

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
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, Basements 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"/> Storm Tempest Flood & Inundation	<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, 3) 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

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)	Exclusions		Discounts		Add on Covers		Rate %	Premium
							RSMD(2)	STFI(3)	FEA (4) % (1-2,3)	VD (5) % (1-2,3-4)	EQ	Terrorism		
	1													
	2													
CONTENTS	L	Furniture & Fixture / Off. Equipment	Electrical Fittings	Plant & Machinery / Equipment	Sum Insured Total	<input type="checkbox"/> Please select (✓) for Reinstatement Value Policy (Bldg. & Contents only) Not for Stocks								
	1													
	2													
STOCKS	L	Stock in Process / Finished	Stock in Godown	Stock in Open	Sum Insured Total									
	1													
	2													
<b>TOTAL</b>														

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

**OPTIONAL COVERS**

BURGLARY	L	Furniture & Fixture / Office Equipment	Plant & Machinery / Equipment	Stocks	Others - specify	Sum - Insured	First Loss (25 / 50%)	First Loss Sum Insured	Rate %	Premium
2										
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										
Are the insured premises protected with <input type="checkbox"/> Solid Doors / Gates / Grills / Rolling Shutters / Glass Door <input type="checkbox"/> Burglary Alarm system										
<b>TOTAL</b>										

PORTABLE EQUIPMENT	L	Portable Equipment# Details	Make	Model	Year of Mfg.	Serial No. For Identification	AMC	Sum Insured*	Rate %	Premium
* Basis of SI should be new replacement value of same make / model. # Mobile Phones / PDA's are excluded.										
<b>TOTAL</b>										

ELECTRONIC EQUIPMENT / MACHINERY BREAKDOWN	L	Electronic Equipment / Machinery Breakdown	Equipment Details (Name & Capacity)	Make	Year of Mfg.	Serial No. For Identification	AMC	Sum Insured*	Rate %	Premium
2		EEL / MB					Yes / No			
Covers Electronic Equipment (upto 7 yrs) / Machinery Breakdown (upto 7 yrs)										
<b>TOTAL</b>										

MONEY	L	<input type="checkbox"/> Money in Safe (Max. 3 Lacs) (Rs.)	From		To		<input type="checkbox"/> First Loss Limit per Transit (Max. 1 lac (Rs.))	Rate %	Premium
			Annual Carrying	Approx Annual Carrying (Rs.)	Limit per Transit (Max. 3 Lacs) (Rs.)				
	1		Office	Bank & Back					
	2		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 Loss basis.								<b>TOTAL</b>	

JIN No: IRDAN108P0001V01100001

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									
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 Infirmary / Disability	Nominee Name	Relation	Catortory 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	Covers accompanied Baggage connected with business / personal effects of the Insured / Partner / Employees carried during Travel anywhere in India.						Sum Insured	Rate %	Premium		
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 Company Limited, 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 & Warranty on behalf of all Persons Proposed to be Insured (Applicable only if Personal Accident Section is selected)

- I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and or particulars given by me are true and complete in all respects and to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured /proposer has been made for the purpose of underwriting the proposal and /or claim settlement.
- I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.

#### 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 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 there of 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

#### Intermediary 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: \_\_\_\_\_

GST Number: \_\_\_\_\_

GST Address: \_\_\_\_\_

Amount:

Cheque/DD No: \_\_\_\_\_

Date: \_\_\_\_\_

Bank: \_\_\_\_\_

Direct Debit Authorisation:

A) TOTAL PREMIUM (ALL Coverage Sections):

B) GST: ( )

A + B Total Amount Payable:

Transaction ID

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 ID. Photo ID Type \_\_\_\_\_ Number : \_\_\_\_\_

#### Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. 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. 2. Any Person making default in complying with the provision of this section shall be punishable with fine which may extend to ten Lakh rupees.

#### Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale.

#### Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013  
24X7 Toll Free No: 1800 266 7780 Fax: 022 6693 8170 Email: customersupport@tataaig.com  
Website: www.tataaig.com IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425

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