

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																			
Tel:										Fax:		M		PIN					
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
Paid-up Capital <input type="checkbox"/> < 15 Cr <input type="checkbox"/> > 15 Cr																			

Risk Location (L) & Details: (RCC / Brick Work structure aged < 30 yrs only is covered. Kutchha / Temporary structure not covered)

L	RISK LOCATION					Occupancy*	Location**	Age of Structure (Yrs)	EQ Zone	SIC Code	HG Code
	D. No.	Street	Village / City	District / State	PIN						
1											
2											
3											

*Occupancy: Residential (R) / office (O) Shop (S) Godown (G) Mfg. Unit (MU) / Others - Specify ** Location: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H) / Dwelling in Mfg. Unit (DMU)

STANDARD COVER : FIRE & SPECIAL PERILS

<input type="checkbox"/> to Exclude Covers		<input type="checkbox"/> to Include Add-on Covers		<input type="checkbox"/> Fire Extinguishing Appliances Installed		<input type="checkbox"/> Voluntary Deductible Desired	
<input type="checkbox"/> Riot Strike & Malicious Damage	<input type="checkbox"/> Earthquake (Fire and shock)	<input type="checkbox"/> Terrorism damage <input type="checkbox"/> Other Add-on Covers : 1) Omission to Insure additions etc., 2) Spoilage Material Damage Cover, 2) Start-up Expenses, Architects, Engineers etc., Fees, 4) Leakage & Contamination Cover, 5) Spontaneous Combustion, 6) Temporary Removal of Stocks, 7) Deterioration of Stocks due to power failure, 8) Deterioration of stocks due to change in temperature, 9) Removal of Debris, 10) Forest Fire, 11) Impact Damage by own Vehicle, 12) Loss of Rent, 13) Addl. Rent for alternate accommodation.		I confirm FEA is maintained in efficient working condition. (Attached certificate of approved agency of TAC) <input type="checkbox"/> Hand appliance & Trailer pump / Fire engine <input type="checkbox"/> Hand appliance & Hydrant system <input type="checkbox"/> Hand appliance & Independent sprinkler / Fixed water spray <input type="checkbox"/> Hand appliance + Hydrant & Independent sprinkler / Fixed water spray		<input type="checkbox"/> AOG 10 lakhs / Others 5 lakhs <input type="checkbox"/> AOG 20 lakhs / Others 10 lakhs <input type="checkbox"/> AOG 30 lakhs / Others 15 lakhs <input type="checkbox"/> AOG 60 lakhs / Others 30 lakhs <input type="checkbox"/> AOG 100 lakhs / Others 50 lakhs	
<input type="checkbox"/> Storm Tempest Flood & Inundation							

Enter Sum Insured Particulars per Location (L). (Inadequate Sum Insured will attract provisions of Under Insurance clause).

BUILDING	L	Building (with P&F)	Plinth & Foundation (separate SI)	Compound Wall	Sum Insured Total	Basic Fire (1)	Discounts		Exclusions		Discounts		Add on Covers		Rate %	Premium
							(1-1) Age <= 5 yrs	(1-2) Const. Type *AA or A*	RSMD(2)	STFI(3)	FEA (4) % (1-2-3)	VD (5) % (1-2-3-4)	EQ	Terrorism		
1																
2																
3																
CONTENTS	L	Furniture & Fixture / Off. Equipment	Electrical Fittings	Plant & Machinery / Equipment	Sum Insured Total	<input type="checkbox"/> for Reinstatement Value Policy (Bldg. & Contents only) Not for Stocks										
	1															
	2															
3																
STOCKS	L	Stock in Process / Finished	Stock in Godown	Stock in Open	Sum Insured Total											
	1															
	2															
3																
TOTAL																

Note: Stocks-in-open cannot be covered unless approved by Office

OPTIONAL COVERS (Select minimum 2 covers)

BURGLARY	L	Furniture & Fixture / Office Equipment	Plant & Machinery / Equipment	Stocks	Others - specify	Sum - Insured	First Loss (50%)	First Loss Sum Insured	Rate %	Premium	
	1										
	2										
3											
Covers Theft by visible and forcible means only. Do you have dedicated security arrangement round the clock? <input type="checkbox"/> YES <input type="checkbox"/> NO						TOTAL					
Are the insured premises protected with <input type="checkbox"/> Solid Doors / Gates / Grills / Rolling Shutters / Glass Door <input type="checkbox"/> Burglary Alarm system											

ALL RISK (PE)	Portable Equipment# Details	Make	Model	Year of Mfg.	Serial No. For Identification	AMC	Sum Insured*	Rate %	Premium	
							Yes / No			
							Yes / No			
* Basis of SI should be new replacement value of same make / model. # Mobile Phones / PDA's are excluded.							TOTAL			

ELECTRONIC EQPT / MACHINERY BREAKDOWN	L	Electronic Eqpt / Machinery Breakdown	Equipment Details (Name & Capacity)	Make	Year of Mfg.	Serial No. For Identification	AMC	Sum Insured (Reinstatement Value)	Rate %	Premium	
	1		EEI / MB					Yes / No			
	2		EEI / MB					Yes / No			
3		EEI / MB					Yes / No				
Covers Electronic Equipment (upto 7 yrs) / Machinery Breakdown (upto 7 yrs)							TOTAL				

* Basis of SI should be new replacement value of same make / model.

MONEY	L	<input type="checkbox"/> Money in Safe (Max. 3 Lacs) (Rs.)	<input type="checkbox"/> Money in Transit				Rate %	Premium	
			From	To	<input type="checkbox"/> Annual Carrying				<input type="checkbox"/> First Loss Limit per Transit (Max. 1 lac) (Rs.)
					Approx Annual Carrying (Rs.)	Limit per Transit (Max. 3 Lacs) (Rs.)			
1			Office	Bank & Back					
2			Office	Bank & Back					
3			Office	Bank & Back					
Covers Money / Monetary Instruments (Indian currency) belonging to your business while in Transit or in Safe. Choose either Money in Transit on Annual basis or First basis.						TOTAL			

PLATE GLASS / NEON SIGN	L	Description	Site Location	No's	* Dimensions (L x B)	Sum Insured	Rate %	Premium							
									1	Plate Glass / Neon Sign					
									2	Plate Glass / Neon Sign					
3	Plate Glass / Neon Sign														
Covers All Plate Glass and Neon Signs secured & fixed within the stated premises only. * For ornamented / curved / glazed / etched glass and cover for specific items, give item wise dimensions.						TOTAL									

WORKMEN'S COMPENSATION	Nature of Work	Work Place (Office / Godown etc.)	No. of Employees (Permanent)	Total Annual Wages / Salaries	Contract Workers (attach details)	Sum Insured	Rate %	Premium							
Covers permanent employees on Un-Named (Designation / Nature of occupation) & Total Annual Wages basis. Contractual employees are covered on Name & Total Annual Wages basis.						TOTAL									

PERSONAL ACCIDENT	Name	Age	Occupation	Any Infirmity / Disability	Nominee Name	Relation	Category I / II / III	Benefit Table A/B/C/D	Capital Sum Insured (Rs)	Rate %	Premium									
1. Covers only persons in the Age Group 18 to 65 years. 2. Death, permanent disability, partial disability & temporary total disability covers are available. Temporary total disability is available only for class I & II employees.									TOTAL											

PUBLIC LIABILITY	Liability Type	Paid up capital (Rs.)	Annual Turnover (Rs.)	Any One Accident Limit (Rs.)	Any One Year Aggregate (Rs.)	Rate %	Premium						
								Non-Industrial					

BAGGAGE	Sum Insured	Rate %	Premium			
Covers accompanied Baggage connected with business / personal effects of the Insured / Partner / Employees carried during Travel anywhere in India.						

FIDELITY	Permanent Employees	Designation	Department	Any One Event Limit	Any One Year Aggregate Limit	Rate %	Premium					
								Un-named				
								Named				

PAST 3 year LOSS RECORD	Details	Location	Year of Loss	Cause of Loss	Loss Amount					
						<input type="checkbox"/> No Claims				
						<input type="checkbox"/> Yes, please furnish details				

Assignment for Personal Accident Insurance

I/ We hereby assign the money payable by Tata-AIG General Insurance Co. Ltd, in the event of my death to the nominee named above and I further declare that his/her/their receipt shall be sufficient discharge to the Company

Declaration by Proposer

I/ We hereby declare 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 Ltd. (referred to as the Company). I / We further confirm that if any additions or alterations are carried out in the risk proposed for insurance herein after 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.

AML Guidelines

1. 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. 2. I understand that the Company has the right to call for documents to establish sources of funds. 3. 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.

Date: _____

Place: _____

Signature of Proposer

Payment Details

Payment Mode: Cheque DD Cash Credit Card (Only Visa / Master Card accepted)

Cheque / DD No. _____

Bank Name _____

Credit Card No. _____

PAN Card No. _____

Photo ID Type _____

Sources of funds (please ✓ where applicable)

(Payable to **Tata AIG General Insurance Company Ltd.**)

Date _____

Branch _____

Expiry Date _____

In the absence of PAN Card, please give details of any other authorized Photo ID

Photo ID No. _____

Salary Business Other (Please specify) _____

IMPORTANT

Prohibition of Rebates (Section 41 of the Insurance Act' 1938)

- No person shall allow or offer to allow either directly or indirectly as inducement to any Person to take or renew or continue an Insurance in respect of any kind of 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, not shall any person taking out or renewing or continuing a Policy accept such a rebate except 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 provision of this section shall be punishable with fine which may extend to five hundred rupees only.

Tata AIG General Insurance Company Limited

Registered Office : Peninsula Corporate Park, Piramal Tower, 9th Floor, G.K. Marg, Lower Parel, Mumbai – 400013.

Toll Free Nos. 1800 266 7780 • Visit us at www.tataaiginsurance.in