



| *B. Contents  | Rs. _____                    |                             |                 |
|---|------------------------------|-----------------------------|-----------------|
| Do you want Add-on Covers?  |                              |                             |                 |
| • Earthquake  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                 |
| • Terrorism   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                 |
| • Architects, Surveyors and Consulting Engineers Fees (in excess of 3% of claim amount) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                 |
| • Removal of Debris (in excess of 1% of claim amount)                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                 |
| • Forest Fire   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Limit Rs. _____ |
| • Impact Damage due to Insured's own Rail / Road Vehicles etc.                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Limit Rs. _____ |
| • Omission to Insure additions, alteration or extensions                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Limit Rs. _____ |
| • Spontaneous Combustion  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Limit Rs. _____ |
| • Spoilage Material Damage Cover  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Limit Rs. _____ |
| • Leakage & Contamination Cover   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Limit Rs. _____ |
| • Temporary removal of Stocks   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Limit Rs. _____ |
| • Loss of Rent clause   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Limit Rs. _____ |
| • Insurance of Additional Expenses of Rent for An Alternative Accommodation             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Limit Rs. _____ |
| • Start up expenses   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Limit Rs. _____ |
| • If other, pl specify  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Limit Rs. _____ |

## II BUSINESS INTERRUPTION (If opted '\*' - fields marked '\*' are Mandatory)

|   |              |
|---|--------------|
| *i The Indemnity: The amount which the Insured is entitled to recover under the provisions of the attached Specification which is declared to be incorporated in and to form part of this Schedule but not exceeding the total Sum Insured hereby |              |
| *ii Total Sum Insured   | Rs. _____    |
| *iii Period of Indemnity  | _____ Months |

## III MACHINERY BREAKDOWN (Items are required to be covered on RIV basis) (If opted '\*' - fields marked '\*' are Mandatory)

| S.No. | *Description | *Make & Model | *Year of manufacture | *Identification No. | *Sum Insured (Rs.) |
|-------|--------------|---------------|----------------------|---------------------|--------------------|
|       |              |               |                      |                     |                    |
|       |              |               |                      |                     |                    |
|       |              |               |                      |                     |                    |
|       |              |               |                      |                     |                    |
|       |              |               |                      |                     |                    |
| Total |              |               |                      |                     |                    |

## IV (A) ELECTRONIC EQUIPMENTS/APPLIANCES (Items are required to be covered on RIV basis) (If opted - fields marked '\*' are Mandatory)

| S.No. | *Description | *Make & Model | *Year of manufacture | *Identification No. | *Sum Insured (Rs.) |
|-------|--------------|---------------|----------------------|---------------------|--------------------|
|       |              |               |                      |                     |                    |
|       |              |               |                      |                     |                    |
|       |              |               |                      |                     |                    |
|       |              |               |                      |                     |                    |
|       |              |               |                      |                     |                    |
| Total |              |               |                      |                     | Rs. _____          |

### \*Section IV (B) : External Data Media.

|  |           |
|--|-----------|
| *i) Data media   | Rs. _____ |
| *ii) Expenses for Reconstruction and Re-recording of information | Rs. _____ |
| <b>Total</b>   | Rs. _____ |

### Section IV (C): Increased Cost of Working

|   |             |
|---|-------------|
| *i) Rent of substitute EDP equipments                       |             |
| a) Indemnity Limit per Hour                                 | Rs. _____   |
| b) Indemnity Period per occurrence                          | Weeks _____ |
| c) Limit per occurrence (a x b)                             | Rs. _____   |
| d) Aggregate indemnity limit during the period of insurance | Rs. _____   |
| *ii) Personal Expenses                                      | Rs. _____   |
| *iii) Transportation of Materials                           | Rs. _____   |
| *iv) Time Excess  |             |

## V BURGLARY INSURANCE (If opted '\*' - fields marked '\*' are Mandatory)

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. For more details on the risk factors, terms and conditions, please read the policy wordings before concluding the 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. | Business Package Insurance Policy UIN: IRDAN144CP0006V02201819 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

|  |  |
|--|--|
| *Contents  | Rs. _____  |
| *Do you want Theft extension ?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basis of valuation (mandatory) Please tick: Reinstatement Value Basis <input type="checkbox"/> Market Value Basis <input type="checkbox"/> |  |

#### VI MONEY INSURANCE (If opted '\*\*' - fields marked '\*\*' are Mandatory)

|   |           |
|---|-----------|
| Please indicate the amount to be insured                          |           |
| *a) In transit – limit per carrying                               | Rs. _____ |
| *b) In Safe/strong room – limit per occurrence                    | Rs. _____ |
| *c) Loss or damage to insured safe - limit per occurrence         | Rs. _____ |
| *d) Out of safe during Business Hours only – limit per occurrence | Rs. _____ |

#### VII PLATE GLASS INSURANCE (If opted '\*\*' - fields marked '\*\*' are Mandatory)

| *Position of each square of pane of glass | *Size of each square of pane |              | Description of glass: state whether Plain Plate or Plain Sheet painted rough silvered embossed Stained Bent or Ornamental | Value Rs. _____ |
|---|------------------------------|--------------|---|-----------------|
|   | Height in Cm.                | Width in Cm. |   |                 |
|   |                              |              |   |                 |
|   |                              |              |   |                 |

#### VIII SIGN BOARD INSURANCE (If opted '\*\*' - fields marked '\*\*' are Mandatory)

| S. No. | Particulars   | Sign Board 1 | Sign Board 2 | Sign Board 3 | Sign Board 4 | Sign Board 5 |
|--------|---|--------------|--------------|--------------|--------------|--------------|
| *1.    | Description with size (Example - Neon sign with size of 4 F X 6 Feet)                         |              |              |              |              |              |
| *2.    | Year of manufacture   |              |              |              |              |              |
| *3.    | Manufacturer's name   |              |              |              |              |              |
| *4.    | Location of Sign Board  |              |              |              |              |              |
| *5.    | Please provide status of the Sign Board (Static / Mobile)                                     |              |              |              |              |              |
| *6.    | Is height of the lowest end of Sign / Hoarding from ground level more than 6 feet? (Yes / No) |              |              |              |              |              |
| *7.    | Sum Insured   |              |              |              |              |              |

#### IX FIDELITY GUARANTEE INSURANCE (If opted '\*\*' - fields marked '\*\*' are Mandatory)

| *Please fill the following if you require cover for entire workforce (Attach separate sheet, if required) |                  |                             |                           |
|---|------------------|-----------------------------|---------------------------|
| Category of staff   | No. of employees | Estimated annual wages (Rs) | Employee Sum Insured (Rs) |
|   |                  |                             |                           |
|   |                  |                             |                           |
|   |                  |                             |                           |

| *Please fill the following if you require cover for selected categories of employees only (Attach separate sheet, if required) |                  |                           |
|--|------------------|---------------------------|
| Category of staff  | No. of employees | Employee Sum Insured (Rs) |
|  |                  |                           |
|  |                  |                           |
|  |                  |                           |

| *Please fill the following if you require cover for named employees only (Attach separate sheet, if required) |             |        |                        |                         |                           |
|---|-------------|--------|------------------------|-------------------------|---------------------------|
| Name  | Designation | Duties | Since when, in service | Total remuneration (Rs) | Employee Sum Insured (Rs) |
|   |             |        |                        |                         |                           |
|   |             |        |                        |                         |                           |
|   |             |        |                        |                         |                           |

|  |                              |       |       |
|--|------------------------------|-------|-------|
| *State the estimate of maximum amount held by any employee at any one time and for how long? |                              | Money | Stock |
|  | Amount (Rs)                  |       |       |
|  | Period (no. of weeks/months) |       |       |
| *How frequently the audits take place  |                              |       |       |
| *Is dual control and dual signatory system followed  |                              |       |       |
| *How often cash books, stock books and accounts are reconciled                               |                              |       |       |

**X PORTABLE ELECTRONIC EQUIPMENT INSURANCE** (Items are required to be covered on RIV basis) (If opted '\*\*' - fields marked '\*\*' are Mandatory)

| S. No. | *Description | *Make & Model | *Year of Manufacture | *Identification No. | *Sum Insured (Rs) |
|--------|--------------|---------------|----------------------|---------------------|-------------------|
|        |              |               |                      |                     |                   |
|        |              |               |                      |                     |                   |
|        |              |               |                      |                     |                   |
|        |              |               |                      |                     |                   |
|        |              |               |                      |                     |                   |
|        |              |               |                      |                     |                   |

Which property (ies) of the specification are second hand, please provided description? Attach separate sheet, if necessary

Do you have valid Maintenance Contract in force? If yes, please enclose copy. Yes  No

Does any of the proposed equipment contain refurbished machines? Yes  No

Coverage Territory Required India  Worldwide

Whether cover for machinery/electrical break down in required? Yes  No

Whether cover for theft is required Yes  No

**XI EMPLOYEES COMPENSATION INSURANCE** (If opted '\*\*' - fields marked '\*\*' are Mandatory)

\*Particulars of the work to be covered in detail

\*Risk Location Address

\*Employees Details - all persons employed must be included

| S. No.       | Description of work done by the Employees | No. of Employees | Declared Wages during the Period of Insurance (INR) | Place / Places of Employment |
|--------------|---|------------------|---|------------------------------|
| 1            |   |                  |   |                              |
| 2            |   |                  |   |                              |
| 3            |   |                  |   |                              |
| 4            |   |                  |   |                              |
| 5            |   |                  |   |                              |
| <b>Total</b> |   |                  |   |                              |

\*Coverage under Law: Cover required?  
 Employees Compensation Act, 1923 and subsequent amendments thereof..... Yes  No   
 (Limit: as per Employees Compensation Act, 1923)  
 Common Law. If yes, please provide the limit of indemnity required..... Yes  No   
 i. Per Employee Limit ..... INR  
 ii. Any One Accident Limit ..... INR  
 iii. Any One Year Limit .....INR  
 - "Per Employee Limit" is limit per employee for any number of accidents during Period of Insurance.  
 - "Any One Accident Limit" is limit per accident for any number of Employees.  
 - "Any One Year Limit" is aggregate limit for all accidents and claims arising there from during the Period of Insurance.

\*Is joint policy required? If yes, please provide the information  
 i. Name of joint holder :  
 ii. Joint holder category :  
 Parent Company  
 Associated Company  
 Public Authority  
 Subsidiary  
 Government Department  
 Others

Please provide total wages paid and particulars of accidents to your employees during the past three years

| Year | Wages paid | Claim: Total Amount paid / Outstanding (INR) |
|------|------------|--|
|      |            |  |
|      |            |  |
|      |            |  |

**XII PUBLIC LIABILITY INSURANCE** (If opted '\*\*' - fields marked '\*\*' are Mandatory)

| I. Risk Details: Mandatory field mark (*)  |  |  |                                       |                                      |  |
|--|--|--|---------------------------------------|--------------------------------------|--|
| *No. of locations to be covered  | Located in country   | Offices  | Manufacturing units/Plants            | Depots/Warehouses/ Godown/Tank farms | Others (please specify)                                  |
|  | India  |  |                                       |                                      |  |
|  | OECD   |  |                                       |                                      |  |
|  | Non OECD   |  |                                       |                                      |  |
|  | USA & Canada   |  |                                       |                                      |  |
| Location of the Premises to be insured   | Plot No./Door No.  | Building   |                                       |                                      |  |
|  | Road   |  |                                       |                                      |  |
| Please attach layout plans of manufacturing plant  | Area   |  |                                       |                                      |  |
|  | City   | Pincode  |                                       |                                      |  |
|  | State  |  |                                       |                                      |  |
| (Please attach separate sheet for additional locations)  | Age of Building  | <input type="checkbox"/> < 5 Years   | <input type="checkbox"/> 5 - 10 Years |                                      |  |
|  |  | <input type="checkbox"/> 10 - 20 Years   | <input type="checkbox"/> > 20 Years   |                                      |  |
|  | Type of Construction   | <input type="checkbox"/> Superior  | <input type="checkbox"/> Class A      | <input type="checkbox"/> Class B     | <input type="checkbox"/> Kutcha                          |
| <b>Note:</b> Following definitions should be considered for classification of Building construction  |  |  |                                       |                                      |  |
| *Type of Construction  | Walls  | Roof   |                                       |                                      |  |
| Superior   | Reinforced Cement Concrete   | Reinforced   |                                       |                                      |  |
| Class A  | Brick / Stone / Precast hollow cement blocks                                   | Reinforced Cement Concrete   |                                       |                                      |  |
| Class B  | Brick/Stone, Precast hollow cement blocks<br>MetalSheet, AC Sheet, Glass Panel | AC Sheet, Metal Sheet, Tiles   |                                       |                                      |  |
| Kutcha   | Canvas Tarpaulin Thatched Leaves Wood  | Canvas, Tarpaulin, Thatched Leaves Wood  |                                       |                                      |  |
| Do you wish to Insure  |  |  |                                       |                                      |  |
| i. Offices   |  | Yes <input type="checkbox"/>   | No <input type="checkbox"/>           |                                      |  |
| ii. Depots,  |  | Yes <input type="checkbox"/>   | No <input type="checkbox"/>           |                                      |  |
| iii. Warehouse,  |  | Yes <input type="checkbox"/>   | No <input type="checkbox"/>           |                                      |  |
| iv. Godowns  |  | Yes <input type="checkbox"/>   | No <input type="checkbox"/>           |                                      |  |
| v. Tankfarms   |  | Yes <input type="checkbox"/>   | No <input type="checkbox"/>           |                                      |  |
| vi. Other please specify   |  | Yes <input type="checkbox"/>   | No <input type="checkbox"/>           |                                      |  |
| if yes, answer the following questions?  |  |  |                                       |                                      |  |
| (i) No. of offices, Depots, Warehouse, Godowns & tank-farm you wish to insure (use total figure of all)  |  | <input type="checkbox"/> up to 10  | <input type="checkbox"/> 11 - 99      | <input type="checkbox"/> 100 - 499   | <input type="checkbox"/> 500 and above                   |
| (ii) Are these Warehouses, Godowns, tank-farms, etc. occupied by   |  | <input type="checkbox"/> you solely <input type="checkbox"/> shared with other parties |                                       |                                      |  |
|  |  | <input type="checkbox"/> hired to other parties  |                                       |                                      |  |
| *Please provide details of surrounding property within radius of 2 kms   |  |  |                                       |                                      |  |
| <input type="checkbox"/> Industrial area <input type="checkbox"/> Agricultural <input type="checkbox"/> Residential area <input type="checkbox"/> Other (Please Specify)   |  |  |                                       |                                      |  |
| *Please provide details of adjacent premises   |  |  |                                       |                                      |  |
| <input type="checkbox"/> Hazardous Industrial Unit <input type="checkbox"/> Non Hazardous Industrial Unit <input type="checkbox"/> Agricultural Land <input type="checkbox"/> Residential Unit <input type="checkbox"/> Other (Please specify) : |  |  |                                       |                                      |  |
| *Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons? Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  |                                       |                                      |  |
| If yes, please provide the following information   |  |  |                                       |                                      |  |
| Substance  | Quantity   | Storage / handling   |                                       | Precaution taken                     |  |
|  |  |  |                                       |                                      |  |
| Are the premises fenced and / or locked?   |  |  |                                       |                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are customers/visitors permitted unaccompanied on the premises?  |  |  |                                       |                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |

|   |   |  |
|---|---|--|
| Have you complied with statutory provisions, rules and regulations in respect of the premises and operations?   | Yes <input type="checkbox"/>                    | No <input type="checkbox"/>  |
| Are effluents treated before disposal and control systems of solid, liquid and gaseous waste or effluents are in place?   | Yes <input type="checkbox"/>                    | No <input type="checkbox"/>  |
| *Is there a programme for the prevention of fire, explosion? If yes, please indicate  | Yes <input type="checkbox"/>                    | No <input type="checkbox"/>  |
| (i) Are the Machines protected by fences or guarded?  | Yes <input type="checkbox"/>                    | No <input type="checkbox"/>  |
| (ii) Type of detection and alarm system:  |   |  |
| (iii) Fire protection devices installed:  | <input type="checkbox"/> Portable Extinguishers | <input type="checkbox"/> Trailer Pumps <input type="checkbox"/> Fire Engine <input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fixed Water |
| (iv) Availability of service organisation in case of such incidents (Fire brigade, specialists in environmental protection and toxicology) :  |   |  |
| (v) Provisions made for supply of energy, water etc. in an emergency:   |   |  |
| (vi) Is there any welding, gas cutting or hot work being undertaken? If so, what are the precautions taken?:  |   |  |
| (vii) are there any vibrations from heavy machinery? If so, please explain the precautions taken:   |   |  |
| (viii) Is there any possibility of leakage of chemical or gas resulting in injury to third party property damage and/or bodily injury? If so, please give full details of alarm system, preventive measures and particulars of periodical inspection. |   |  |
| Please provide details on security and safety arrangements:   |   |  |
| Please provide details of On-site & Off-site emergency plan   |   |  |

### XIII. COVER DETAILS (If Section XII is opted '\*\*' - fields marked '\*\*' are Mandatory)

|  |   |                     |                               |              |
|--|---|---------------------|-------------------------------|--------------|
| *Period of Insurance   | From  | To                  |                               |              |
|  | D D M M Y Y Y Y   | D D M M Y Y Y Y     |                               |              |
| *Retroactive Date  | D D M M Y Y Y Y   |                     |                               |              |
| *Limit of Indemnity Required   |   |                     |                               |              |
| *Any one Accident Limit (AOA)  | INR   |                     |                               |              |
| *Aggregate during policy period (AOY)  | INR   |                     |                               |              |
| *AOA to AOY Ratio  | <input type="checkbox"/> 1:1 <input type="checkbox"/> 1:2 <input type="checkbox"/> 1:3 <input type="checkbox"/> 1:4         |                     |                               |              |
| *Please indicate the Voluntary Excess opted (as percentage of indemnity limit per accident)  |   |                     |                               |              |
| *Territorial scope required  | <input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada |                     |                               |              |
| *Jurisdiction required   | <input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada |                     |                               |              |
| 7. Have any of the items opted for coverage under various Sections enumerated overleaf suffered any damage previously? If so, give details of the same. Attach a separate sheet, if necessary. |   |                     |                               |              |
| Date of Occurrence   | Details of Loss   | Amount of Loss (Rs) | Name of the Insurance Company |              |
|  |   |                     |                               |              |
|  |   |                     |                               |              |
|  |   |                     |                               |              |
|  |   |                     |                               |              |
| 8. Give details of previous insurance, if any.   |   | Policy No.:         | Company:                      | Expiry Date: |

### XIV. ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want BUSINESS PACKAGE 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 e Insurance Account & the No. is

My CKYC No. (Central Know Your Customer registry number) is  (If available)

I, \_\_\_\_\_, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: \_\_\_\_\_

Date:

Kindly visit our website [www.sbigeneral.in](http://www.sbigeneral.in) to view the list of KYC OVD (Officially Valid Documents).

### XV. \*PAYMENT DETAILS

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

\*Regulatory Requirement - For Premium Refund in case of Policy cancellations, please provide the Bank Account details as mentioned below.

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

|              |                      |           |                      |            |                      |
|--------------|----------------------|-----------|----------------------|------------|----------------------|
| Cheque No.   | <input type="text"/> | Amount    | <input type="text"/> | IFSC Code* | <input type="text"/> |
| Account No.* | <input type="text"/> | Bank Name | <input type="text"/> |            |                      |
| Branch       | <input type="text"/> | Dated     | <input type="text"/> |            |                      |

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

### XVI. AML GUIDELINES (Premium Payment shall be made by the Policyholder of the Policy)

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  Non-resident Indian(NRI)  Others

If Non-Indian please specify the nationality and country address \_\_\_\_\_

If NRI please give details for resident country and address \_\_\_\_\_

Type of Organisation:  Corporation  Government  Non-Governmental Organisation  Society  Trust  
(Only applicable if policy issued on Group Basis)  Partnership  International Organisation  Cooperative  Section 25 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository.  Yes  No. Customer can submit CKYC form for updation.

Recent photograph of proposer:  
(Photograph is required. if customer does not have CKYC ID)

Signature of Proposer :

### XVII. PROHIBITION OF REBATES - 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 rebates 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 punishable with fine which may extend to Rs. 10 lakh.

### XVIII. 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 herein above 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.

\*Place:  \*Date:  \*Signature of Proposer \_\_\_\_\_

### XIX. 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) \_\_\_\_\_ (Relation with the Proposer) \_\_\_\_\_ 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 declare that whatever I have stated herein above is true and correct to the best of knowledge and belief.

Date:  Place:  Signature of the Witness \_\_\_\_\_

Signature/Thumb impression of the Proposer \_\_\_\_\_

## AML Declaration as per AML Master Guideline 2022:

### 1. 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 **Ten 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.

Date:

Signature of Policyholder: