

Saral Bharat Sookshma Udyam Suraksha

PROPOSAL FORM


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.

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	

A. Details about Proposer and Policy Period

1.	Name of Proposer	
2.	Address of Proposer	
3.	Telephone No. (Landline No.)	
4.	Mobile No.	
5.	Email	
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	

SBI General Insurance Company Limited.  Registered and Corporate Office: 9th Floor, Wing A & B, Fulcrum, Sahar Road, Andheri (East), Mumbai – 400 099 | CIN: U66000MH2009PLC190546 | Toll free: 18001021111 | customer.care@sbigeneral.in | www.sbigeneral.in | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | UIN: IRDAN144RP0028V01202324


8.	Period of Insurance	From : To :
9.	Loan Account no	
10.	Do you have an existing relationship with SBI General?	Yes No [] If Yes, please mention the Customer ID. Customer ID: SBI Employee ID:
11.	Aadhaar No. : PAN detail /Form 60 :	

B. Business and Location of Business

9.	Business of Proposer																															
10.	Location of risk/business to be covered - full postal address with Pin Code.	<table border="1"> <thead> <tr> <th>Sl.No</th> <th>Address</th> <th>Pin Code</th> <th>Occupancy</th> <th>Age of Unit</th> <th>Floor*</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> *Floor: Ground Floor (GF) /Mezzanine Floor (MF) / Higher Floor (H)	Sl.No	Address	Pin Code	Occupancy	Age of Unit	Floor*																								
Sl.No	Address	Pin Code	Occupancy	Age of Unit	Floor*																											


C. Details about business covered at the insured location

11.	Details of insured property	Please tick in the space below :
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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.

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		<input type="checkbox"/> 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.								
16.	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force	Yes <input type="checkbox"/> / No <input type="checkbox"/>								
17.	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"/>								
	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 like 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										

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	Year	Premium	Claim
			₹	₹
			₹	₹
			₹	₹
			₹	₹
		TOTAL	₹	₹

22.	Do you Long Term Relation with SBIG? Please select any one option	<input type="checkbox"/> New Business <input type="checkbox"/> 1stRenewal <input type="checkbox"/> 2nd Renewal <input type="checkbox"/> 3rd Renewal <input type="checkbox"/> 4th Renewal <input type="checkbox"/> 5th and above Renewal
23.	Do you have any other policy from SBIG? Please select any one option.	New Business <input type="checkbox"/> Existing Customer <input type="checkbox"/>

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24.	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)	Negligible <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>
25.	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)	Negligible <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>

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).


26.	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
									₹
									₹

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									₹
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Optional Covers :

Sr No	Add on Name	Please select (✓)	Sum Insured
1	Terrorism Damage	Yes/No	
2	Accidental Damage Cover Clause	Yes/No	
3	Impact Damage by Insured's Own Vehicle	Yes/No	
4	Electrical Clause /Electrical Installation Clause	Yes/No	
5	Loss of Rent and Additional Expenses of Rent for Alternate Premises	Yes/No	
6	Loss Minimization Expenses	Yes/No	
7	Deterioration of Stocks		
	Stocks in Cold Storage premises due to accidental power failure	Yes/No	
	Deterioration of stocks in cold storage premises due to change in temperature.	Yes/No	
8	Adequacy of Sum Insured	Yes/No	
9	EMI Protection cover	Yes/No	

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10	Involuntary betterment/technological advancements/obsolete equipment clause	Yes/No	
11	Leakage and Contamination Cover		
	A) Where the tanks are within the Insured's own premises		
	Leakage Cover Only	Yes/No	
	Leakage & Contamination	Yes/No	
	B) Where the tanks are located elsewhere		
	Leakage Cover Only	Yes/No	
	Leakage & Contamination	Yes/No	
12	Declaration Policy for Stocks	Yes/No	

G. Premium Details

25.	Mode of Payment	
	Payment Details	
	Amount	

H. Declaration by Insured


I/ We hereby declare that the value of insurable assets is less than ₹ 5 Crore (Rupees Five Crore) and the statements made by me / Us in this Proposal Form are true to the best of my / Our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/Us and the _____.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Date:

Place:

Signature of the Proposer

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

ELECTRONIC INSURANCE ACCOUNTS DETAILS


I would Basic Bharat Laghu Udyam Suraksha policy related information in	Physical Format <input type="checkbox"/> e-Format (electronic) <input type="checkbox"/>
I have eIA Number	
I would like to apply for eIA with	NSDL Data Management <input type="checkbox"/> CSDL Insurance Repository Ltd <input type="checkbox"/> Karvy Insurance Repository Ltd <input type="checkbox"/> CAMS Repository Services Ltd <input type="checkbox"/>
CKYC No (Central Know Your Customer Registry Number), (if available)	

Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents).

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

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law under any statues, 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 is issued in group basis):

Corporations <input type="checkbox"/>	Governments <input type="checkbox"/>	Non-Governmental Organizations <input type="checkbox"/>
Society <input type="checkbox"/>	Trust <input type="checkbox"/>	International Organization <input type="checkbox"/>
Partnership <input type="checkbox"/>	Cooperatives <input type="checkbox"/>	Section 8 Companies <input type="checkbox"/>

I here by 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 proposer: (Photograph customer CKYC ID)	is	does	photograph	required.	not	have	of
				Signature of Proposer			

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

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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
Proposer/Primary.

Date:


DD	MM	YYYY
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Signature/Thumb impression of the

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

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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.

Agent Name:

SP Name:

SP Code:

License No.: _____

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Signature of Agent

Date:


Place

DD	MM	YYYY
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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 TO TEN LAKHS RUPEES.

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