PROPOSAL FORM

SBI GENERAL BHARAT LAGHU UDYAM SURAKSHA

SBI general INSURANCE

SURAKSHA AUR BHAROSA DONO

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.

*Quote No:

*Business Type: New ☐ Rollover ☐ Renewal ☐ *Incase of renewal, please share Policy Number

*Policy No.:

*Branch Office Name:

*Branch Office Code:

*Segment: Corporate ☐ Retail ☐ SME-1 ☐ SME-3 ☐

*Sales Channel Type: Banca ☐ Agency ☐ Direct ☐ Corporate/ broker ☐

*Intermediary Name:

*Intermediary Code: *Agreement Code:

*SP Name: *SP Code-Party ID:

*SP Mobile No.:

*RM ID:

Note: In this section the * mark is for all the mandatory fields.

A. Details about Proposer and Policy Period:

1. Name of the Proposer's:

Loan Account No.:

Do you have an existing relationship with SBI General? Yes ☐ No ☐ If Yes, please mention the Customer ID

Customer ID: SBI Employee ID:

2. Address:

City: State:

PIN: Gender: M ☐ F ☐ Other ☐

3. Phone No.: 4. Mobile No.:

Aadhaar No.: PAN : / Form 60 ☐

Profession: Salaried ☐ Self-Employed ☐ Others ☐ 5. Email ID:

GSTIN :

6. Contact person details (where proposer is not an individual)

a. Name b. Designation

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

8. Period of Insurance: From D D M M Y Y Y Y to D D M M Y Y Y Y

Disclaimer: SBI General Insurance Company Limited I 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. | SBI General Bharat Laghu Udyam Suraksha, UIN: IRDAN144RP0030V01202021 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

B. Business and Location of Business:

1.	Business of the 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)

C. 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 ☐ / No ☐
b.	Industrial / Manufacturing risks	Yes ☐ / No ☐
c.	Storage outside Industrial/ Manufacturing risks	Yes ☐ / No ☐
d.	Tanks / Gas holders outside Industrial/ Manufacturing risks.	Yes ☐ / No ☐
e.	Utilities located outside Industrial/Manufacturing risks.	Yes ☐ / No ☐
f.	Boundary wall	Yes ☐ / No ☐
g.	Basement storage	Yes ☐ / No ☐ 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 ☐
		Small bore hose reels ☐
		Trailer Pumps/Fire engines ☐
		Hydrant System ☐
		Sprinkler System ☐
		Fixed Water Spray System ☐
		Foam System ☐
		Fire Alarm System ☐
		Gas Flooding System ☐
		Others, please specify below. ☐
6.	Indicate whether AMC (Annual Maintenance Contract) for the Fire Protection Appliances is in force	Yes ☐ / No ☐

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6. Construction details		
a.	Please state material used	Please tick the correct answer in the box.
	i. Walls	Kutcha ☐ / Pucca ☐
	ii. Floor	Kutcha ☐ / Pucca ☐
	iii. Roof	Kutcha ☐ / Pucca ☐
	Note: Kutcha : 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 likes are treated as Kutcha Construction. Pucca : Buildings other than Kutcha are treated as Pucca constructions	
b.	Number of Floors	
c.	Age of the Building	Less than 5 years 5-10 years 10-20 years Above 20 years
7.	Distance between the risk to be covered and nearest Fire Brigade	
8.	Whether you have insured the same property with any other Insurance Company with the same type of coverage (Give details)	
9.	Whether Insurance was declined by any other Company (Give details)	
10.	Premium / Claim details for the past 36 months excluding the expiring policy period	Year / Premium / Claim ₹ / ₹ ₹ / ₹ ₹ / ₹ ₹ / ₹ TOTAL ₹ / ₹
11.	Is Political Violence cover required ?	Yes ☐ /No ☐
12.	Is Third Party Liability cover required ?	Yes ☐ /No ☐
13.	Do you Long Term Relation with SBIG? Please select any one option.	☐ New Business ☐ 1st Renewal ☐ 2nd Renewal ☐ 3rd Renewal ☐ 4th Renewal ☐ 5th and above renewal.
14.	Do you have any other policy from SBIG? Please select any one option.	☐ New Business ☐ Existing Customer
15.	What is the Flood Exposure at the risk location? Please select any one option. (Note - Usually Flood Exposure is High to Extreme if the risk is located near a River /Lake / Water body)	☐ Negligible ☐ Low ☐ Medium ☐ High ☐ Extreme
16.	What is the Cyclone Exposure at the risk location? Please select any one option. (Note - Usually Cyclone Exposure is High to Extreme if the risk is located near Coastal area)	☐ Negligible ☐ Low ☐ Medium ☐ High ☐ Extreme

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D. Sum Insured and Other details of Insured Property (Indicate Sum Insured on the following basis):

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: Reinstatement Value;
- For raw material: Landed Cost;
- For stock in process: Input cost;
- For finished stock: Manufacturing cost of the finished stock or the Contract Price* of goods sold but not delivered, as applicable.

* Contract Price is in respect only of goods sold but not delivered, for which (You are responsible and with regard to which under the conditions of the sale, either wholly or to the extent of the damage. The Company's liability shall be based on the Contract Price).

1.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total
									₹
									₹
									₹

E. Standard add-ons:

I. Do You want to opt for Floater Cover?: Yes ☐ /No ☐ (strike off what is not applicable). If yes, give details below:

1.	Floater Cover (for stocks at various locations)	Location (Postal Address with PIN Code)	Sum Insured (in ₹)

i) Maximum value at any one location: ₹.....

ii) Whether stocks stored in open: Yes ☐ /No ☐

II. Do You want to opt for Declaration Policy? Yes ☐ /No ☐ (strike off what is not applicable). If Yes, give details below:

2. Stocks which fluctuate in value to be covered on (monthly) declaration basis:
Amount (₹):_____

F. Add-ons:

Sr No	Add on Name	Please select (√/x)	Sum Insured
1.	Involuntary betterment/ technological advancements clause	Yes ☐ /No ☐	
2.	Impact damage by Insured's Own Vehicle	Yes ☐ /No ☐	
3.	Accidental Damage Cover Clause	Yes ☐ /No ☐	
4.	Electrical Clause /Electrical Installation Clause	Yes ☐ /No ☐	
5.	Brand and Trade Mark Clause	Yes ☐ /No ☐	
6.	Adequacy of Sum Insured	Yes ☐ /No ☐	
7.	Leakage and Contamination Cover		
a)	Where the tanks are within the Insured's own premises		
	Leakage Cover Only	Yes ☐ /No ☐	
	Leakage & Contamination	Yes ☐ /No ☐	
b)	Where the tanks are located elsewhere		
	Leakage Cover Only	Yes ☐ /No ☐	
	Leakage & Contamination	Yes ☐ /No ☐	

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8.	EMI Protection cover	Yes ☐ /No ☐	
9.	Loss of Rent and Additional Expenses of Rent for an Alternate Premises	Yes ☐ /No ☐	
10.	Deterioration of Stocks		
a)	Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril.	Yes ☐ /No ☐	
b)	Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril.	Yes ☐ /No ☐	

G. Premium Details:

Mode of Payment: Cheque ☐ EFT ☐ Debit Card / Credit Card ☐

Payment Details:

Cheque / Journal No.: ☐☐☐☐☐☐☐☐☐☐ Date: D D M M Y Y Y Y

Bank Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFS Code: ☐☐☐☐☐☐☐☐☐☐☐

Bank Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Branch Name: ☐☐☐☐☐☐☐☐☐☐

Card details: Master ☐ Visa ☐ Card No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Card Expiry Date: M M Y Y Y Y Amount: ☐☐☐☐☐☐☐☐☐☐

H. 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: D D M M Y Y Y Y

Place: ☐

Signature of the Proposer

I. Electronic Insurnce Accounts Details:

SBI General Bharat Laghu Udyam Suraksha

Physical Format- Yes ☐ No ☐ e-Format (electronic) as & when applicable- Yes ☐ No ☐

Choose your Insurance Repository (For those selecting e-Format)

(a) NSDL Data Management Ltd. ☐ (b) CDSL Insurance Repository Ltd. ☐

(c) Karvy Insurance Repository Ltd. ☐ (d) 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) ☐☐☐☐☐☐☐☐☐☐

J. 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/We 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 ☐ If Non-Indian, please specify Country:_____

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Type of Organisation:

☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust

☐ Partnership ☐ International Organisation ☐ Cooperative ☐ Section 8 Companies

Signature

K. Agent's 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 Place: Signature of the Agent:_____

L. 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) _____ _____ (Relationship 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 my/our knowledge and belief.

Date: D D M M Y Y Y Y Place: Signature of the Witness_____

Signature/Thumb impression of the Proposer/Primary Insured

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates:

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 of 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 a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus 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 Up To Rupees Ten Lakhs.

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