

SBI GENERAL PROPERTY ALL RISK

INTERMEDIARY'S DETAILS

Policy Issuing Office Address:																					
												Policy Code:									
Intermediary/Agent / Broker- Name Mobile no:		<div> <div>S</div> <div>U</div> <div>R</div> <div>N</div> <div>A</div> <div>M</div> <div>E</div> <div>M</div> <div>I</div> <div>D</div> <div>D</div> <div>L</div> <div>E</div> <div>N</div> <div>A</div> <div>M</div> <div>E</div> <div>F</div> <div>I</div> <div>R</div> <div>S</div> <div>T</div> <div>N</div> <div>A</div> <div>M</div> <div>E</div> </div>																			
Business Sector:		Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Social	<input type="checkbox"/>	Other	<input type="checkbox"/>	Segment Type:		Corporate	<input type="checkbox"/>	Retail	<input type="checkbox"/>	SME	<input type="checkbox"/>				
Business Type:		New	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Rollover	<input type="checkbox"/>	Sales Channel Type:		Banca	<input type="checkbox"/>	Agency	<input type="checkbox"/>	Direct	<input type="checkbox"/>						
Intermediary/Agent Name / Broker Code:																					
Agreement code:												Specified Person's Code*:									
Specified Person's Name/ Staff Name:																					

DETAILS

Policy Period:	From:	<input type="text"/>	To:	<input type="text"/>
Name of the Proposer*:	<input type="text"/>			
Address of Proposer where all communication should be sent	Gram Panchayat:	<input type="text"/>	State:	<input type="text"/>
	City:	<input type="text"/>	Village:	<input type="text"/>
	PIN code:	<input type="text"/>	Landmark:	<input type="text"/>
Contact Details*:	Mobile No.:	<input type="text"/>	Alternate Mobile no.:	<input type="text"/>
Email ID*:	<input type="text"/>			

The digital copy of your policy document will be sent to the registered mobile number or registered email ID. Please tick the required mode of receiving the policy document

SMS ☐ WhatsApp ☐ Email ID ☐

Nationality & Date established, DOB of Proposer

*PAN No:

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 Form 60/61 (if Pan not Available):

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Aadhaar Card No.:

 GSTN/ISDN:

Financier name /
Hypothecation Details

Tick here only if physical policy document is required. ☐

SECTION 1 – PROPERTY DAMAGE

Details of the Property: -

Location	Description of Risk	Address of Premises	Sum Insured (₹)				
			Building	Plants s Machinery	Stock	Furniture, Fixtures Fittings	Total
Location 1							
Location 2							
Location 3							
Location 4							
Location 5							

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding 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 Co. Ltd. under license | SBI General Property All Risk, UIN: IRDAN144CPPR0003V01202425 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

SECTION 2 – BUSINESS INTERRUPTION

Location	Indemnity Period (Months)	Annual Turnover (₹)	Interruption Period (Days)	Time Excess (Days)	Total (₹)
Location 1					
Location 2					
Location 3					
Location 4					
Location 5					

EXTENSIONS

Sr. No.	Particulars	Sum Insured (₹)
Extension covers to Section 1 – Property Damage		
1.		
2.		
3.		
Extension covers to Section 2 – Business Interruption		
1.		
2.		
3.		

* Please attached a separate sheet for more extension.

OPTIONAL COVERS

Sr. No.	Particulars	Sum Insured (₹)
Optional Covers to Section 1 – Property Damage		
1.		
2.		
3.		
Optional Covers to Section 2 – Business Interruption		
1.		
2.		
3.		

7. Does the insured opt for Terrorism Damage Cover (Material Damage s Loss of Profit)? ☐ Yes ☐ No

CLAIM HISTORY FOR LAST 3 YEARS

Particulars	Material Damage (Yr. 1)		Material Damage (Yr. 2)		Material Damage (Yr. 3)	
Date of Loss						
Policy Period	From:	To:	From:	To:	From:	To:
Cause of Loss						
Amount Assessed by Surveyor						

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Amount Paid			
Deductible			

For Business Interruption Losses, please give following additional information:

Indemnity Period (Months)			
Interruption Period (Days)			
Time Excess (Days)			

DECLARATION BY INSURED

- I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated. I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property as if it were uninsured.
- I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any misrepresentation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.
- I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.
- I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.
- I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal.

I hereby declare that I am not a Politically Exposed Person (PEP) ☐ Yes ☐ No

Date:

Place:

Signature of Proposer

ELECTRONIC INSURANCE ACCOUNT DETAILS*:

I have an eIA Number

(a) NSDL Database Management Ltd ☐

(b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited) ☐

(c) Karvy Insurance Repository Ltd. ☐

(d) CAMS Insurance Repository Services Ltd ☐

My 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)

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KYC DOCUMENTS ATTACHED

☐ Pan Card
 ☐ Telephone Bill
 ☐ Passport
 ☐ Government UID
 ☐ Voter's Identity Card
☐ Utility bills not older than 2 months
 ☐ Driving Licence
 ☐ Electricity Bill
 ☐ Ration Card
 ☐ Aadhaar Card

PAYMENT DETAILS

☐ CHEQUE
 ☐ DD
 ☐ EFT
 ☐ DEBIT/CREDIT CARD

CLAIM / REFUND AMOUNT WILL BE DEPOSITED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY (All fields mandatory)

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited"

Instrument Number : Amount:

Bank Name*: Branch:

Bank Account No.*: Date:

IFSC Code:

* Note - SBIG does not accept Cash for Premium Payments against the Policy

INSURED BANK DETAILS* (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly)

Name of Account Holder:

Bank Name: Branch:

Bank Account No.*:

IFSC Code: MICR Code:

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

Note (*) marked details are mandatory to be captured as per applicability.

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 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 statutes, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian ☐ Non- Indian ☐ If Non-Indian, please specify Country:

Type of Organization (Only applicable if policy issued on Group Basis):

Corporations ☐ Governments ☐ Non-Governmental Organizations ☐
 Society ☐ Trust ☐ International Organization ☐
 Partnership ☐ Cooperatives ☐ Section 8 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:

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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 _____

(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/Primary.

Date:

Place:

AGENT DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized 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.

Specified Person Name: _____ Specified Person Code: _____ License No.: _____

Date:

Place:

Signature of Agent:

Note: For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale.

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 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.
- 2) Any person making default in complying with the provisions of this section shall be punishable with penalty which may extend to Ten Lakhs rupees.

Insurance is subject matter of solicitation.

AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required."

To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non-Individual customers.

3. 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 or who exercises control through other means.

Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision

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.