

• Omission to Insure additions, alteration or extensions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit Rs. _____
• Spontaneous Combustion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit Rs. _____
• Spoilage Material Damage Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit Rs. _____
• Leakage & Contamination Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit Rs. _____
• Temporary removal of Stocks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit Rs. _____
• Loss of Rent clause	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit Rs. _____
• Insurance of Additional Expenses of Rent for An Alternative Accommodation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit Rs. _____
• Start up expenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit Rs. _____
• If other, pl specify	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit Rs. _____

II BUSINESS INTERRUPTION (If opted '*' - fields marked '**' are Mandatory)

*i The Indemnity: The amount which the Insured is entitled to recover under the provisions of the attached Specification which is declared to be incorporated in and to form part of this Schedule but not exceeding the total Sum Insured hereby	
*ii Total Sum Insured	Rs. _____
*iii Period of Indemnity	_____ Months

III MACHINERY BREAKDOWN (Items are required to be covered on RIV basis) (If opted '*' - fields marked '**' are Mandatory)

S.No.	*Description	*Make & Model	*Year of manufacture	*Identification No.	*Sum Insured (Rs.)
Total					

IV (A) ELECTRONIC EQUIPMENTS/APPLIANCES (Items are required to be covered on RIV basis) (If opted - fields marked '*' are Mandatory)

S.No.	*Description	*Make & Model	*Year of manufacture	*Identification No.	*Sum Insured (Rs.)
Total					Rs. _____

*Section IV (B) : External Data Media.

*i) Data media	Rs. _____
*ii) Expenses for Reconstruction and Re-recording of information	Rs. _____
Total	Rs. _____

Section IV (C): Increased Cost of Working

*i) Rent of substitute EDP equipments	
a) Indemnity Limit per Hour	Rs. _____
b) Indemnity Period per occurrence	Weeks _____
c) Limit per occurrence (a x b)	Rs. _____
d) Aggregate indemnity limit during the period of insurance	Rs. _____
*ii) Personal Expenses	Rs. _____
*iii) Transportation of Materials	Rs. _____
*iv) Time Excess	

V BURGLARY INSURANCE (If opted '*' - fields marked '**' are Mandatory)

*Contents	Rs. _____
*Do you want Theft extension ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

VI MONEY INSURANCE (If opted '*' - fields marked '**' are Mandatory)

Please indicate the amount to be insured	
*a) In transit – limit per carrying	Rs. _____
*b) In Safe/strong room – limit per occurrence	Rs. _____
*c) Loss or damage to insured safe - limit per occurrence	Rs. _____
*d) Out of safe during Business Hours only – limit per occurrence	Rs. _____

VII PLATE GLASS INSURANCE (If opted '**' - fields marked '**' are Mandatory)

*Position of each square of pane of glass	*Size of each square of pane		Description of glass: state whether Plain Plate or Plain Sheet painted rough silvered embossed Stained Bent or Ornamental	Value Rs. _____
	Height in Cm.	Width in Cm.		

VIII SIGN BOARD INSURANCE (If opted '**' - fields marked '**' are Mandatory)

S. No.	Particulars	Sign Board 1	Sign Board 2	Sign Board 3	Sign Board 4	Sign Board 5
*1.	Description with size (Example - Neon sign with size of 4 F X 6 Feet)					
*2.	Year of manufacture					
*3.	Manufacturer's name					
*4.	Location of Sign Board					
*5.	Please provide status of the Sign Board (Static / Mobile)					
*6.	Is height of the lowest end of Sign / Hoarding from ground level more than 6 feet? (Yes / No)					
*7.	Sum Insured					

IX FIDELITY GUARANTEE INSURANCE (If opted '**' - fields marked '**' are Mandatory)

*Please fill the following if you require cover for entire workforce (Attach separate sheet, if required)

Category of staff	No. of employees	Estimated annual wages (Rs)	Employee Sum Insured (Rs)

*Please fill the following if you require cover for selected categories of employees only (Attach separate sheet, if required)

Category of staff	No. of employees	Employee Sum Insured (Rs)

*Please fill the following if you require cover for named employees only (Attach separate sheet, if required)

Name	Designation	Duties	Since when, in service	Total remuneration (Rs)	Employee Sum Insured (Rs)
*State the estimate of maximum amount held by any employee at any one time and for how long?	Amount (Rs)		Money	Stock	
	Period (no. of weeks/months)				
*How frequently the audits take place					
*Is dual control and dual signatory system followed					
*How often cash books, stock books and accounts are reconciled					

X PORTABLE ELECTRONIC EQUIPMENT INSURANCE (Items are required to be covered on RIV basis) (If opted '**' - fields marked '**' are Mandatory)

S. No.	*Description	*Make & Model	*Year of Manufacture	*Identification No.	*Sum Insured (Rs)

Which property (ies) of the specification are second hand, please provided description? Attach separate sheet, if necessary	
Do you have valid Maintenance Contract in force? If yes, please enclose copy.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does any of the proposed equipment contain refurbished machines?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Coverage Territory Required	India <input type="checkbox"/> Worldwide <input type="checkbox"/>
Whether cover for machinery/electrical break down in required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Whether cover for theft is required	Yes <input type="checkbox"/> No <input type="checkbox"/>

XI EMPLOYEES COMPENSATION INSURANCE (If opted ^{1*} - fields marked ^{1*} are Mandatory)

*Particulars of the work to be covered in detail	
*Risk Location Address	

*Employees Details - all persons employed must be included

S. No.	Description of work done by the Employees	No. of Employees	Declared Wages during the Period of Insurance (INR)	Place / Places of Employment
1				
2				
3				
4				
5				
	Total			

*Coverage under Law:		Cover required?
Employees Compensation Act, 1923 and subsequent amendments thereof..... (Limit: as per Employees Compensation Act, 1923)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Common Law. If yes, please provide the limit of indemnity required.....		Yes <input type="checkbox"/> No <input type="checkbox"/>
i. Per Employee Limit INR		
ii. Any One Accident Limit INR		
iii. Any One Year LimitINR		
<ul style="list-style-type: none"> - "Per Employee Limit" is limit per employee for any number of accidents during Period of Insurance. - "Any One Accident Limit" is limit per accident for any number of Employees. - "Any One Year Limit" is aggregate limit for all accidents and claims arising there from during the Period of Insurance. 		

*Is joint policy required? If yes, please provide the information	i. Name of joint holder :
	ii. Joint holder category :
	<input type="checkbox"/> Parent Company
	<input type="checkbox"/> Associated Company
	<input type="checkbox"/> Public Authority
	<input type="checkbox"/> Subsidiary
	<input type="checkbox"/> Government Department
	<input type="checkbox"/> Others

Please provide total wages paid and particulars of accidents to your employees during the past three years

Year	Wages paid	Claim: Total Amount paid / Outstanding (INR)

XII PUBLIC LIABILITY INSURANCE (If opted ^{1*} - fields marked ^{1*} are Mandatory)

I. Risk Details: Mandatory field mark (*)

*No. of locations to be covered	Located in country	Offices	Manufacturing units/Plants	Depots/Warehouses/ Godown/Tank farms	Others (please specify)
	India				
	OECD				
	Non OECD				
	USA & Canada				

Location of the Premises to be insured	Plot No./Door No.	Building	
	Road		
Please attach layout plans of manufacturing plant	Area		
	City	Pincode	<input type="text"/>
	State		
(Please attach separate sheet for additional locations)	Age of Building	<input type="checkbox"/> < 5 Years	<input type="checkbox"/> 5 - 10 Years
		<input type="checkbox"/> 10 - 20 Years	<input type="checkbox"/> > 20 Years
	Type of Construction	<input type="checkbox"/> Superior	<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Kutcha

Note: Following definitions should be considered for classification of Building construction

*Type of Construction	Walls	Roof
Superior	Reinforced Cement Concrete	Reinforced
Class A	Brick / Stone / Precast hollow cement blocks	Reinforced Cement Concrete
Class B	Brick/Stone, Precast hollow cement blocks MetalSheet, AC Sheet, Glass Panel	AC Sheet, Metal Sheet, Tiles
Kutcha	Canvas Tarpaulin Thatched Leaves Wood	Canvas, Tarpaulin, Thatched Leaves Wood

Do you wish to Insure	
i. Offices	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii. Depots,	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii. Warehouse,	Yes <input type="checkbox"/> No <input type="checkbox"/>
iv. Godowns	Yes <input type="checkbox"/> No <input type="checkbox"/>
v. Tankfarms	Yes <input type="checkbox"/> No <input type="checkbox"/>
vi. Other please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>
if yes, answer the following questions?	
(i) No. of offices, Depots, Warehouse, Godowns & tank-farm you wish to insure (use total figure of all)	<input type="checkbox"/> up to 10 <input type="checkbox"/> 11 - 99 <input type="checkbox"/> 100 - 499 <input type="checkbox"/> 500 and above
(ii) Are these Warehouses, Godowns, tank-farms, etc. occupied by	<input type="checkbox"/> you solely <input type="checkbox"/> shared with other parties <input type="checkbox"/> hired to other parties

*Please provide details of surrounding property within radius of 2 kms

Industrial area Agricultural Residential area Other (Please Specify)

*Please provide details of adjacent premises

Hazardous Industrial Unit Non Hazardous Industrial Unit Agricultural Land Residential Unit Other (Please specify) :

*Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons? Yes No

If yes, please provide the following information

Substance	Quantity	Storage / handling	Precaution taken

Are the premises fenced and / or locked? Yes No

Are customers/visitors permitted unaccompanied on the premises? Yes No

Have you complied with statutory provisions, rules and regulations in respect of the premises and operations? Yes No

Are effluents treated before disposal and control systems of solid, liquid and gaseous waste or effluents are in place? Yes No

*Is there a programme for the prevention of fire, explosion? If yes, please indicate Yes No

(i) Are the Machines protected by fences or guarded? Yes No

(ii) Type of detection and alarm system:

(iii) Fire protection devices installed: Portable Extinguishers Trailer Pumps Fire Engine Hydrant System Sprinkler System Fixed Water

(iv) Availability of service organisation in case of such incidents (Fire brigade, specialists in environmental protection and toxicology) :

(v) Provisions made for supply of energy, water etc. in an emergency:

(vi) Is there any welding, gas cutting or hot work being undertaken? If so, what are the precautions taken?:

(vii) are there any vibrations from heavy machinery? If so, please explain the precautions taken:

(viii) Is there any possibility of leakage of chemical or gas resulting in injury to third party property damage and/or bodily injury? If so, please give full details of alarm system, preventive measures and particulars of periodical inspection.

Please provide details on security and safety arrangements:

Please provide details of On-site & Off-site emergency plan

II. COVER DETAILS (If Section XII is opted '*' - fields marked '*' are Mandatory)

*Period of Insurance	From	To
	D D M M Y Y Y Y	D D M M Y Y Y Y
*Retroactive Date	D D M M Y Y Y Y	
*Limit of Indemnity Required		
*Any one Accident Limit (AOA)	INR	
*Aggregate during policy period (AOY)	INR	
*AOA to AOY Ratio	<input type="checkbox"/> 1:1 <input type="checkbox"/> 1:2 <input type="checkbox"/> 1:3 <input type="checkbox"/> 1:4	
*Please indicate the Voluntary Excess opted (as percentage of indemnity limit per accident)		
*Territorial scope required	<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada	
*Jurisdiction required	<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada	

7. Have any of the items opted for coverage under various Sections enumerated overleaf suffered any damage previously? If so, give details of the same. Attach a separate sheet, if necessary.

Date of Occurrence	Details of Loss	Amount of Loss (Rs)	Name of the Insurance Company

8. Give details of previous insurance, if any.

Policy No.:	Company:	Expiry Date:

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want LONG TERM HOME INSURANCE POLICY and 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 e Insurance Account & the No. is

My CKYC No. (Central Know Your Customer registry number) is (If available)

***PAYMENT DETAILS**

Please fill in your payment details for either Cheque / Credit Card Option

*Regulatory Requirement - For Premium Refund in case of Policy cancellations, please provide the Bank Account details as mentioned below.

Cheque please pay by crossed cheque (account payee only) in the name of "SBI General Insurance Company Ltd"

Cheque No. Amount IFSC Code*
 Account No.* Bank Name
 Branch Dated

AML GUIDELINES

I/ We hereby confirm that all premiums have been/ will be paid from bonafide 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/We understand that the Company has the 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 statues, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian/ No- Indian, If Non-Indian, please specify Country: _____

Type of Organization: Corporations/ Governments/ Non-Governmental Organizations/ Society/ Trust/ Partnership/ International Organization/ Cooperatives/ Section 8 Companies

PROHIBITION OF REBATES - SECTION 41 OF THE 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 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 rebates as may be allowed in accordance with the 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 Rs. 10 lakh.

DECLARATION

I/We hereby declare that the statements, answers and particulars given by me / us in this Proposal Form are true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to SBI General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this Proposal Form.

*Place:

*Date:

*Signature of Proposer _____

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) _____ 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 declare that whatever I have stated herein above is true and correct to the best of knowledge and belief.

Date:

Place:

Signature of the Witness _____

Signature/Thumb impression of the Proposer _____