

STANDARD FIRE AND SPECIAL PERILS - COMMERCIAL Proposal Form



WITH YOU ALWAYS

1. Name of Proposer

Mr. / Mrs. / Ms. / M/s. / Dr.

2. Address of Proposer

 City

State Pin Code

Tel.:(O) Fax

Mobile: E-mail

3. Business of the Proposer

Years in operation

4. Nature of Business organisation

Public Limited Company Private Limited Company Partnership firm Proprietary concern

5. Names of the Persons or parties to be named in the Policy as the Insured(s)

6. Is this same property insured with any other Insurance Company (If YES, give details)

Yes No

Insurance Company :

Nature of Coverage :

7. Has any Insurance Company in the past declined to offer insurance or imposed any Special Conditions (If YES, give details)

Yes No

Insurance Company :

Nature of Coverage :

8. Premium / Claim details for the past 3 policy periods	Premium	Claims Paid	Claims Outstanding
a)			
b)			
c)			

Note : Details of loss incident (If any) during this period may be provided in additional sheets.

9. Particulars of the Premises proposed for insurance

Location (Full Postal address with PIN CODE)	Nature of USE or OCCUPANCY
<input type="text"/> <input type="text"/> <input type="text"/> City <input type="text"/> Pin Code <input type="text"/> State <input type="text"/> (attach separate sheet in same format if needed)	* Section: * Section: * Section: * Section: * Also INDICATE the Tariff Section III / IV / V / VI / VII III. Dwelling/ Office / Hotel / Shops etc. IV. Industrial/ Manufacturing risk V. Storage(s) outside Industrial risk VI. Tanks/ Gas Holders outside Industrial / Manufacturing risks VII. Utilities located outside Industrial / Manufacturing risks Construction Details a) Please state material used - Wall _____ - Floor _____ - Roof _____ b) Height of the building _____ Meters c) Age of the building (please tick) 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"/>

10. If used as warehouse/ godown (not located in a manufacturing unit) please give the list of goods stored

11. If used as an Industrial / Manufacturing unit give products manufactured at all location(s) proposed for insurance

12. If used as an Industrial / Manufacturing unit, please state whether the factory is working or silent?

13. Please declare hazardous goods (e.g. See following list) handled / stored. If YES, state such stock value.

--	--

Percentage to total value of all stocks :

1. Celluloid goods	6. Hemp	11. Oils/Ether/ Industrial Solvents and other Inflammable Liquids flashing at and below 32 deg.C (Closed Cup test)
2. Coir Loose	7. Jute (Loose)	12. Paints (other than in sealed tins or drums) with Inflammable base having flash point below 32 deg.C (Closed Cup test)
3. Crackers/ Fire Works	8. Matches	13. Vanishes (other than in sealed tins or drums) having flash point below 32deg.C (Closed Cup test)
4. Explosives of any kind	9. Methylated Spirit	14. Disinfectant liquids and liquid insecticides (other than in sealed tins or drums)
5. Hay/ Straw	10. Nitro-Cellulose Plastics	15. Vegetable fibers of any kind including Rayon Fiber.

14. Fire Fighting

Fire Protection Devices Installed :	Give Specifications	
Hand-held/Portable Extinguishers	Yes / No	
Trailer Pump(s)	Yes / No	
Fire Engine(s)	Yes / No	
Hydrant System	Yes / No	
Sprinkler System	Yes / No	
Fixed Water Spray System	Yes / No	
Other(s)	Yes / No	

(Details to be submitted for each block in each location)

15. Coverage of Plinth and Foundation

Would you like to cover the Plinth & Foundation along with the building:	Yes / No, If YES include value of Plinth & Foundation in the Buildings sums declared for insurance in 19. below
--	---

16. "KUTCHA" construction

Description / Location of each KUTCHA structure	Sum Insured (included in 19 below)
i)	
ii)	
iii)	

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.

17. Optional Coverage of Stocks on Floater / Declaration / Floater cum Declaration basis

Would you like to cover the stocks on Declaration /floater /floater cum declaration basis? If "Yes" please fill up separate application.	Yes / No
--	----------

18. Stocks stored in open (located outside the compound)

Location	Nature of Stock	Protection arrangement	Amount Rs.

19. Building wise sums declared for insurance (Amounts in rupees)

Description of Block And Construction	Building Including/ excluding Plinth etc	Plant & Machinery	F/F/F and other equipments	Stocks and Stocks in process**	Property Insured specifically (Please describe separately)	BlockwiseTotal Sum Insured
i)						
ii)						
iii)						
iv)						
Total						

Note :
 1. ** Indicates those stocks, which are covered on normal basis and do not fall under 17 and 18 above.
 2. Include the sums insured KUTCHA buildings as above in this list
 3. Attach additional / separate sheet in same format if space is insufficient

20. Would you like to opt out of any peril/(s) as shown in a, b from the basic built in perils of the Policy?

a. Flood, Cyclone group of perils	Yes/ No	b. Riot, Strike & Malicious Damage, Terrorism	Yes/ No
-----------------------------------	---------	---	---------

21. Add-On Covers required with Limit of Indemnity / Sum Insured

Add-On Cover	Sum Insured / Limit of Indemnity
Earthquake (Fire / Shock / Fire & Shock)	
Architects, Surveyors and Consulting Engineers Fees (in excess of 3% claim amount)	
Debris Removal in excess of 1% of claim amount	
Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril	
Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril	
Forest Fire	
Impact Damage due to Insured's own Rail/Road Vehicles, Fork lifts, Cranes, Stackers and the like and articles dropped therefrom	
Spontaneous Combustion	
Omission to Insure additions, alterations or extensions	
Spoilage Material Damage Cover	
Leakage And Contamination Cover	
Temporary Removal of Stocks	
Loss Of Rent	
Insurance Of Additional Expenses of Rent For An Alternative Accommodation	
Start up Expenses	
Other Addons (Please Specify)	

22. The basis of insurance indemnification proposed

Market value basis Reinstatement value basis Whether escalation clause is required. Yes/ No

23. Period of Insurance Proposed

From

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

To

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

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 the Country: _____

• **Type of Organization**

Corporations Governments Trust Partnership Non Governmental Organizations Society

Trust Cooperatives Section 25 Company International Organization

Bank Details*

Name of the Account Holder:																
Name of the Bank:											Branch:					
Type of Account:	<input type="checkbox"/> SB Account	<input type="checkbox"/> Current Account	Others (Please specify) _____													
Account Number:																
IFSC Code:																

Declaration:

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 of the Proposer : _____

Name & Signature of agent/intermediary : _____

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: _____													

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 an inducement to any person to take out 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 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 published prospectus or tables of the insurer. 2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

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

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.

PLACE : _____

DATE :

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

SIGNATURE OF PROPOSER

NAME & TITLE OF SIGNATORY

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