Business Guard®
Small Business Solutions

My Business My Choice

Business Guard - Agri-Pumpset (Small Business Solutions)

Proposal Form

TATA AIG INSURANCE
WITH YOU ALWAYS

Note: 1) Policy wordings are available on request. **2)** Please complete all sections in capitals and tick boxes wherever applicable. **3)** Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract VOID. **4)** Attach separate sheets if space given is insufficient.

Insured / Business Name	
Contact Person	
Address for Correspondence	
	PIN
Tel: Fax: M	
Description of Business	Period of Insurance: From: ___ : ___ hrs (D D M M Y Y)
Bank / Financing Institution	To: (midnight) (D D M M Y Y)

L	RISK LOCATION				
	Survey No.	Street	Village / City	District / State	PIN
1					
2					
3					

	✓ to include Add on cover/Rider
☐ Flood Inundation	☐ Burglary and Housebreaking (Not covered if equipment not housed in permanent enclosure)

DESCRIPTION OF PUMPING SET

PUMP	DRIVING UNIT – Electric Motor	DRIVING UNIT – Diesel Engine
Make : _____ Model : _____ Year of Mfg : _____ Serial No. : _____ Type : Centrifugal / Submersible	Make : _____ Model : _____ Serial No. : _____ HP : _____ RPM : _____ AMPs : _____ Voltage : _____	Make : _____ Model : _____ Serial No. : _____ HP : _____ RPM : _____ No. of Cylinder : _____ Stroke : _____ mm Bore : _____ mm

SUM Insured in Rs.	Rate for Fire, RSMD and Lightening and Machinery Breakdown % 0	Rate for Flood Inundation % 0	Rate for Burglary % 0	Total Rate % 0	Premium in Rs.

Sources of funds (Please ✓ where applicable) : ☐ Salary ☐ Business Other (Please specify) _____

Insured's PAN Card Number : ☐☐☐☐☐☐☐☐☐☐

Insured's PAN Card Number : in the absence of PAN Card, please give details of any other authorized photo identification card.

Card Type _____ Number ☐☐☐☐☐☐☐☐☐☐

Declaration by Proposer

I/We hereby that the statements made by me/us herein and in the attachments hereto are true to the best of my knowledge and belief and I/We hereby agree that this Proposal shall from the basis of the insurance contract between me/us and Tata AIG General Insurance Company Limited (referred as the Company). I/We further confirm that if any additions or alterations are carried out in the risk proposed for insurance hereinafter the submission of this proposal then particulars of such shall be forthwith conveyed to the Company. I/We further agree that the submission of this Proposal to the Company and its receipt thereof shall not constitute an acceptance of risk by the Company.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer: _____

Name & Signature of agent/intermediary: _____

Code: _____

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer: _____

Name & Signature of agent/intermediary: _____

AML Guidelines

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 understand that the Company has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

- Nationality : Indian ☐ Non-Indian ☐ If Non-Indian, please specify Country : _____
- Type of Organization Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐
  Trust ☐ Partnership ☐ International Organization ☐ Cooperatives ☐ Section 25 Company ☐

Date: _____

Place: _____

Signature of Proposer

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 his/her favor 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.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Name of the specified Person and code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Place: _____

Date: _____

Signature of Agent

Producer's Name : _____ Producers Code | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | |