

# PROPOSAL FORM

## CONSEQUENTIAL LOSS (FIRE) INSURANCE POLICY

The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Company and does not result in a concluded contract of insurance.

The liability of the Company does not commence until the proposal has been accepted by the Company and the premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest.

### FOR OFFICE USE

Name :	<input type="text"/>	Code :	<input type="text"/>
Branch :	<input type="text"/>	Code :	<input type="text"/>
Business Type :	Rural <input type="checkbox"/> Non-rural <input type="checkbox"/>	Code :	<input type="text"/>

### PROPOSER DETAIL (\* Mandatory Fields)

Name :	<input type="text"/>				
Contact Person (in case of Corporate) :	<input type="text"/>				
Communication (Postal Address) :	<input type="text"/>				
	<input type="text"/>		District :	<input type="text"/>	
Pin Code :	<input type="text"/>	State :	<input type="text"/>		
Contact Nos :	Mobile :	<input type="text"/>	Office :	<input type="text"/>	
Residence :	+91 <input type="text"/>	Aadhaar Card No.:	<input type="text"/>		
PAN* :	<input type="text"/>	/ Form 60/61: (if Available)	<input type="checkbox"/>	Email ID :	<input type="text"/>
Policy Period :	From :	<input type="text"/>	To :	<input type="text"/>	

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person ?  Yes  No

Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e., Heads/Ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials.

### FINANCIAL INSTITUTION DETAILS

Name of Financier :	<input type="text"/>			
Address of Financier :	<input type="text"/>			
	<input type="text"/>		District :	<input type="text"/>
Pin Code :	<input type="text"/>	State :	<input type="text"/>	
Name of Financier :	<input type="text"/>			
Address of Financier :	<input type="text"/>			
	<input type="text"/>		District :	<input type="text"/>
Pin Code :	<input type="text"/>	State :	<input type="text"/>	

### RISK DETAILS

Description of Business :	<input type="text"/>		
Business Activity :	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> 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. | Consequential Loss (Fire) Insurance Policy UIN: IRDAN144CP0007V01200910 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.



## ADD ON PERILS

Do you want to delete any of the following covers from the basic cover?

1. Storm, Tempest, Flood and inundation: Yes  No  2. Riot, Strike and Malicious Damage: Yes  No

## DETAILS OF CONCURRENT MATERIAL DAMAGE (FIRE) POLICY

Name of Insurer:   
 Policy No.:  Policy Period:  to   
 Sum Insured:  Add On Covers Opted:

## VOLUNTARY DEDUCTIBLES DETAILS

Do you want to opt for Voluntary Deductibles, If yes please choose the slab mention below Yes  No

7 days Gross Profit subject to minimum of Rs.10 Lakhs  14 days Gross Profit subject to minimum of Rs.20 Lakhs   
 21 days Gross Profit subject to minimum of Rs.30 Lakhs  28 days Gross Profit subject to minimum of Rs.35Lakhs   
 35 days Gross Profit subject to minimum of Rs.40Lakhs  60 days Gross Profit subject to minimum of Rs.45Lakhs

## CLAIMS EXPERIENCE DETAILS

Please give premium and claims details for last 3 policy periods

Policy Period: <input type="text"/>	Premium Paid: <input type="text"/>
Incurred Claim (Paid + outstanding): <input type="text"/>	Nature of claim/section: <input type="text"/>
Policy Period: <input type="text"/>	Premium Paid: <input type="text"/>
Incurred Claim (Paid + outstanding): <input type="text"/>	Nature of claim/section: <input type="text"/>
Policy Period: <input type="text"/>	Premium Paid: <input type="text"/>
Incurred Claim (Paid + outstanding): <input type="text"/>	Nature of claim/section: <input type="text"/>

## TERRORISM COVER

I. Is Political Violence cover required?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
II. Is Third Party Liability cover required?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

## PREMIUM PAYMENT DETAILS

Kindly Select: Cheque  DD / P.O  Cash   
 Cheque No./DD No.:  Date:   
 Bank Name:   
 Premium Amount:   
 In words: \_\_\_\_\_

## 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 bona 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 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 the Country: \_\_\_\_\_  
 Type of Organisation:  Corporation  Government  Non-Governmental Organisation  Society  Trust  
(Only applicable if policy issued on Group Basis)  
 Partnership  International Organisation  Cooperative  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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## 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:

- 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.
  - "Controlling ownership interest"** means ownership of or entitlement to more than twenty-five percent of shares or capital or profits of the company;
  - "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;
- 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 **fifteen percent of capital or profits of the partnership.**
- 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.**
- 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.
- 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 fifteen 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.