

# PROPOSAL FORM

## SME PACKAGE INSURANCE POLICY



SURAKSHA AUR BHAROSA DONO

### 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 Address:	<input type="text"/>	*Code:	<input type="text"/>
*Quote No:	<input type="text"/>	*Inward No:	<input type="text"/>
*Receipt No:	<input type="text"/>	*Receipt Date:	<input type="text"/>

### Intermediary's Details:

*Business Type:	New <input type="checkbox"/>	Rollover <input type="checkbox"/>	Renewal <input type="checkbox"/>	*Incase of renewal, please share Policy Number
*Policy No.:	<input type="text"/>			
*Branch Office Name:	<input type="text"/>			
*Branch Office Code:	<input type="text"/>			
*Segment:	Corporate <input type="checkbox"/>	Retail <input type="checkbox"/>	SME <input type="checkbox"/>	
*Sales Channel Type:	Banca <input type="checkbox"/>	Agency <input type="checkbox"/>	Direct <input type="checkbox"/>	Corporate/broker <input type="checkbox"/>
*Intermediary Name:	<input type="text"/>			
*Intermediary Code:	<input type="text"/>	*Agreement Code:	<input type="text"/>	
*SP Name:	<input type="text"/>	*SP Code-Party ID:	<input type="text"/>	
*SP Mobile No.:	<input type="text"/>			
*RM ID:	<input type="text"/>			

Note: In this section the \* mark is for all the mandatory fields.

### A. Details about Proposer and Policy Period:

1. Name of the Proposer's:	<input type="text"/>											
Loan Account No.:	<input type="text"/>											
Do you have an existing relationship with SBI General?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please mention the Customer ID									
Customer ID:	<input type="text"/>											
2. Address:	<input type="text"/>											
City:	<input type="text"/>						State:	<input type="text"/>				
PIN:	<input type="text"/>				Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>	Other <input type="checkbox"/>				
3. Phone No.:	<input type="text"/>					4. Mobile No.:	<input type="text"/>					
Type of Proposer:	Individual <input type="checkbox"/>	Partnership firm <input type="checkbox"/>	Company <input type="checkbox"/>	Govt. <input type="checkbox"/>	Others <input type="checkbox"/>							
5. Aadhaar No.:	<input type="text"/>					6. PAN:	<input type="text"/> / Form 60 <input type="checkbox"/>					
Profession:	Salaried <input type="checkbox"/>	Self-Employed <input type="checkbox"/>	Others <input type="checkbox"/>	7. Email ID:	<input type="text"/>							
GSTIN:	<input type="text"/>											

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> 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. | UIN: IRDAN144RP0003V03201415



18. Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force		Yes <input type="checkbox"/> / No <input type="checkbox"/>																			
19. Construction details		Please tick the correct answer in the box.																			
a.	Please state material used																				
	i. Walls	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>																			
	ii. Floor	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>																			
	iii. Roof	Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>																			
<b>Note:</b> Kutcha : Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the likes are treated as Kutcha Construction. Pucca : Buildings other than Kutcha are treated as Pucca constructions																					
b.	Number of Floors																				
c.	Age of the Building	<table border="1"> <tr> <td>Less than 5 years</td> <td></td> </tr> <tr> <td>5-10 years</td> <td></td> </tr> <tr> <td>10-20 years</td> <td></td> </tr> <tr> <td>Above 20 years</td> <td></td> </tr> </table>		Less than 5 years		5-10 years		10-20 years		Above 20 years											
Less than 5 years																					
5-10 years																					
10-20 years																					
Above 20 years																					
20.	Distance between the risk to be covered and nearest Fire Brigade																				
21.	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)																				
22.	Whether Insurance was declined by any other Company (Give details)																				
23.	Premium / Claim details for the past 36 months excluding the expiring policy period	<table border="1"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>Claim</th> </tr> </thead> <tbody> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td>TOTAL</td> <td>₹</td> <td>₹</td> </tr> </tbody> </table>		Year	Premium	Claim		₹	₹		₹	₹		₹	₹		₹	₹	TOTAL	₹	₹
Year	Premium	Claim																			
	₹	₹																			
	₹	₹																			
	₹	₹																			
	₹	₹																			
TOTAL	₹	₹																			

### D. Sum Insured and Other details of Insured Property (Indicate Sum Insured on the following basis):

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: Reinstatement Value;
  - For raw material: Landed Cost;
  - For stock in process: Input cost;
  - For finished stock: Manufacturing cost of the finished stock or the Contract Price\* of goods sold but not delivered, as applicable.
- \* Contract Price is in respect only of goods sold but not delivered, for which you are responsible and with regard to which under the conditions of the sale, the either wholly or to the extent of the damage. (The Company's liability shall be based on the Contract Price).

24.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total
									₹
									₹
									₹





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.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> 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. | UIN: IRDAN144RP0003V03201415