

ALL RISK INSURANCE POLICY

INSTRUCTIONS

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable (mark N.A.).
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose the same.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on his behalf.
4. Kindly contact us or Agents for any doubts or clarifications on the proposal form.
5. To provide any additional information relevant to the policy, please use additional sheets if space is not sufficient to complete details.
6. The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Company and does not result in a concluded contract of insurance.

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company 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. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest.

Put a (✓) mark wherever applicable

Insured's Details (*mandatory fields)

A. Proposer's details

Salutation Mr. Miss Mrs.

1. Name of the Proposer:

(in full BLOCK LETTERS)

2. Communication Address (Please tick): () Registered Address () Business Address

Plot No/Door No. and building name

Road name Area

City Pin code State

Phone No. E-mail Id

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

Business Address. () please tick here if it is same as registered address. Not applicable in case of Individual.

Plot No/Door No. and building name

Road name Area

City Pin code State

Phone No. E-mail Id

3. Proposer's Occupation, Trade or Business

4. Age of Proposer 5. Proposer's Nationality

6. 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.

B. RISK DETAILS

7. Type of Property/ies to be Insured

<input type="checkbox"/> Equipment	<input type="checkbox"/> Pictures, paintings, sketches, prints and the like
<input type="checkbox"/> Books	<input type="checkbox"/> Statues and sculptures of a non-fragile nature, items of precious metals or wood
<input type="checkbox"/> Porcelain, pottery, ceramics, glass, jade and other items of a brittle or fragile nature	<input type="checkbox"/> Antique furniture
<input type="checkbox"/> Clocks, watches, barometers and other mechanical art	<input type="checkbox"/> Gold, silver and other precious metals
<input type="checkbox"/> Jewellery	<input type="checkbox"/> Furs
<input type="checkbox"/> Other Items(Please Specify): _____	

- d. A flat or an apartment? If yes,
Please provide floor no. _____ Yes No
- e. Used for any business or professional purposes or open to the public? Yes No
- f. Regularly left unattended by day or night? Yes No
- g. Have proper fire detection and fighting arrangements? Yes No
17. Do you intend to carry out any work on the premises insured involving outside contractors? If yes, please provide the details Yes No
18. Alarm
- a. Make of Alarm
- b. Is it bells only? Yes No d. Is it central Station? Yes No c. Is it connected to Police? Yes No
- e. Does it protect all areas containing the Insured Property? Yes No
- f. Is the alarm under a maintenance contract? Yes No
- If yes by whom?
19. Safe
- a. Provide the make, model and age of the safe
- b. Is it a wall safe? Yes No c. Is it a freestanding safe? Yes No
- d. Is it a under floor safe? Yes No e. Weight & Dimension Yes No
- f. Is the alarm under a maintenance contract? If yes by whom? Yes No
20. Other Security
- a. Are all final exit doors fitted with a 5 lever mortice deadlock? Yes No
- b. Are all windows, fanlights and skylights fitted with key operated locks? Yes No
- c. Is your property protected by any other means? Yes No
21. Have you or any person residing with you, ever been convicted of arson or any offence involving dishonesty, fraud, theft or handling stolen goods? Yes No

COVER DETAILS

22. Period of Insurance: From To
23. Coverage Territory Required India Worldwide
24. Extensions Required (Please tick yes if you wish to have the following add on covers. Please note, these covers are available subject to additional premium payment by you)

Sr. No.	Add on Cover	Required?	Add on Cover Sum Insured (INR)
1.	Rent for hiring alternate equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	Exhibition clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Electrical/Mechanical/Electronic Breakdown	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Full cover for pair/set	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIOR INSURANCE AND CLAIM DETAILS

25. Please provide claim history for the last five years

Year	Claim Total Amount paid / Outstanding (INR)	Description of loss/damage	With whom the property was insured?

26. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim?
If yes please provide the details Yes No
27. Has any insurer ever declined your fresh or renewal proposal? If yes please provide the details. Yes No

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. | All Risk Insurance Policy, UIN : IRDAN144CP0003V01201819 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

28. Has any insurer ever terminated your cover? If yes please provide the details. Yes No

29. Has any of the Properties to be insured previously been covered by other insurance companies? Yes No
If yes, please provide the following details.

Name of Insurance company	Policy Start Date	Policy end Date (DD/MM/YY)	Property Specification	Sum Insured (INR)	Premium (INR)	Deductible (INR)
	(DD/MM/YY)	(DD/MM/YY)				

I/We desire to effect an insurance in terms of the All Risk Insurance Policy of the Company against the sum insured mentioned above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with.

I/We the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein. I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated herein.

I/We agree that the Company may exchange, share or part with any information to or with other SBI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.

Date:

Place:

Proposer's Signature with company stamp

Name of Proposer
Designation of proposer

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/ies has/have 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 (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

DECLARATION BY PROPOSER

I/We hereby declare that 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 SBI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd. immediately.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for the specific purpose of availing services offered by SBI General Insurance (please strike this clause in case you do not wish to disclose the personal data).

Date:

Place:

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:

Place:

Signature of the Agent

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I would like All Risk Insurance Policy and related information in:

Physical Format

e-Format (electronic)

I have eIA Number:

I would like to apply for eIA with:

NSDL Data Management

CSDL Insurance Repository Ltd

Karvy Insurance Repository Ltd

CAMS Repository Services Ltd

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 (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:

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. 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: