

# PROPOSAL FORM

## SME PACKAGE INSURANCE POLICY



SURAKSHA AUR BHAROSA DONO

### Important:

1. This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed ₹5 Crore, against fire and allied perils and Burglary
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.

### Office Use Only:

*Policy Issuing Office Address:	<input type="text"/>	*Code:	<input type="text"/>
*Quote No:	<input type="text"/>	*Inward No:	<input type="text"/>
*Receipt No:	<input type="text"/>	*Receipt Date:	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y

### Intermediary's Details:

*Business Type:	New <input type="checkbox"/>	Rollover <input type="checkbox"/>	Renewal <input type="checkbox"/>	*Incase of renewal, please share Policy Number
*Policy No.:	<input type="text"/>			
*Branch Office Name:	<input type="text"/>			
*Branch Office Code:	<input type="text"/>			
*Segment:	Corporate <input type="checkbox"/>	Retail <input type="checkbox"/>	SME <input type="checkbox"/>	
*Sales Channel Type:	Banca <input type="checkbox"/>	Agency <input type="checkbox"/>	Direct <input type="checkbox"/>	Corporate/broker <input type="checkbox"/>
*Intermediary Name:	<input type="text"/>			
*Intermediary Code:	<input type="text"/>	*Agreement Code:	<input type="text"/>	
*SP Name:	<input type="text"/>		*SP Code-Party ID:	<input type="text"/>
*SP Mobile No.:	<input type="text"/>	*RM ID:	<input type="text"/>	
*GSTN/ISDN:	<input type="text"/>			

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:	<input type="text"/>				
2. Loan Account No.:	<input type="text"/>				
3. Do you have an existing relationship with SBI General?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please mention the Customer ID		
Customer ID:	<input type="text"/>				
4. Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>		
PIN:	<input type="text"/>	5. Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>	Other <input type="checkbox"/>
6. Phone No.:	<input type="text"/>	7. Mobile No.:	<input type="text"/>		
8. Type of Proposer:	Individual <input type="checkbox"/>	Partnership firm <input type="checkbox"/>	Company <input type="checkbox"/>	Govt. <input type="checkbox"/>	Others <input type="checkbox"/>
9. Aadhaar No:	<input type="text"/>	10. PAN:	<input type="text"/>	/ Form 60 <input type="checkbox"/>	
	Salaried <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Others <input type="checkbox"/>	11. Email ID:	<input type="text"/>
12. GSTIN :	<input type="text"/>				

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding 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 license. | SME Package Insurance Policy, UIN: IRDAN144RP0003V03201415 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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

a. Name :  b. Designation :

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

(Hypothecation Details)

15. Period of Insurance: From  to

**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*
		<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"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*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 <input type="checkbox"/> / No <input type="checkbox"/>
b.	Industrial / Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c.	Storage outside Industrial/ Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d.	Tanks / Gas holders outside Industrial/ Manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e.	Utilities located outside Industrial/Manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f.	Boundary wall	Yes <input type="checkbox"/> / No <input type="checkbox"/>
g.	Basement storage	Yes <input type="checkbox"/> / No <input type="checkbox"/> 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 <input type="checkbox"/>
		Small bore hose reels <input type="checkbox"/>
		Trailer Pumps/Fire engines <input type="checkbox"/>
		Hydrant System <input type="checkbox"/>
		Sprinkler System <input type="checkbox"/>
		Fixed Water Spray System <input type="checkbox"/>
		Foam System <input type="checkbox"/>
		Fire Alarm System <input type="checkbox"/>
Gas Flooding System <input type="checkbox"/>		
Others, please specify below. <input type="checkbox"/>		

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6. Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force		Yes <input type="checkbox"/> / No <input type="checkbox"/>																
7. Construction details		Please tick the correct answer in the box.																
a.	Please state material used																	
	i. Walls	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>																
	ii. Floor	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>																
	iii. Roof	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>																
<p><b>Note:</b>  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</p>																		
b.	Number of Floors																	
c.	Age of the Building	<table border="1"> <tr> <td>Less than 5 years</td> <td></td> </tr> <tr> <td>5-10 years</td> <td></td> </tr> <tr> <td>10-20 years</td> <td></td> </tr> <tr> <td>Above 20 years</td> <td></td> </tr> </table>		Less than 5 years		5-10 years		10-20 years		Above 20 years								
Less than 5 years																		
5-10 years																		
10-20 years																		
Above 20 years																		
8.	Distance between the risk to be covered and nearest Fire Brigade																	
9.	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)																	
10.	Whether Insurance was declined by any other Company (Give details)																	
	Premium / Claim details for the past 36 months excluding the expiring policy period	<table border="1"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>Claim</th> </tr> </thead> <tbody> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td>TOTAL</td> <td>₹</td> <td>₹</td> </tr> </tbody> </table>		Year	Premium	Claim		₹	₹		₹	₹		₹	₹	TOTAL	₹	₹
Year	Premium	Claim																
	₹	₹																
	₹	₹																
	₹	₹																
TOTAL	₹	₹																
11.	Is Political Violence cover required ?	Yes <input type="checkbox"/> / No <input type="checkbox"/>																
12.	Is Third Party Liability cover required ?	Yes <input type="checkbox"/> / No <input type="checkbox"/>																
13.	Do you have Long Term Relation with SBIG? Please select any one option.	<input type="checkbox"/> New Business <input type="checkbox"/> 1 <sup>st</sup> Renewal <input type="checkbox"/> 2 <sup>nd</sup> Renewal <input type="checkbox"/> 3 <sup>rd</sup> Renewal <input type="checkbox"/> 4 <sup>th</sup> Renewal <input type="checkbox"/> 5 <sup>th</sup> and above renewal.																
14.	Do you have any other policy from SBIG? Please select any one option.	<input type="checkbox"/> New Business <input type="checkbox"/> 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)	<input type="checkbox"/> Negligible <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> 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)	<input type="checkbox"/> Negligible <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> 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, the 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. Details for in-built cover for Floater:

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 <input type="checkbox"/> /No <input type="checkbox"/>			

## F. Standard Add-on:

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

1. Stocks which fluctuate in value to be covered on (monthly) declaration basis:

Amount (₹): \_\_\_\_\_

## G. Add-ons:

Sr No	Add on Name	Please select (√/x)	Sum Insured
1.	Impact damage by Insured's Own Vehicle	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
2.	Accidental Damage Cover Clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
3.	Electrical Clause/Electrical Installation Clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
4.	Loss of Rent and Additional Expenses of Rent for Alternate Premises	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
5.	Loss minimization expenses	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
6.	Adequacy of Sum Insured	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
7.	EMI Protection cover	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
8.	Involuntary betterment/technological advancements/obsolete equipment clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
9.	Leakage and Contamination Cover		
a)	Where the tanks are within the Insured's own premises		
	Leakage Cover Only	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
	Leakage & Contamination	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
b)	Where the tanks are located elsewhere		
	Leakage Cover Only	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
	Leakage & Contamination	Yes <input type="checkbox"/> /No <input type="checkbox"/>	

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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 <input type="checkbox"/> / No <input type="checkbox"/>	
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 <input type="checkbox"/> / No <input type="checkbox"/>	

### H. Details for Burglary Insurance:

Sr No	Description of Block	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total
								₹
								₹
								₹

Basis of Sum Insured- Other than stocks (Mandatory)	Reinstatement Value <input type="checkbox"/> Market Value <input type="checkbox"/>
Stocks	
Whether stock stored in Open?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Whether Stock stored in Closed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### I. Premium Details:

Mode of Payment: Cheque  EFT  Debit Card / Credit Card

Payment Details:

Cheque / Journal No.:

Date:

Bank Name:

IFS Code:

Bank Account Number:

Branch Name:

Card details: Master  Visa  Card No.:

Card Expiry Date:  Amount:

### J. Declaration by Insured:

I/ We hereby declare that the value of insurable assets is less than ₹5 Crore ( Rupees Five 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:

Place:

Signature of the Proposer

## K. Electronic Insurance Account Details:

SBI General SME Package Insurance Policy

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)

## L. AML Guidelines:

I/ We hereby confirm that all premiums have been/ will be paid from bon 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: \_\_\_\_\_

**Type of Organisation:**

Corporation  Government  Non-Governmental Organisation  Society  Trust

Partnership  International Organisation  Cooperative  Section 8 Companies

Signature

## M. 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:  Place:  Signature of the Agent: \_\_\_\_\_

## N. 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:  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.