

**INDUSTRIAL ALL RISKS INSURANCE POLICY**

**Industrial All Risks Insurance Policy**

The Insurer is under no obligation to accept this proposal for insurance. Receipt of this Proposal Form by the Insurer along with the premium payment does not tantamount to acceptance of the proposal for insurance by the Insurer or result in a concluded contract of insurance.

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

**Intermediary**

Name:                     Code:

Branch:                     Code:

Business Type:  Rural  Non-rural Code:

**Office details**

Intermediary Name:

Intermediary Code:

Intermediary Contact Details:

**Proposer Details:**

Name : M/s

Contact Person (in case of Corporate):

Communication (Postal Address):

City:                     State:

Pin code:       Gender: M  F  Transgender

Date of Birth:           Marital Status: Married  Unmarried  Divorced  Widow(er)

Phone:           Mobile No.

Aadhaar No.:           PAN:       / Form 60/61:

Profession: Salaried  Self-Employed  Others  Pls add details \_\_\_\_\_

Email ID:                      Annual Income:

Occupation: Salaried  Self Employed  Any Other  Nationality:

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. | Industrial All Risks Insurance Policy : IRDAN144CP0006V01201011.

## Financial Instituion 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"/>																			

## Risk Location Details

1. Risk Location Address:	<input type="text"/>																				
	<input type="text"/>																				
	<input type="text"/>										District:	<input type="text"/>									
Pin code:	<input type="text"/>					State:	<input type="text"/>														
2. Risk Location Address:	<input type="text"/>																				
	<input type="text"/>																				
	<input type="text"/>										District:	<input type="text"/>									
Pin code:	<input type="text"/>					State:	<input type="text"/>														

## Construction Details

1. Risk Location:	Type of Construction:	Superior <input type="checkbox"/>	Standard <input type="checkbox"/>
	Height of Building (in Metres):	<input type="text"/>	
	Number of Floors (ex Basements):	<input type="text"/>	
	Number of Basements:	<input type="text"/>	
	Age of Building:	<input type="text"/>	
1. Risk Location:	Type of Construction:	Superior <input type="checkbox"/>	Standard <input type="checkbox"/>
	Height of Building (in Metres):	<input type="text"/>	
	Number of Floors (ex Basements):	<input type="text"/>	
	Number of Basements:	<input type="text"/>	
	Age of Building:	<input type="text"/>	

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## Fire Protection Details

	Risk Location 1	Risk Location 2
Hand Appliances & Trailer Pumps / Fire Engines	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hand Appliances & Hydrant System	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hand Appliances & Independent Sprinkler Fixed Water Spray System	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hand Appliances & Hydrant System & Independent Sprinkler /Fixed Water Spray System	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## Section I - Material Damage

Particulars	Risk Location		Remarks
	1	2	
Building			
Plant & Machinery			
Furniture & Fixture			
Piping			
Cabling			
Stock & Stock in process			

## Add On Covers

Architects, Surveyors & Consulting Engineers Fees Debris Removal  
Omission to Insure additions alternation extension Terrorism  
\* for full list of add on covers available, please refer annexure 1

Risk Location	
1	2

## Section I - Voluntary Deductibles

Do you want to opt for Voluntary Deductibles Yes  No

If yes please choose the slab mention below

5% of the claim amount subject to minimum of Rs.10 Lakhs

5% of the claim amount subject to minimum of Rs.15 Lakhs

5% of the claim amount subject to minimum of Rs.20 Lakhs

5% of the claim amount subject to minimum of Rs.25 Lakhs

## Section II - Business Interruption

Amounts to be insured -SectionII (Business Interruption)

Particulars	Amount of Insurance
Gross Profit	
Auditors Fee	
Total Sum Insured	

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## SECTION II - Voluntary Deductibles (Business Interruption)

Do you want to opt for Voluntary Deductibles Yes  No

If yes please choose the slab mention below

- 7 days Gross Profit subject to minimum of Rs.10 Lakhs
- 14 days Gross Profit subject to minimum of Rs.15 Lakhs
- 21 days Gross Profit subject to minimum of Rs.20 Lakhs
- 28 days Gross Profit subject to minimum of Rs.25 Lakhs
- 35 days Gross Profit subject to minimum of Rs.25 Lakhs

Do you want to extend Section II (Business Interruption) to Machinery Loss of Profits? Yes  No

Please specify the Indemnity Period in Months   Months

Time Excess 7 days  14 days  21 days  28 days  45 days  60 days

In case of Machinery Loss of Profits, please give details for Critical Machines as per format below

Description of Critical Machine	Relative Importance	Reserve Capacity	Spare Parts Available Y/N	Number of Shifts	Age	Foreign Machinery Y/N	Remarks

## 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"/>

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## Terrorism cover

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

## Premium Payment Details

Cheque/Journal No.:           Cheque Date:         Amount for ₹

Bank Name:  Branch Name:

Name of the A/c. Holder:  IFSC Code:

Bank Account No:                      MICR Code:

Premium Amount: (in words) \_\_\_\_\_

Premium Payment Option: Monthly  Quarterly  Half Yearly  Annual  Single Premium

Premium payment mode option: Cheque  DD  Debit Card / Credit Card  Card Details: Master  Visa

Card No.                 Card Expiry Date:

## KYC Details

MICR Code:                 Aadhaar No.:

Form 16:

## AML Guidelines:

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  Non-Indian (please specify the Country)

### Type of Organisation:

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

Signature of the Insured

## PART III - Declaration By Proposer

I/We hereby declare that 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 SBI General Insurance Co. Ltd.

I/We also declare that any additions or alterations carried out after the submission of this Proposal Form would be conveyed to SBI General Insurance Co. Ltd. immediately.

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I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for the specific purpose of availing services offered by SBI General Insurance (please strike this clause in case you do not wish to disclose the personal data).

Date:

Place:

Signature of the Proposer

### Agent 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

### Electronic Insurance Account Details:

I want my insurance product related information in:

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):

### DECLARATION (If signed in vernacular language/If you have affixed thumb impression above)

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) \_\_\_\_\_ adult and inhabitant of (City) \_\_\_\_\_ and residing at \_\_\_\_\_ do hereby certify that I/we 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.

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Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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Signature of the Witness

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Signature/Thumb impression of the Proposer

### Section 41 Of Insurance Act, 1938:

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 as 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 such rebate as may be allowed in accordance with the published prospectuses 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 Rupees Ten Lakhs.