

Can the safe(s) be opened by a single key or by a combination of two or more keys Single key /Combination keys _____

18. Are Stock and Sales books maintained?

- How frequently are these entered? _____
- How often is stock taken ? _____
- Where are these books kept outside business hours ? _____

19. Have any premises occupied by you been entered by thieves ?

- 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? _____

20. Has any Company in respect of your Burglary /Housebreaking insurance (if so, please state particulars)

- Declined your proposal? _____
- Cancelled or refused to renew your policy? _____
- Accepted your proposal on special terms and conditions ? _____

21. Have you ever claimed upon any Company for loss by Burglary or House breaking ? If so, give details _____

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

23. 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.	_____

24. Additional covers

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

25. Do you wish to avail cover on first loss basis? Yes No

If yes please indicate the % of first loss limit _____ % of sum insured

26. Do you wish to avail cover on floater basis? _____

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

27. Are You or any of the proposed applicants are 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.

PAYMENT DETAILS

Please fill in your payment details for either Cheque / Credit Card Option

Cheque - please pay by crossed cheque (account payee only) in the name of "SBI General Insurance Company Ltd."

Cheque No _____ Bank Name _____
 Branch _____ City _____
 Dated _____ For Rs. _____

SBIGI does not accept Cash for Premium Payments against the Policy.

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.

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. | Burglary insurance Policy, UIN : IRDAN144CP0005V01201819 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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
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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

SECTION 41 OF THE 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 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 or continuing a policy, accept any rebate except such rebate as may be allowed in accordance with the prospectuses or tables of the Insurer
2. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Memembers covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance, and ensure to provide the details of beneficiaries to the Company as and when required."

2. 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 **fifteen 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.

3. Please note, In absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).