

# PROPOSAL FORM

## CONSEQUENTIAL LOSS (FIRE) INSURANCE POLICY

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. The liability of the Company does not commence until the proposal has been accepted by the Company and the 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.

### FOR OFFICE USE

Name:  Code:

Branch:  Code:

Business Type: Rural  Non-rural  Code:

### PROPOSER DETAIL

Name:

Contact Person (in case of Corporate):

Communication (Postal Address):   
  
 District:

Pin Code:  State:

Contact Nos: Mobile:  Office:

Residence: +91  Email ID:

Policy Period: From:  To:

### FINANCIAL INSTITUTION DETAILS

Name of Financier:

Address of Financier:   
 District:

Pin Code:  State:

Name of Financier:

Address of Financier:   
 District:

Pin Code:  State:

### RISK DETAILS

Description of Business:

Business Activity:

## RISK LOCATION DETAILS

1.Risk Location Address :   
  
 District :   
 Pin Code :  State :

2.Risk Location Address :   
  
 District :   
 Pin Code :  State :

## RISK LOCATION DETAILS

1.Risk Location : Type of Construction : Superior  Standard  Height of Building (in Metres) :   
 Height of Building (in Metres) :  Number of Floors (ex-Basements) :   
 Number of Basements :  Age of Building :

2.Risk Location : Type of Construction : Superior  Standard  Height of Building (in Metres) :   
 Height of Building (in Metres) :  Number of Floors (ex-Basements) :   
 Number of Basements :  Age of Building :

## FIRE PROTECTION DETAILS

	1.Risk Location :	2.Risk Location :
Hand Appliances & Trailer Pumps / Fire Engines :	<input type="text"/>	<input type="text"/>
Hand Appliances & Hydrant System :	<input type="text"/>	<input type="text"/>
Hand Appliances & Independent Sprinkler Fixed Water Spray System :	<input type="text"/>	<input type="text"/>
Hand Appliances & Hydrant System & Independent Sprinkler /Fixed Water Spray System :	<input type="text"/>	<input type="text"/>

## AMOUNTS TO BE INSURED

Particulars	Amount of Insurance
Gross Profit (List of Standing Charges to be attached separately) :	<input type="text"/>
Auditors Fee :	<input type="text"/>
Wage on Prorata Basis for..... No.of Weeks :	<input type="text"/>
Wages (on Dual Basis) -100% for.....weeks and.....% for the remainder period :	<input type="text"/>
Suppliers Extension :	<input type="text"/>
Customers Extension :	<input type="text"/>
Lay off and Retrenchment Compensation :	<input type="text"/>

## TOTAL SUM INSURED

Please mention the Basis of Indemnity : Turnover Basis  Output Basis  Difference Basis

Please specify the Indemnity Period in Months :

## ADD ON PERILS

Would you like to opt for the below mentioned add-on perils?

1. Forest Fire: Yes  No       2. Impact damage due to insured own vehicle: Yes  No       3. Spontaneous Combustion: Yes  No   
4. Earthquake: Yes  No       5. Terrorism: Yes  No

## ADD ON PERILS

Do you want to delete any of the following covers from the basic cover?

1. Storm, Tempest, Flood and inundation: Yes  No       2. Riot, Strike and Malicious Damage: Yes  No

## DETAILS OF CONCURRENT MATERIAL DAMAGE (FIRE) POLICY

Name of Insurer:

Policy No.:  Policy Period:  to

Sum Insured:  Add On Covers Opted:

## VOLUNTARY DEDUCTIBLES DETAILS

Do you want to opt for Voluntary Deductibles, If yes please choose the slab mention below Yes  No

- 7 days Gross Profit subject to minimum of Rs.10 Lakhs       14 days Gross Profit subject to minimum of Rs.20 Lakhs   
21 days Gross Profit subject to minimum of Rs.30 Lakhs       28 days Gross Profit subject to minimum of Rs.35 Lakhs   
35 days Gross Profit subject to minimum of Rs.40 Lakhs       60 days Gross Profit subject to minimum of Rs.45 Lakhs

## CLAIMS EXPERIENCE DETAILS

Please give premium and claims details for last 3 policy periods

Policy Period: <input type="text"/>	Premium Paid: <input type="text"/>
Incurred Claim (Paid + outstanding): <input type="text"/>	Nature of claim/section: <input type="text"/>
Policy Period: <input type="text"/>	Premium Paid: <input type="text"/>
Incurred Claim (Paid + outstanding): <input type="text"/>	Nature of claim/section: <input type="text"/>
Policy Period: <input type="text"/>	Premium Paid: <input type="text"/>
Incurred Claim (Paid + outstanding): <input type="text"/>	Nature of claim/section: <input type="text"/>

## TERRORISM COVER

I. Is Political Violence cover required?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
II. Is Third Party Liability cover required?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

## PREMIUM PAYMENT DETAILS

Kindly Select: Cheque  DD / P.O  Cash

Cheque No./DD No.:  Date:

Bank Name:

Premium Amount:

In words: \_\_\_\_\_



**ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION**

I want my insurance product 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 an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is                      (If available).

**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) \_\_\_\_\_ (Relationship with the Proposer) \_\_\_\_\_ adult and inhabitant of (City) \_\_\_\_\_ and residing at \_\_\_\_\_ do hereby certify that I/we 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:

Place:

\_\_\_\_\_  
Signature of the Witness

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

**SECTION 41 OF INSURANCE ACT, 1938:**

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 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 published prospectuses 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 to Rupees Ten Lakhs.