

**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 perils under other sections of the product.
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:

\*Quote No.:

\*Receipt No.:

\*Code:

\*Inward No.:

\*Receipt Date:

**INTERMEDIARY'S DETAILS**

\*Business Type: New  Rollover  Renewal  \*Incase of renewal, please share Policy Number

\*Policy No.:

\*Business Sector: Urban  Rural  Social

\*Branch Office Name:

\*Branch Office Code:

\*Segment: Corporate  Retail  SME-1  SME-2

\*Sales Channel Type: Banca  Agency  Direct  Corporate/broker

\*Intermediary Name:

\*Intermediary Code:  \*Agreement Code:

\*SP Name:  \*SP Code\*/PF ID:

\*SP Mobile No.:  \*RM ID:

\*GSTN/ISDN:

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:
2. Address: of Proposer's:
- City:  State:
- Pin code:
3. Gender: M  F  Other
4. Phone:
5. Mobile No.:
6. Aadhaar No.:
7. PAN No.:  /Form 60
8. Profession: Salaried  Self-Employed  Others
9. Email ID:
10. Contact person details (where proposer is not an individual)
  - a. Name:
  - b. Designation:
11. Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions
 

<input type="text"/>
<input type="text"/>
<input type="text"/>
12. Period of Insurance: From  to

## B. BUSINESS AND LOCATION OF BUSINESS

1.	Business of the Proposer	Sl. No.	Address	PIN Code	Occupancy	Age of Unit	Floor*
2.	Location of risk/business to be covered - full postal address with Pin Code.						

\*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H)

## C. DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION

1.	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)	
2.	If used as warehouse / godown (no located in a manufacturing unit), please give the list of goods stored.	
3.	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.)	
4.	If used as an Industrial Manufacturing unit please state whether the factory is working or silent?	
5.	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"/>
6.	Indicate whether AMC (Annual Maintenance Contract) for the Fire Protection Appliances is in force	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Construction details	
a.	Please state material used	Please tick the correct answer in the box.
	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	Less than 5 years		
		5-10 years		
		10-20 years		
		Above 20 years		
8.	Distance between the risk to be covered and nearest Fire Brigade			
9.	Whether you have insured the same property with any other Insurance Company with the same type of coverage (Give details)			
10.	Whether Insurance was declined by any other Company (Give details)			
11.	Premium / Claim details for the past 36 months excluding the expiring policy period	Year	Premium	Claim
			₹	₹
			₹	₹
			₹	₹
			₹	₹
		TOTAL	₹	₹
12.	Is Political Violence cover required ?	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
13.	Is Third Party Liability cover required ?	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
14.	Do you have Long Term Relation with SBIG? Please select any one option.	<input type="checkbox"/> New Business <input type="checkbox"/> 1 <sup>st</sup> Renewal <input type="checkbox"/> 2 <sup>nd</sup> Renewal <input type="checkbox"/> 3 <sup>rd</sup> Renewal <input type="checkbox"/> 4 <sup>th</sup> Renewal <input type="checkbox"/> 5 <sup>th</sup> and above renewal.		
15.	Do you have any other policy from SBIG? Please select any one option.	<input type="checkbox"/> New Business <input type="checkbox"/> Existing Customer		
16.	What is the Flood Exposure at the risk location? Please select any one option.  (Note - Usually Flood Exposure is High to Extreme if the risk is located near a River /Lake / Water body)	<input type="checkbox"/> Negligible <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme		
17.	What is the Cyclone Exposure at the risk location? Please select any one option.  (Note - Usually Cyclone Exposure is High to Extreme if the risk is located near Coastal area)	<input type="checkbox"/> Negligible <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme		

#### 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 sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

1.	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
									₹
									₹
									₹

## E. DETAILS FOR IN-BUILT COVER FOR FLOATER

Do You want to opt for Declaration Policy? Yes /No  (strike off what is not applicable). If Yes, give details below:

1.	Floater Cover (for stocks at various locations)	Location (Postal Address with PIN Code)	Sum Insured (in ₹)
		i) Maximum value at any one location: ₹.....	
		ii) Whether stocks stored in open: Yes <input type="checkbox"/> /No <input type="checkbox"/>	

## F. STANDARD ADD-ON

Do You want to opt for Declaration Policy? Yes /No

1.	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹):
----	--

### Other Sections:

Section II Business Interruption	
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	
iii Period of Indemnity	

### Section III Machinery Breakdown ( Items are required to be covered on RIV basis)

S.No	Description	Make & Model	Year of manufac-ture	Identification no.	Sum Insured (Rs)
Total					

### Section IV ( A) Electronic Equipments / Appliances ( Items are required to be covered on RIV basis)

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

### Section IV (B) : External Data Media.

i) Data media	₹
ii) Expenses for Reconstruction and Re-recording of information	₹
Total	

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Section IV ( C ) : Increased Cost of Working.

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

Section V Burglary Insurance

Description of Block	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finishe Stock	Other Contents ( Please specify)	Total
							₹
							₹
							₹

Do you want Theft extension ? Yes  No.

Basis of valuation(mandatory ) Please tick : Reinstatement Value Basis  Market Value Basis

Section VI Money Insurance

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

Section VII Plate Glass Insurance

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 ₹
	Height in Cm.	Width in Cm.		

Section VIII Sign Board Insurance

Sl. No.	Sign Board 1	Sign Board 2	Sign Board 3	Sign Board 4	Sign Board 5
Description with size (Example – Neon sign with size of 4Feet X6 Feet)					
Year of manufacture					
Manufacturer's Name					
Location of Sign Board					
Please provide status of the sign board (static/mobile)					
Is Height of the lowest end of Sign/Hoarding from ground level more than 6 feet? (Yes/ No)					
Sum Insured					

## Section IX Fidelity Guarantee Insurance

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 (₹)	Employee Sum Insured (₹)

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 (₹)

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 (₹)	Employee Sum Insured (₹)
State the estimate of maximum amount			Money		Stock
held by any employee at any one time and for how long?		Amount (₹)			
		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					

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 (₹)	Name of the Insurance Company
Give details of previous insurance, if any.		Policy no:	
		Company:	
		Expiry Date:	

## Section X Portable Electronic Equipment Insurance ( Items are required to be covered on RIV basis)

S.No.	Description	Make & Model	Year of manufacture	Identification no.	Sum Insured (₹)

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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 ( ) No
Does any of the proposed equipment contain refurbished machines?	( ) Yes ( ) No
Coverage Territory Required	( ) Yes ( ) No
Whether cover for machinery/electrical break down is required?	( ) Yes ( ) No
Whether cover for theft is required?	( ) Yes ( ) No

### Section XI Employees Compensation Insurance

Particulars of the work to be covered in detail				
Risk Location Address				
Employees Details – all persons employed must be included				
Sr. 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.....	( ) Yes ( ) No	
(Limit: as per Employees Compensation Act, 1923)		
Common Law. If yes, please provide the limit of indemnity required.....	( ) Yes ( ) No	
i. Per Employee Limit .....INR		
ii. Any One Accident Limit ..... INR		
iii. Any One Year Limit .....INR		
- "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 :	
	( ) Parent Company	
	( ) Associated Company	
	( ) Public Authority	
	( ) Subsidiary	
( ) Government Department		
( ) 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)

## Section XII Public Liability Insurance

I. Risk Details:					
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				
	Area				
	City				
	State			Pincode:	
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 Cement Concrete	
Class A	Brick / Stone / Precast hollow cement blocks			Reinforced Cement Concrete	
Class B	Brick/Stone, Precast hollow cement blocks Metal Sheet, 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				<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii. Depots,				<input type="checkbox"/> Yes <input type="checkbox"/> No	
iii. Warehouse,				<input type="checkbox"/> Yes <input type="checkbox"/> No	
iv. Godowns				<input type="checkbox"/> Yes <input type="checkbox"/> No	
v. tankfarms				<input type="checkbox"/> Yes <input type="checkbox"/> No	
vi. other please specify				<input type="checkbox"/> Yes <input type="checkbox"/> No	
if yes, answer the following questions?					
(i) No. of offices, Depots, Warehouse, Godowns & tankfarm 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

<input type="checkbox"/> Industrial area	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Residential area	<input type="checkbox"/> Other (Please Specify)
Please provide details of adjacent premises	
<input type="checkbox"/> Hazardous Industrial Unit	<input type="checkbox"/> Non Hazardous Industrial Unit
<input type="checkbox"/> Agricultural Land	<input type="checkbox"/> Residential Unit
<input type="checkbox"/> Other (Please specify) :	
Do you handle or use gases, pressure-storage, explosive, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons ?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

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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 incidents? If yes, please indicate	( ) Yes ( ) No		
(i) Are the machines protected by fences or guarded ?	( ) Yes ( ) No		
(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:

Period of Insurance	From: dd/mm/yyyy	To: dd/mm/yyyy
Retroactive Date	dd/mm/yyyy	
Limit of Indemnity Required		
Any one Accident Limit (AOA)	INR	
Aggregate during policy period (AOY)	INR	
AOA to AOY Ratio	( ) 1:1 ( ) 1:2 ( ) 1:3 ( ) 1:4	
Please indicate the Voluntary Excess opted (as as percentage of indemnity limit per accident)		
Territorial scope required	( ) India ( ) Worldwide	
	( ) Worldwide excluding USA & Canada	
Jurisdiction required	( ) India ( ) Worldwide	
	( ) Worldwide excluding USA & Canada	

(Please attach separate sheet for additional locations)

## G.ADD-ONS:

Sr No	Add on Name	Please select (√/x)	Sum Insured
1.	Impact damage by Insured's Own Vehicle	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
2.	Accidental Damage Cover Clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
3.	Electrical Clause/Electrical Installation Clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
4.	Loss of Rent and Additional Expenses of Rent for Alternate Premises	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
5.	Loss minimization expenses	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
6.	Adequacy of Sum Insured	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
7.	EMI Protection cover	Yes <input type="checkbox"/> /No <input type="checkbox"/>	
8.	Involuntary betterment/technological advancements/obsolete equipment clause	Yes <input type="checkbox"/> /No <input type="checkbox"/>	

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**Type of Organisation:**

Corporation    Government    Non-Governmental Organisation    Society    Trust  
 Partnership    International Organisation    Cooperative    Section 8 Companies

Signature

**L. 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:    M   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.

Signature of the Witness Insured

Signature/Thumb impression of the Proposer/Primary

Date:    M   Y   Y   Y   Place:

**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.