



11.	Quality of staff - Have operators been trained with manufacturer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Is there a risk of flood and inundation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If so, specify	By bodies of water <input type="checkbox"/> By torrential rainfall <input type="checkbox"/> By sewer backflow <input type="checkbox"/> Or by others <input type="checkbox"/>
13.	Are dangerous materials used in the vicinity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If so, specify	Acids <input type="checkbox"/> Prepared or sensitized papers <input type="checkbox"/> Dyes <input type="checkbox"/> Test solutions <input type="checkbox"/> Developers <input type="checkbox"/> Explosives <input type="checkbox"/> Isotopes <input type="checkbox"/> Others <input type="checkbox"/>
14.	Valid Maintenance Contract in force?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, Copy to be enclosed	
15.	Air conditioning Plant	Pressurized <input type="checkbox"/> Not necessary <input type="checkbox"/> Recommended by manufacturers <input type="checkbox"/>

### NOMINEE DETAILS\*:

#### Nominee 1

\*Name:

\*Relationship with Nominee:  \*Date of Birth of Nominee:

Mobile no.:  Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name:  Branch Name:   
Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

\*Name:

\*Relationship with Nominee:  \*Date of Birth:

Bank details of Appointee: Bank Name:  Branch Name:   
Bank Account Number:  IFSC Code:

#### Nominee 2

\*Name:

\*Relationship with Nominee:  \*Date of Birth of Nominee:

Mobile no.:  Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name:  Branch Name:   
Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

\*Name:

\*Relationship with Nominee:  \*Date of Birth:

Bank details of Appointee: Bank Name:  Branch Name:   
Bank Account Number:  IFSC Code:

### PAYMENT DETAILS\*:

Premium Amount ₹:  Cheque No./ Pay Ref. No.:

Premium payment option: Cheque  DD  Debit Card/Credit Card  EFT  Date:

Bank Name:  Branch Name:

IFSC Code:  Bank Account Number:

Card Details\* Master  Visa  Others  Card No\*  Expiry Date\*

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. | Electronic Equipment Insurance (EEI), UIN: IRDAN144RP0009V01200910 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal are to the best of my/our knowledge and belief, complete and true, and I/we hereby agree that this Questionnaire and proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Executed at \_\_\_\_\_ this day of \_\_\_\_\_ 20 \_\_\_\_\_

Proposer's Signature

**BANK ACCOUNT DETAILS FOR PROCESS OF REFUND\*:**

Cheque will be issued in the name of the Proposer only. In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).

Name of Account Holder:

Bank Name:  Branch Name:

Bank Account No.:  IFSC Code:

MICR Code:

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

**KYC DOCUMENTS ATTACHED:**

Pan Card  Passport  Government UID  Voter's Identity Card  Aadhaar Card  Telephone Bill

Ration Card  Driving Licence  Electricity Bill  Utility bills not older than 2 months  Registration Certificate

**ELECTRONIC EQUIPMENT INSURANCE (EEI)**

**Additional questionnaire for the Insurance of Electronic Data Processing (EDP systems)**

**PROPOSER'S DETAILS (\*mandatory fields)**

1. Name of the Proposer :

2. Present Address\*:  
(Current Residing Address)  
City:  Village:   
Gram Panchayat:  State:   
PIN Code:  Landmark:

My Present Address is same as Permanent Address

Permanent Address\*:  
City:  Village:   
Gram Panchayat:  State:   
PIN Code:  Landmark:

Contact No.\*:  Alternate No.:

E-mail Id\*:

3. PAN\*:  / Form 60/61 (if Available):  Aadhaar Card No.:

4. Type of business :

5. 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.

6.	EDP System	
	a) If the system is rented state monthly rent	
	b) Date of start of operation	
	c) Operational hours per day in shifts	
	d) Name and address of manufacturer and/or lessor.	

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## INCREASED COST OF WORKING

### Additional Questionnaire for the Insurance of Increased Cost of Working as a result of failure of EDP systems

#### PROPOSER'S DETAILS (\*mandatory fields)

1. Name of the Proposer :

2. Present Address\*:   
 (Current Residing Address)  
 City:  Village:   
 Gram Panchayat:  State:   
 PIN Code:  Landmark:

My Present Address is same as Permanent Address

Permanent Address\*:   
 City:  Village:   
 Gram Panchayat:  State:   
 PIN Code:  Landmark:

Contact No.\*:  Alternate No.:   
 E-mail Id\*:

3. PAN\*:  / Form 60/61 (if Available):  Aadhaar Card No.:

4. Type of business :

5. 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.

6.	EDP system to be insured	
	a) Operational hours on average	<input type="checkbox"/> per day <input type="checkbox"/> per month
	b) Is it possible in the event of failure to utilize other EDP system so as to obviate using an outside system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) Are there any special agreement regarding continued payment of the rent and other costs if the EDP system fails? If so, please specify.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Outside EDP system available for use	
	a) Name and address of -	Owner <input type="checkbox"/> Lessee <input type="checkbox"/>
	b) Is the use of the outside EDP systems subject to any special conditions (waiting periods, conversion measures, etc.)? If so, please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) Has the system already been used? If so, how often?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	d) Causes	Max. duration <input type="text"/> Max. cost incurred <input type="text"/>
8.	Sums to be insured -	
	a) Rent of substitute Equipments	₹ _____ On floor
	b) Indemnity period per occurrence	_____ Weeks
	c) Limit per occurrence (a x b)	₹ _____

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## DECLARATION BY PROPOSER

1. I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated.
2. I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property as if it were uninsured.
3. I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.
4. I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.
5. I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.
6. I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal.
7. The details filled in the proposal form would be used for new as well as for renewal purposes.
8. Do you suffer from any disability? Yes  No  If Yes, please state the type of disability. \_\_\_\_\_  
Please share the percentage of disability. \_\_\_\_\_  
UDID number \_\_\_\_\_

Date:

Place:

Signature of Proposer

## AGENT 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

## ELECTRONIC INSURANCE ACCOUNT DETAILS\*:

I would like Burglary insurance Policy and related information in:

I have an eIA Number

- (a) NSDL Database Management Ltd  (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)   
(c) Karvy Insurance Repository Ltd.  (d) CAMS Insurance Repository Services Ltd

My CKYC No. (Central Know Your Customer Registry Number), (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)

**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/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.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: \_\_\_\_\_

**PROHIBITION OF REBATES (Under 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 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 Members 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."

To be included as declaration by proposer /insured Section in all Proposal forms.

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

**Applicable to non Individual customers.**

3. 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 or who exercises control through other means.
 

Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision
- 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.