit Warehouse /Godown
- How long have you been an occupant of the premises
- Are you the sole owner/occupant of the premises. Yes No

If not who are the other occupants?

Provision for PAN/ Form 60/61 Aadhaar of Proposer /Insured
- What materials are used for construction?

Walls	<input type="text"/>	Roof	<input type="text"/>	Floor	<input type="text"/>
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e.g. Concrete, Bricks, Iron Sheet or Wood
- What protection is provided to

Doors	<input type="text"/>	Windows	<input type="text"/>
Skylights	<input type="text"/>	Ventilators	<input type="text"/>
Exhaust fans	<input type="text"/>	Lights	<input type="text"/>
A/C	<input type="text"/>	Trap doors	<input type="text"/>
Any other opening	<input type="text"/>		
- Mention any special precautions you have adopted for safeguarding your property
- Are the premises occupied by you at night? Yes No

if Yes, by whom

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. | UIN: IRDAN144CP0005V01201819

12. Will the premises be guarded by Watchman? Yes No

13. Will the premises at any time be left un-occupied? Yes No
 If so, how often and for how long?

14. Are all valuables secured in safe(s) outside business hours? Yes No
 (if so, please state particulars) Make Height
 Width Depth
 Weight

15. How many keys are there to the Safe(s) and with whom are they kept? No. of keys
 Kept with
 Can the safe(s) be opened by a single key or by a combination of two or more keys? Single key Combination of keys

16. Are Stock and Sales books maintained? Yes No
 - How frequently are these entered?
 - How often is stock taken?
 - Where are these books kept outside business hours?

17. Have any premises occupied by you been entered by thieves? Yes No
 - If so, give full particulars stating when and how access was obtained and the extent of the loss.
 - What precautions have been adopted to prevent such a recurrence?

18. Has any Company in respect of your Burglary/Housebreaking insurance
 - Declined your proposal? Yes No
 - Cancelled or refused to renew your policy? Yes No
 - Accepted your proposal on special terms and conditions? Yes No
 (if Yes, please state particulars)

19. Have you ever claimed upon any Company for loss by Burglary or House breaking? Yes No
 If Yes, give details

20. Amount for which contents are currently Insured against fire and name of the Company

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21. Property to be insured (Give full details)

- a. Stocks-in-Trade
- b. Goods held by the Proposer in trust or on commission for which he is responsible
- c. Furniture, Fixtures, Fittings, Utensils and Appliances in trade
- d. Coins and/or Currency Notes in locked safe
- e. Others (To be specified)

TOTAL (Rs.)

22. Additional Covers

- a. Theft
- b. Riot, Strike & Malicious damage

23. Do you wish to avail cover on first loss basis?

 Yes No

If Yes, please indicate the % of first loss limit % of sum insured

24. Do you wish to avail cover on floater basis?

 Yes No

If Yes, please furnish the addresses of the Locations over which the stock will be floating

25. Basis of valuation (Mandatory) Please tick

Reinstatement Value Basis Market Value Basis

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Burglary 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).

PAYMENT DETAILS (Claim/Refund amount will be deposited in this bank account only unless changed subsequently)

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited"

(*Mandatory fields)

Cheque No/DD No.

 Amount

 Date

Bank Name

 Branch

Bank Account No.*

 IFSC Code*

DECLARATION

I/We hereby declare that the statements, answers and particulars given by me / us in this proposal form are true to the best of my / our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to SBI General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group (please strike this clause in case you do not wish to disclose the personal data).

Place:

 Date:

 Signature of Proposer _____

SECTION 41 OF INSURANCE ACT, 1938

No person shall 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 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 LIABLE FOR A PENALTY WHICH MAY EXTEND TO RUPEES TEN LAKHS.

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AML GUIDELINES

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/Partnership/ International Organisation/Cooperative/Section 8 Companies.

Signature/Thumb impression of the 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:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of the Witness

Signature/Thumb impression of the Proposer

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:

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Signature of Agent: _____