

STANDARD FIRE & SPECIAL PERILS POLICY

Standard Fire & Special Perils Policy

Acceptance of this proposal is subject to the rates & regulations of Tariff Advisory Committee's All India Fire Tariff
(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

Branch office Code: Broker/Agent Name & code: Code:

Intermediary

Intermediary Name: Intermediary Code: Intermediary Contact Details:

Proposer Details

Name of the Proposer: Address: City: State: Pincode: Gender : M ☐ F ☐ Other ☐Phone No.: Email ID: Paid up Capital of the Company: Financial interests: 1. 2. 3. 4. 5. 6. 7. 8. Location of risk to be covered: City: State: Pincode: Phone No.: Email ID: Date of Birth: PAN No.: / Form 60/61.: AADHAAR No. / Passport / Driving License/ Voter Id: Occupation: Salaried ☐ Self Employed ☐ Any Other ☐ Nationality: Period of Insurance: From: to Do you want to delete: a) Flood, Cyclone, group of perils ☐ Yes ☐ Nob) Riot, Strike & Malicious damage ☐ Yes ☐ NoDo you want the Plinth & Foundation along with the buildin ☐ Yes ☐ No

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. | Standard Fire & Special Perils (SFSP) Insurance Policy UIN: IRDAN144CP0028V04201819.

Add-on covers required	
Architects Consulting & Engineers Fees (in excess of 3% claim amount)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Debris Removal (in excess of 1% claim amount)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deterioration of Stocks in cold storage premises on account of accidental power failure due to damage at power station due to an insured peril	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deterioration of Stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machineries in the insured's premises due to operation of insured peril.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forest Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leakage & contamination cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spoilage material damage cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary removal of stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of rent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional expenses of rent for an alternative accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start up expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Impact damage due to insured's own vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spontaneous Combustion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Omission to Insure additions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Earthquake (fire & shock)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Others, please specify	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Whether you have insured the same property with any other insurance company with the same type of coverage (Give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Whether insurance was declined by any other company or imposed any special conditions (Give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Terrorism cover:

I. Is Political Violence cover required ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
II. Is Third Party Liability cover required ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Premium / Claim details for the past 3 policy periods

	Year	Premium in Rs.	Claims in Rs.
Total			

Details about property to be covered at the insured location

The Insured Property is	
Residence, Office, Shops, Hotel etc	<input type="checkbox"/> Yes <input type="checkbox"/> No
Industrial/Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Storages outside industrial risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tanks/Gas Holders outside Industrial Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities located outside Industrial Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is used as Shop please declare whether the goods handled are as per the following list. If yes, whether the stock value will exceed 5% of shops value	<div>Celluloid goods <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div></div>

Declaration for Update via Digital Mode:

"I/We acknowledge that by opting for digital services (including WhatsApp), I/We provide consent to receive communication/ services from SBI General Insurance Company Limited related to my insurance policy through my registered mobile number & email".

Signature of Insured:

AML Guidelines:

I/ We hereby confirm that all premiums have been/ will be paid from bonafide 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

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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 ☐ No- Indian

If Non-Indian, please specify Country: _____

Type of Organization: ☐ Corporations ☐ Governments/ Non-Governmental Organizations ☐ Society ☐ Trust
☐ Partnership ☐ International Organization ☐ Cooperatives ☐ Section 25 Companies.

Declaration & warranty on behalf of all persons proposed to be insured:

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Insurer Declaration:

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by SBI General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by SBI General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by SBI General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer SBI General Insurance Company Limited along with the date from which the insurance Cover shall become effective. SBI General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after SBI General Insurance Company Limited receives premium payment.)

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) _____

(Relation 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 knowledge and belief.

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Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

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Signature of the Witness

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Signature/Thumb impression of the Proposer/Primary Insured

Agent /Employee of Corporate Agent (Teller) 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.

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Signature of Agent

Date:

D	D	M	M	Y	Y	Y	Y
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Place : _____

Licence No. _____

Fraud Warning: This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

SECTION 41 OF INSURANCE ACT, 1938

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 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
2. Any person making default in complying with the provisions of this section shall be punishable with fine , which may extend up to ₹10 Lacs.

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