

STANDARD FIRE & SPECIAL PERILS POLICY

PROPOSAL FORM



SURAKSHA AUR BHAROSA DONO

Guidelines For Completion of The Form

1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 2. Kindly contact SBI General's Offices or Agents for any doubts or clarifications on the proposal form.

Note: The liability of SBI General Company Ltd does not commence until this proposal has been accepted by SBI General and 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.

For Office Use

Marketing Officer Name:	<input type="text"/>																				
Specified Person's Name*:	<input type="text"/>										Specified Person's Code*:	<input type="text"/>									
Broker / Agent Name:	<input type="text"/>										Code:	<input type="text"/>									
Business Sector:	Urban	<input type="checkbox"/>	Social	<input type="checkbox"/>	Rural	<input type="checkbox"/>															

Details of the Persons Proposed to be Insured for Main Borrower (*mandatory fields)

Name :	<input type="text"/>																						
Communication Address:	<input type="text"/>																						
	City:	<input type="text"/>										State:	<input type="text"/>										
	PIN code:	<input type="text"/>										Landmark:	<input type="text"/>										
Contact Details:	Mobile No.:	<input type="text"/>										Email:	<input type="text"/>										
	Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PAN *:	<input type="text"/>										/Form 60/61 (if Available): <input type="checkbox"/>
Aadhaar Card No.:	<input type="text"/>										Age:	<input type="text"/>	Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>	Other <input type="checkbox"/>							
Paid up Capital of the Company:	<input type="text"/>										Financial interests:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>				
Location of risk to be covered:	Plot No. :	<input type="text"/>										Building Name:	<input type="text"/>										
	Road:	<input type="text"/>										Area:	<input type="text"/>										
	District:	<input type="text"/>										PIN:	<input type="text"/>										
	State:	<input type="text"/>										City:	<input type="text"/>										
Contact Details:	Mobile No.:	<input type="text"/>										Email:	<input type="text"/>										
Period of Insurance:	From:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	To:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Do you want to delete																							
a) Flood, Cyclone, group of perils:	Yes <input type="checkbox"/>	/No <input type="checkbox"/>											b) Riot, Strike & Malicious damage:	Yes <input type="checkbox"/>	/No <input type="checkbox"/>								
Are You or any of the proposed applicants are Politically Exposed Person?	Yes <input type="checkbox"/>										/No <input type="checkbox"/>												

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Do you want the Plinth & Foundation along with the building: Yes ☐ /No ☐

Add-on covers required	
Architects Consulting & Engineers Fees (in excess of 3% claim amount)	
Debris Removal (in excess of 1% claim amount)	
Deterioration of Stocks in cold storage premises on account of accidental power failure due to damage at power station due to an insured peril	

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. | Standard Fire & Special Perils (SFSP) Insurance Policy, UIN : IRDAN144RP0008V04201112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Forest Fire																			
Leakage & contamination cover																			
Spoilage material damage cover																			
Temporary removal of stocks																			
Loss of rent																			
Additional expenses of rent for an alternative accommodation																			
Start up expenses																			
Vehicle Impact damage due to insured's own vehicles																			
Spontaneous Combustion																			
Omission to Insure additions																			
Earthquake (fire & shock)																			
Terrorism																			
Others, please specify																			
Whether you have insured the same property with any other insurance company with the same type of coverage (Give details)																			
Whether insurance was declined by any other company or imposed any special conditions (Give details)																			
Premium / Claim details for the past 3 policy periods	<table border="1"> <thead> <tr> <th>Year</th><th>Premium in Rs.</th><th>Claims in Rs.</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 in Rs.	Claims in Rs.													Total		
Year	Premium in Rs.	Claims in Rs.																	
Total																			

Details About Property To Be Covered At The Insured Location

The Insured Property is	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Residence, Office, Shops, Hotel etc	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Industrial/Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Storages outside industrial risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Tanks/Gas Holders outside Industrial Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Utilities located outside Industrial Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Is used as Shop please declare whether the goods handled are as per the following list. If yes, whether the stock value will exceed 5% of shops value	
1.Celluloid goods, 2.Coir Loose, 3.Crackers & Fire Works, 4.Explosives of any kind, 5.Hay/Straw, 6.Hemp, 7.Jute Loose, 8.Matches,9.Methylated Spirit,10.NitroCellulosePlastics,11.Oils/Ether/IndustrialSolventsandotherinflammableliquidsflashingatand below 32oC(Closed cup Test), 12.Paints with inflammable base having flash point below 320C(Closed Cup test)-Other than in sealed tins or drums, 13. Varnishes having a Flash point below 320C (Closed cup Test)-ither than in sealed tins or drums. 14. Disinfectant liquids and liquid insecticides-Other than in sealed tins or drums, 15.Vegetable fibres of any kind including Rayon fibre.	
If used as warehouse / go-down (not located in a manufacturing unit) please give the list of goods stores.	
If used as an Industrial Manufacturing unit give products manufactured at the location proposed	
If used as an Industrial Manufacturing unit please state whether the factory is working or silent	

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Fire Protection devices installed	Please Tick in the box below	
	Portable Extinguishers	
	Trailer Pumps	
	Fire Engine	
	Hydrant System	
	Sprinkler System	
	Fixed Water	

Sum Insured

The basis proposed for insurance	
(Building /Machinery/FFF	
Market Value Basis	Yes <input type="checkbox"/> /No <input type="checkbox"/>
Reinstatement Value Basis Yes/No	Yes <input type="checkbox"/> /No <input type="checkbox"/>
a) Construction details b) Height of Building c) Age of Building	Please state material used 5- 10 years i) Walls ii) Floor iii) Roof Metres Less than 5 Years <input type="checkbox"/> 10-20 Years <input type="checkbox"/> 5-10 Years / <input type="checkbox"/> Above 20 Years <input type="checkbox"/>
Note: Buildings having walls and/or roofs of wooden planks/thatched leaves and or grass /hay of any kind/bamboo/plastic cloth/ asphalt cloth/canvas/tarpaulin and the like are treated as "Kutcha" construction.	

Building-wise values (Please include the kutcha buildings also in this list and give individual values against such buildings)		
A. On Floater Basis		
Stocks at various locations (warehouses/go-downs and / or open etc.,) can be covered on floaters basis for a single Sum Insured		
	Tick	Amount Rs.
Floater Basis		

B. On Declaration Basis		
Stocks which fluctuate in value can be covered on (monthly) declaration basis		
	Tick	Amount Rs.
Declaration Basis		
Note: 1. Minimum Sum Insured is Rs.1 Crore, and policy not issued on short period basis. 2. Stocks in process and stocks stored at Railway sidings are not covered		

C. On Floater Declaration Basis		
Stocks which fluctuate in value as well as stored in various locations can be covered on (monthly) floater declaration basis.		
	Tick	Amount Rs.
Declaration Basis		
Note: 1. Minimum Sum Insured is Rs.2 Crores 2. Stocks in process and stocks stored at Railway sidings are not covered.		

D. Stocks stored in Open		
Stocks which fluctuate in value as well as stored in various locations can be covered on (monthly) floater declaration basis.		
	Locations	Amount Rs.
Stocks in open (located outside the factory compound)		

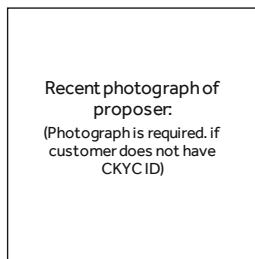
If Non-Indian please specify the nationality and country address _____

If NRI please give details for resident country and address _____

Type of Organisation (Only applicable if policy issued on Group Basis):

☐ Corporation ☐ Government ☐ Non-Governmental Organisation ☐ Society ☐ Trust
☐ Partnership ☐ International Organisation ☐ Cooperative ☐ Section 25 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.



Signature of Proposer

Electronic Insurance Account Details Section

I would like Standard Fire & Special Perils (SFSP) Insurance Policy and related information in:

☐ Physical Format ☐ e-Format (electronic); as & when applicable.

I have eIA Number:

I would like to apply for eIA with:

☐ NSDL Data Management Ltd. ☐ CDSL Insurance Repository Ltd. ☐ Karvy Insurance Repository Ltd.
☐ CAMS Repository Services Ltd.

My CKYC No. (Central Know Your Customer Registry Number) is (If available).

I, _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____

Date:

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

Declaration by Proposer

1. I/We hereby declare that the statement made by me/us in the Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statement made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured. 2. I/We understand that the policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or non-disclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our policy when a claim is made. 3. I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us. 4. I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest. 5. I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas

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I/we have the option not to provide this consent or withdraw it at a later stage, for the purpose of and in relation to the insurance coverage and benefits requested by me/us. 6. I/We hereby extend me/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group (please strike this clause in case you do not wish to disclose the personal data).

Please tick mark if Authorized Person has explained the product features and benefits and I have understood the questions in the form and the answers given are correct. Yes ☐ /No ☐

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: _____

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: Place: Signature of the Witness _____

Signature/Thumb impression of the Proposer/Primary Insured

Insurance Act, 1938, Section 41-Prohibition of Rebates

1. 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 or 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 or continuing a policy, accept any rebate except such rebate as may be allowed in accordance with the prospectuses or tables of the Insurer
2. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

Consent Code And Account Debit Mandate

_____ is the consent code to
authorize SBI to Debit the customer account I _____ authorize
SBI to debit my Account Number _____ with ₹. _____ for premium of _____

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place:

--

Signature of the Witness : _____

Signature/Thumb impression of the Proposer

AML Declaration as per AML Master Guideline 2022:

1. 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 **ten 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 **Ten 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 **ten 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.

Date:

Signature of Policyholder: