## **PROPOSAL FORM**

## **SME PACKAGE INSURANCE POLICY**



## Important:

- 1. This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed ₹5 Crore, against fire and allied perils and Burglary
- 2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
- 3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

Office Use Only:																													
*Policy Issuing Office Addres	ss:																												
																	*(	Cod	e:										
*Quote No:																	*	nwa	ard l	No:									
*Receipt No:																	*F	Rece	eipt	Da	te:	D	D	$\bowtie$	$\bowtie$	Υ	Υ	Υ	Υ
Intermediary's Details:																													
*Business Type:		Ne	ew			Rol	love	er		R	ene	wa	ı		,	*Inc	ase	e of	ren	ew	al, p	lea	se s	sha	re F	olio	cy N	lum	ber
*Policy No.:																													
*Branch Office Name:																													
*Branch Office Code:																								•				•	
*Segment:		Co	orpo	orat	te			Ret	ail			S١	1E																
*Sales Channel Type:		Ва	anca	a [		Ag	enc	у [		D	irec	:t		Cc	orpo	rat	e/t	orok	ker										
*Intermediary Name:																													
*Intermediary Code:										*A	gree	eme	ent	Cod	le:														
*SP Name:																*	*SP	Co	de-	Par	ty I	D:				Π	Π		
*SP Mobile No.:														•	•									•					
*RM ID:																													
Note: In this section the $\ast$ mark	is for	r all	the	mar	ndat	ory	field	ds.																					
A. Details about Propos	ser	an	d P	olic	суІ	Per	rioc	d:																					
1. Name of the Proposer's:																													
Loan Account No.:																													
Do you have an existing relat	ions	ship	wit	h S	BIC	Gen	eral	l?	`	<b>Yes</b>		Ν	lo[			lf۱	Yes,	ple	ase	me	enti	on '	the	Cu	sto	me	r ID		
Customer ID:																													
2. Address:																													
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	City																tate						_		Ļ	Ļ	L		
	PIN	1:													,	G	iend	der:	М		F		C	th	er [	┙			
			ne N	lo.:											J			le N	lo.:						L	L	L		
Type of Proposer:	Ind	ivid	lual				Pa	rtn	ers	hip	firm			J	Cor	npa	any	L	$\perp$	(	Gov	t.				Oth			Щ
5.Aadhaar No.:		$\perp$	L	<u> </u>							Ш		5.P/	\N:											<u>L</u>	/ F	orm	n 60	<u>                                     </u>
Profession:	Sal	larie	ed		Sel	f-E	mpl	loye	d		Otl	her	s		7.	Em	nail l	ID:											
GSTIN:																													

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8. Cor	ntact person details (where proposer is	s not a	an ind	ividu	ıal)				b. D	)esi	ana	ıtior	, [					Π					
0 Poli	cy to be issued in favour of (list out all	the pa	rtios	who	havo	incı	ırah				_		L	+bo	fn	200	iali	nct	i++	ion			
		пе ра	lities	WIIO	liave	11150	JI ab	T	llere	251)	IIIC	luui	ng	trie	11111	anc	Idii	1150	itut	IOH	>		
(Нурс	othecation Details)												-					-	1				
							+																
10. Pe	eriod of Insurance:	rom	D [	M	MY	′ Y	Y	Υ	to	D	D	Μ	Μ	Υ	Υ	Υ	Υ						
B. Bu	siness and Location of Busines	ss:																					
11.	Business of the Proposer																						
12.	Location of risk/business to be		. 1	A 1 1					T.		_	_	T_	_			Τ,				TE		$\overline{\Box}$
	covered - full postal address with	SI. N	10.	Addr	ess				F	PIN	Co	ae	10	CCU	ира	ncy	<u> </u>	\ge	ot (	Jnit		00	T
	PIN Code.																						
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								Ц.			-/>	<u> </u>	/										
	*Floor: Ground Floor (GF) /Mezzanine Floor (MF) / Higher Floor (H)																						
C. D	etails about business covered a	t the	ins	urec	lloc	atio	n:																
13.	Details of Insured property						ТР	leas	se tio	ck iı	n th	e sr	nace	e be	-lov	w :							
a.	Offices, Shops, Hotels etc.							Yes / No															
b.	Industrial / Manufacturing risks							Yes / No															
c.	Storage outside Industrial/ Manufacturing risks						+	Yes / No															
d.							+	Yes / No															
e.	Tanks / Gas holders outside Industrial/ Manufacturing risks.  Utilities located outside Industrial/Manufacturing risks.						+	Yes / No															
f.	Boundary wall	iaiiuic	cturi	ng m	3N3.		+	Yes / No															
	Basement storage						+	Yes / No															
g.	basement storage																						
							If	If, yes value stored SI: ₹															
h.	Others ( please specify)																						
14.	If used as warehouse / godown (no lo a manufacturing unit), please give th			ods s	store	d.																	
15.	If used as an Industrial Manufacto						s																
	manufactured at the location propos																						
1.0	showing various facilities to be enclo					ibie.	<u>'                                     </u>																
16.	If used as an Industrial Manufacturing whether the factory is working or sil	_	pieas	e sta	ete ——																		
17.	Fire Protection devices installed						$\vdash$		se tio						SW	er ir	th	e b	ox b	elo	Ν.		
								Portable Extinguishers															
							S	mal	l boı	re h	ose	ree	els				Щ						
							$\vdash$		er Pu				eng	jine	es								
							Н	lydr	ant	Sys	ten	n											
							S	prin	ıkler	Sy	ste	m											
							F	ixec	l Wa	ter	Spi	ay S	Sys	ten	า								
							F	oan	า Sys	ster	m												
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							G	ias I	Floo	din	g S	/ste	m										
							С	the	ers, p	olea	ise	spe	cify	be	low	<i>/</i> .	$\Box$						

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	dicate whether AM re Protection Applia											
19. C	onstruction details				Please tick the correct answer in the box.							
a.	Please state mate	erial used										
	i. Walls				Kutcha	/ Pucca	П					
	ii. Floor				Kutcha / Pucca							
	iii. Roof		Kutcha / Pucca									
	plastic cloth/asph	s) having walls and/ alt/ canvas/tarpau other than Kutcha a	lin and the lik	es are treated	as Kutcha			ay of any kind	/bamboo/			
b.	Number of Floors											
c.	Age of the Building	9			Less than	n 5 vears						
					5-10 year							
					10-20 ye	ars						
					Above 20	years						
20.	Distance betweer Brigade	n the risk to be cove	ered and near	rest Fire	<u>-</u>							
21. Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)												
22.	Whether Insuranc (Give details)	mpany										
23.	Premium / Claim o	xcluding the	Year	Ti	Premium	Claim						
	expiring policy per	riod			1001	₹		₹				
						₹		₹				
							F	₹				
						7						
				1	1		₹					
					TOTAL		-					
					TOTAL	₹	F	₹				
D. Su	m Insured and (	Other details of	Insured Pr	roperty (Inc					pasis):			
• For I • For • For • For app * Cor und	m Insured and O Building, Plant and N raw material: Lande stock in process: In finished stock: Ma licable. htract Price is in res er the conditions o Contract Price).	Machinery, Furnitured Cost; put cost; nufacturing cost o	re, Fixture and of the finished as sold but no	d Fittings and d stock or the ot delivered, fo	other contract  or which yo	m Insure ents: Rein Price* o	ed on the statement \ f goods sole ponsible an	following b /alue; d but not del d with regard	livered, as			
• For I • For • For • For app * Cor und the	Building, Plant and N raw material: Lande stock in process: In finished stock: Ma licable. htract Price is in res er the conditions o Contract Price).	Machinery, Furnitured Cost; put cost; nufacturing cost o spect only of good f the sale, the eithe	re, Fixture and of the finished Is sold but no er wholly or to	d Fittings and d stock or the ot delivered, fo o the extent of	other contract e Contract or which yo	m Insure ents: Rein Price* o ou are res ge. (The C	statement \ f goods sole ponsible an ompany's lia	following by /alue;  d but not del d with regard ability shall be	livered, as d to which e based on			
• For I • For • For • For app * Cor und	Building, Plant and Naterial: Lande stock in process: In finished stock: Ma licable. htract Price is in res er the conditions o	Machinery, Furnitured Cost; put cost; nufacturing cost o	re, Fixture and of the finished as sold but no	d Fittings and d stock or the ot delivered, fo	other contract  or which yo	m Insure ents: Rein Price* o	ed on the statement \ f goods sole ponsible an	following b /alue; d but not del d with regard	livered, as			
• For I • For • For • For app * Cor und the	Building, Plant and Name raw material: Lande stock in process: In finished stock: Malicable. It ract Price is in resert the conditions of Contract Price).	Machinery, Furnitured Cost; sput cost; nufacturing cost of the sale, the either including plinth, Basement and additional	re, Fixture and of the finished as sold but no er wholly or to Plant &	d Fittings and d stock or the ot delivered, for the extent of Furniture & Fixtures, Fittings and other	other contract or which you false damage	m Insure ents: Rein Price* o ou are res ge. (The C	statement \ f goods solo ponsible an ompany's lia	following by follo	livered, as d to which e based on			
• For I • For • For • For app * Cor und the	Building, Plant and Name raw material: Lande stock in process: In finished stock: Malicable. It ract Price is in resert the conditions of Contract Price).	Machinery, Furnitured Cost; sput cost; nufacturing cost of the sale, the either including plinth, Basement and additional	re, Fixture and of the finished as sold but no er wholly or to Plant &	d Fittings and d stock or the ot delivered, for the extent of Furniture & Fixtures, Fittings and other	other contract or which you false damage	m Insure ents: Rein Price* o ou are res ge. (The C	statement \ f goods solo ponsible an ompany's lia	following by follo	livered, as d to which e based on Total			
• For II • For • For • For app * Cor und the	Building, Plant and Name raw material: Lande stock in process: In finished stock: Malicable. It ract Price is in resert the conditions of Contract Price).	Machinery, Furnitured Cost; sput cost; nufacturing cost of the sale, the either including plinth, Basement and additional	re, Fixture and of the finished as sold but no er wholly or to Plant &	d Fittings and d stock or the ot delivered, for the extent of Furniture & Fixtures, Fittings and other	other contract or which you false damage	m Insure ents: Rein Price* o ou are res ge. (The C	statement \ f goods solo ponsible an ompany's lia	following by follo	livered, as d to which based on			

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E. De	etails for in-b	uilt cover f	for Floater:											
25.					Location (Postal Address with PIN Code) Sum Insured (in ₹)  i) Maximum value at any one location: ₹									
F. Sta	andard Add-o	n:												
Do Yo	u want to opt fo	r Declaration	Policy? Yes/	/No 🗌	(strike off v	vhat is not	applicable).	If Yes, give details t	pelow:					
26. S	tocks which fluc	tuate in valu	e to be covered or	(mont	thly) declara	ation basis:								
,	Amount (₹):													
G. D	etails for Burg	glary Insur	ance:											
Sr No	Description of Block	Plant & Machinery	Furniture & Fixtu Fittings and othe equipment		Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total					
									₹					
				$\perp$					₹					
Basis	of Sum Insured	- Other than	stocks (Mandator	~y)	I	tatement V et Value	/alue 🗌							
Stoc														
$\vdash$	ther stock store ther Stock store				Yes	No No								
vviie	ther Stock store	a iii Ciosea:			163	]140 🔲								
H. Pr	emium Detai	ls:												
27. M	ode of Payment:	Cheque	EFT Del	oit Car	d / Credit C	ard								
Paymo	ent Details:													
Chequ	ue / Journal No.:							Date: D D M	M Y Y Y Y					
Bank I	Name:					IF:	S Code:							
Bank /	Account Numbe	r:				Bra	anch Name							
Card	details:	Master	Visa Card	d No.:										
Card I	Expiry Date:	MMY	YYY		_									

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Amount:

i. Declaration by insured:	
I/ We hereby declare that the value of insurable assets is less than ₹5 Crore ( Rupby me / Us in this Proposal Form are true to the best of my / Our knowledge and declaration shall form the basis of the contract between me/Us and the If any additions or alterations are carried out in the risk proposed after the submishould be conveyed to the insurers immediately.	nd belief and I / We hereby agree that this
Date: D D M M Y Y Y Y	
Place:	Signature of the Proposer
J. Electronic Insurance Account Details:	
SBI General SME Package Insurance Policy  Physical Format- Yes	es and no premiums have been/ will be paid ney Laundering Act 2002. I/We understand s. The insurance Company has the right to
indirectly governing the Prevention of Money Laundering in India.	
Nationality: Indian If Non-Indian, please specify co	ountry:
Type of Organisation:  Corporation Government Non-Governmental Organisation  Partnership International Organisation Cooperative Section 8 Co	Society Trust Impanies
	Signature
L. Agent's Declaration:	
	me) in my capacity as an Insurance
Advisor/Specified Person of the Corporate Agent/Authorised employee of the declare that I have explained all the contents of this Proposal Form, including the Proposal Form to the Proposer including statement(s), information and response Form to questions contained herein or any details sought herein will form the basis of the proposer including statement or any details sought herein will form the basis of the proposer including statement or any details sought herein will form the basis of the proposer including statement or any details sought herein will form the basis of the proposer including statement or any details sought herein will form the basis of the proposer including statement or any details sought herein will form the basis of the proposer including statement or any details sought herein will form the basis of the proposer including statement or any details sought herein will form the basis of the proposer including statement or any details sought herein will form the basis of the proposer including statement or any details sought herein will form the basis of the proposer including statement or any details sought herein will form the basis of the proposer including statement or any details sought herein will be proposer including statement or any details sought herein will be proposer including statement or any details sought herein or any details sought here in the proposer including statement or any details sought herein or any details sought here in the proposer including statement or any details sought here in the proposer including statement or any details sought here in the proposer including statement or any details sought here in the proposer including statement or any details sought here in the proposer including statement or any details sought here in the proposer including statement or a	nature of the questions contained in this e(s) submitted by him/her in this Proposal

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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 Place: Signature of the Agent:
M. 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)
(Relationship 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 my/our knowledge and belief.
Date: D D M M Y Y Y Y Place: Signature of the Witness_

Signature/Thumb impression of the Proposer/Primary Insured

## **INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates:**

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 of 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 a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus 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 Up To Rupees Ten Lakhs.

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