

PROPOSAL FORM

Guidelines For Completion of The Form

1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 2. Kindly contact SBI General's Offices or Agents for any doubts or clarifications on the proposal form.

Note: The liability of SBI General Company Ltd does not commence until this proposal has been accepted by SBI General and premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company.

For Office Use

Marketing Officer Name:

Specified Person's Name*: Specified Person's Code*:

Broker / Agent Name: Code:

Intermediary/Agent Name:

Business Sector: Urban Social Rural Sales Channel Type: Agency Direct Corporate/broker

Details of the Persons Proposed to be Insured for Main Borrower (*mandatory fields)

Name*:

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 Details: Mobile No.: Alternate No.:

Email: Marital Status*: Married Unmarried

Date of Birth*: PAN *: /Form 60/61 (if Available):

Aadhaar Card No.*: Age: Gender: M F Other

Paid up Capital of the Company: Financial interests: 1 2 3 4 5 6 7 8

Location of risk to be covered: Plot No. : Building Name:

Road: Area: City:

District: PIN: State:

Period of Insurance: From: To:

Do you want to delete

a) Flood, Cyclone, group of perils: Yes /No b) Riot, Strike & Malicious damage: Yes /No

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.

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

Note (*) marked fields are mandatory | ^Alternate number has to be different from the provided mobile number

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. | Standard Fire & Special Perils (SFSP) Insurance Policy, UIN : IRDAN144RP0008V04201112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Nominee Details*:

Nominee 1

*Name:

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

Nominee Mobile No.: Email Id:

Percent of Claim Payable:

Present address:

Permannat 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:

Nominee Mobile Number: Email Id:

Percent of Claim Payable:

Present address:

Permannat 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:

Do you want the Plinth & Foundation along with the building: Yes /No

Add-on covers required	
Architects Consulting & Engineers Fees (in excess of 3% claim amount)	
Debris Removal (in excess of 1% claim amount)	
Deterioration of Stocks in cold storage premises on account of accidental power failure due to damage at power station due to an insured peril	
Forest Fire	
Leakage & contamination cover	
Spoilage material damage cover	
Temporary removal of stocks	
Loss of rent	
Additional expenses of rent for an alternative accommodation	

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Start up expenses			
Vehicle Impact damage due to insured's own vehicles			
Spontaneous Combustion			
Omission to Insure additions			
Earthquake (fire & shock)			
Terrorism			
Others, please specify			
Whether you have insured the same property with any other insurance company with the same type of coverage (Give details)			
Whether insurance was declined by any other company or imposed any special conditions (Give details)			
Premium / Claim details for the past 3 policy periods			
	Year	Premium in Rs.	Claims in Rs.
Total			

Details About Property To Be Covered At The Insured Location

The Insured Property is	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Residence, Office, Shops, Hotel etc	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Industrial/Manufacturing risks	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Storages outside industrial risks	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Tanks/Gas Holders outside Industrial Manufacturing risks	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Utilities located outside Industrial Manufacturing risks	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Is used as Shop please declare whether the goods handled are as per the following list. If yes, whether the stock value will exceed 5% of shops value	
1.Celluloid goods, 2.Coir Loose, 3.Crackers & Fire Works, 4.Explosives of any kind, 5.Hay/Straw, 6.Hemp, 7.Jute Loose, 8.Matches,9.Methylated Spirit,10.NitroCellulosePlastics,11.Oils/Ether/IndustrialSolventsandotherinflammableliquidsflashingatand below 32oC(Closed cup Test), 12.Paints with inflammable base having flash point below 320C(Closed Cup test)-Other than in sealed tins or drums, 13. Varnishes having a Flash point below 320C (Closed cup Test)-ither than in sealed tins or drums. 14. Disinfectant liquids and liquid insecticides-Other than in sealed tins or drums, 15.Vegetable fibres of any kind including Rayon fibre.	
If used as warehouse / go-down (not located in a manufacturing unit) please give the list of goods stores.	
If used as an Industrial Manufacturing unit give products manufactured at the location proposed	
If used as an Industrial Manufacturing unit please state whether the factory isworking or silent	
Fire Protection devices installed	Please Tick in the box below
	Portable Extinguishers
	Trailer Pumps
	Fire Engine
	Hydrant System
	Sprinkler System
	Fixed Water

Sum Insured

The basis proposed for insurance (Building /Machinery/FFF)	
Market Value Basis	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Reinstatement Value Basis Yes/No	Yes <input type="checkbox"/> /No <input type="checkbox"/>
a) Construction details b) Height of Building c) Age of Building	Please state material used 5- 10 years i) Walls ii) Floor iii) Roof Metres Less than 5 Years <input type="checkbox"/> 10-20 Years <input type="checkbox"/> 5-10 Years / <input type="checkbox"/> Above 20 Years <input type="checkbox"/>

Note: Buildings having walls and/or roofs of wooden planks/thatched leaves and or grass /hay of any kind/bamboo/plastic cloth/ asphalt cloth/canvas/tarpaulin and the like are treated as "Kutchra" construction.

Building-wise values (Please include the kutchra buildings also in this list and give individual values against such buildings)

A. On Floater Basis

Stocks at various locations (warehouses/go-downs and / or open etc.,) can be covered on floaters basis for a single Sum Insured

	Tick	Amount Rs.
Floater Basis		

B. On Declaration Basis

Stocks which fluctuate in value can be covered on (monthly) declaration basis

	Tick	Amount Rs.
Declaration Basis		

Note: 1. Minimum Sum Insured is Rs.1 Crore, and policy not issued on short period basis. 2. Stocks in process and stocks stored at Railway sidings are not covered

C. On Floater Declaration Basis

Stocks which fluctuate in value as well as stored in various locations can be covered on (monthly) floater declaration basis.

	Tick	Amount Rs.
Declaration Basis		

Note: 1. Minimum Sum Insured is Rs.2 Crores 2. Stocks in process and stocks stored at Railway sidings are not covered.

D. Stocks stored in Open

Stocks which fluctuate in value as well as stored in various locations can be covered on (monthly) floater declaration basis.

	Locations	Amount Rs.
Stocks in open (located outside the factory compound)		

Total Sum Insured (as per relevant serial numbers shown against each)

	Clause / Peril code	Risk code	Rate Code	Rate	Sum Insured	Premium
Building wise values						
Architects & Engineers fees						
Debris Removal						
Deterioration of stocks in cold						
storage premises on account of						

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Resident Individual Non-Resident Indian Foreign National Person of Indian Origin

If Foreign National please specify the nationality and country address _____

If NRI please give details for resident country and address _____

If Person of Indian Origin please give details for resident country and address _____

Type of Organisation (Only applicable if policy issued on Group Basis):

Corporation Government Non-Governmental Organisation Society Trust

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

ELECTRONIC INSURANCE ACCOUNT DETAILS*:

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 to view the list of KYC OVD (Officially Valid Documents)

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.

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7. The details filled in the proposal form would be used for new as well as for renewal purposes.

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:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of the 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:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of the Agent: _____

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) _____ (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.

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of the Witness _____

Signature/Thumb impression of the Proposer/Primary Insured

Consent Code And Account Debit Mandate

_____ is the consent code to authorize SBI to Debit the customer account I _____ authorize SBI to debit my Account Number _____ with ₹. _____ for premium of _____

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of the Witness : _____

Signature/Thumb impression of the Proposer

Insurance Act, 1938, Section 41-Prohibition of Rebates

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.

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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.