

# PROPOSAL FORM

## BURGLARY INSURANCE POLICY



SURAKSHA AUR BHAROSA DONO

The liability of the Company does not commence until the proposal has been accepted by the Company and the premium paid.

Office Code: \_\_\_\_\_

Accepted by: \_\_\_\_\_

Producer Code: \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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### DETAILS OF THE PROPOSER

Salutation ☐ Mr. ☐ Miss ☐ Mrs.

1. Name of the Proposer: \_\_\_\_\_  
in full (BLOCK LETTERS)

Address: \_\_\_\_\_  
Pin code: \_\_\_\_\_

2. PAN\*: \_\_\_\_\_ /Form 60/61 (if Available): \_\_\_\_\_

Aadhaar Card No.: \_\_\_\_\_

3. Name of the Financial Institution/s: (if any financial interest is involved) \_\_\_\_\_

4. Nature of Trade or Business: \_\_\_\_\_

5. Address of the premises to be insured: \_\_\_\_\_  
Pin code: \_\_\_\_\_

6. Occupancy: ☐ Residence ☐ Shop ☐ Office ☐ Manufacturing Unit ☐ Warehouse /Godown

7. How long have you been an occupant of the premises: \_\_\_\_\_

8. Are you the sole owner/occupant of the premises: ☐ Yes ☐ No If not who are the other occupants?

9. What materials are used for construction? e.g. Concrete, Bricks, Iron Sheet or wood

Walls	
Roof	
Floor	

10. What protection is provided to

Doors		Lights	
Windows		A/C	
Skylights		Trap doors	
Ventilators		Any other opening	
Exhaust fans			

11. Mention any special precautions you have adopted for safeguarding your property \_\_\_\_\_

12. Are the premises occupied by you at night? ☐ Yes ☐ No if not, by whom \_\_\_\_\_

13. Will the premises be guarded by Watchman? \_\_\_\_\_

14. Will the premises at any time be left un-occupied? \_\_\_\_\_

15. If so, how often and for how long? \_\_\_\_\_

16. Are all valuables secured in safe(s) outside business hours? (if so, please state particulars)

Make		Depth	
Height		Weight	
Width			

17. How many keys are there to the Safe(s) and with whom are they kept? Number of Keys \_\_\_\_\_ Kept with \_\_\_\_\_

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. | Burglary insurance Policy, UIN : IRDAN144CP0005V01201819 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Can the safe(s) be opened by a single key or by a combination of two or more keys Single key /Combination keys \_\_\_\_\_

18. Are Stock and Sales books maintained?

- How frequently are these entered? \_\_\_\_\_
- How often is stock taken ? \_\_\_\_\_
- Where are these books kept outside business hours ? \_\_\_\_\_

19. Have any premises occupied by you been entered by thieves ?

- If so, give full particulars stating when and how access was obtained and the extent of the loss. \_\_\_\_\_
- What precautions have been adopted to prevent such a recurrence? \_\_\_\_\_

20. Has any Company in respect of your Burglary /Housebreaking insurance (if so, please state particulars)

- Declined your proposal? \_\_\_\_\_
- Cancelled or refused to renew your policy? \_\_\_\_\_
- Accepted your proposal on special terms and conditions ? \_\_\_\_\_

21. Have you ever claimed upon any Company for loss by Burglary or House breaking ? If so, give details \_\_\_\_\_

22. Amount for which contents are currently Insured against fire and name of the Company \_\_\_\_\_

23. PROPERTY TO BE INSURED (Give full details)

a. Stocks-in-Trade	
b. Goods held by the Proposer in trust or on commission for which he is responsible.	
c. Furniture, Fixtures, Fittings, Utensils and Appliances in trade.	
d. Coins and/or Currency Notes in locked safe.	
e. Others (To be specified)	
Total Rs.	

24. Additional covers

- a. Theft \_\_\_\_\_
- b. Riot, Strike & Malicious damage \_\_\_\_\_

25. Do you wish to avail cover on first loss basis?

☐ Yes ☐ No

If yes please indicate the % of first loss limit

\_\_\_\_\_ % of sum insured

26. Do you wish to avail cover on floater basis?

If yes, please furnish the addresses of the Locations over which the stock will be floating

\_\_\_\_\_  
\_\_\_\_\_

27. Are You or any of the proposed applicants are Politically Exposed Person? Yes ☐ No ☐

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.

## PAYMENT DETAILS

Please fill in your payment details for either Cheque / Credit Card Option

Cheque - please pay by crossed cheque (account payee only) in the name of "SBI General Insurance Company Ltd."

Cheque No	_____	Bank Name	_____
Branch	_____	City	_____
Dated	_____	For Rs.	_____

SBIGI does not accept Cash for Premium Payments against the Policy.

## DECLARATION

I/We hereby declare that the statements, answers and particulars given by me / us in this proposal form are true to the best of my / our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to SBI General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

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Place: \_\_\_\_\_

Signature of Proposer

Date: 

D	D	M	M	Y	Y	Y	Y
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#### 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 bon 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/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 law under any statutes, directly or indirectly governing the Prevention of Money Laundering in India.

**Nationality:** ☐ Indian ☐ Non-Indian ☐ Non-resident Indian(NRI) ☐ Others

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.

Recent photograph of proposer:  
(Photograph is required. if customer does not have CKYC ID)

Signature of Proposer

#### ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I would like Burglary insurance Policy and related information in:

Physical Format ☐

e-Format (electronic) ☐

I have eIA Number: 

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#### I would like to apply for eIA with:

NSDL Data Management ☐ CSDL Insurance Repository Ltd ☐ Karvy Insurance Repository Ltd ☐ CAMS Repository Services Ltd ☐

CKYC No (Central Know Your Customer Registry Number), (if available): 

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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: 

D	D	M	M	Y	Y	Y	Y
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Kindly visit our website [www.sbigeneral.in](http://www.sbigeneral.in) to view the list of KYC OVD (Officially Valid Documents).

#### 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: 

D	D	M	M	Y	Y	Y	Y
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Place: \_\_\_\_\_

Signature of the Agent: \_\_\_\_\_

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## 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: 

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/Primary Insured

## SECTION 41 OF THE INSURANCE ACT, 1938

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.

## 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:

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