

PROPOSAL FORM

SBI GENERAL BHARAT SOOKSHMA UDYAM SURAKSHA



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.
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.

*Quote No:

*Business Type:

New Rollover Renewal *Incase of renewal, please share Policy Number

*Policy No.:

*Branch Office Name:

*Branch Office Code:

*Segment:

Corporate Retail SME-1 SME-3

*Sales Channel Type:

Banca Agency Direct Corporate/broker

*Intermediary Name:

*Intermediary Code:

*Agreement Code:

*SP Name:

*SP Code-Party ID:

*SP Mobile No.:

*RM ID:

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:

Loan Account No.:

Do you have an existing relationship with SBI General? Yes No If Yes, please mention the Customer ID

Customer ID:

SBI Employee ID:

2. Address:

City:

State:

PIN:

Gender: M F Other

3. Phone No.:

4. Mobile No.:

Aadhaar No.:

PAN: / Form 60

Profession:

Salaried Self-Employed Others

5. Email ID:

GSTIN :

6. Contact person details (where proposer is not an individual)

a. Name

b. Designation

7. Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions

8. Period of Insurance:

From DDMMYYYY to DDMMYYYY

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th 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: IRDAN144RP0031V01202021

B. Business and Location of Business:

9.	Business of the Proposer						
10.	Location of risk/business to be covered - full postal address with PIN Code.	Sl. No.	Address	PIN Code	Occupancy	Age of Unit	Floor*
*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H)							

C. Details about business covered at the insured location:

11.	Details of Insured property	Please tick in the space below :
a.	Offices, Shops, Hotels etc.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b.	Industrial / Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c.	Storage outside Industrial/ Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d.	Tanks / Gas holders outside Industrial/ Manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e.	Utilities located outside Industrial/Manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f.	Boundary wall	Yes <input type="checkbox"/> / No <input type="checkbox"/>
g.	Basement storage	Yes <input type="checkbox"/> / No <input type="checkbox"/> If, yes value stored SI: ₹.....
h.	Others (please specify)	
12.	If used as warehouse / godown (no located in a manufacturing unit), please give the list of goods stored.	
13.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)	
14.	If used as an Industrial Manufacturing unit please state whether the factory is working or silent?	
15.	Fire Protection devices installed	Please tick the correct answer in the box below.
		Portable Extinguishers <input type="checkbox"/>
		Small bore hose reels <input type="checkbox"/>
		Trailer Pumps/Fire engines <input type="checkbox"/>
		Hydrant System <input type="checkbox"/>
		Sprinkler System <input type="checkbox"/>
		Fixed Water Spray System <input type="checkbox"/>
		Foam System <input type="checkbox"/>
		Fire Alarm System <input type="checkbox"/>
		Gas Flooding System <input type="checkbox"/>
Others, please specify below. <input type="checkbox"/>		
16.	Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force	Yes <input type="checkbox"/> / No <input type="checkbox"/>

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17. 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"/>																			
<p>Note: 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</p>																					
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																					
18.	Distance between the risk to be covered and nearest Fire Brigade																				
19.	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)																				
20.	Whether Insurance was declined by any other Company (Give details)																				
21.	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).

22.	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
									₹
									₹
									₹

I. Electronic Insurance Account Details:

SBI General Bharat Sookshma Udyam Suraksha

Physical Format- Yes No e-Format (electronic) as & when applicable- Yes No

Choose your Insurance Repository (For those selecting e-Format)

(a) NSDL Data Management Ltd. (b) CDSL Insurance Repository Ltd.

(c) Karvy Insurance Repository Ltd. (d) 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)

J. AML Guidelines:

I/ We hereby confirm that all premiums have been/ will be paid from bon fide 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 If Non-Indian, please specify country: _____

Type of Organisation:

Corporation Government Non-Governmental Organisation Society Trust

Partnership International Organisation Cooperative Section 8 Companies

Signature

K. Agent's Declaration:

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

Licence No.: _____

Date: Place: Signature of the Agent: _____

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L. 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
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 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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