PROPOSAL FORM FOR MERCHANT'S COVER III INSURANCE POLICY

GUIDELINES FOR COMPLETION OF THE FORM

Please provide all required information fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.

Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the proposal form.

Please use additional sheets wherever space is not sufficient to fill up the details.

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

SCOPE OF COVER: As detailed in the Annexure attached hereto.

SIGNIFICANT EXCLUSIONS: Please refer to the policy document.

EXTENSIONS: In addition, certain optional extensions are available, the details of which are provided in the relevant sections of the Proposal Form.

NOTE: The foregoing is only an indication of the cover offered. For details please refer to the Policy.

CLIENT INFORMATION

Proposer's Name

Proposer's Mailing Address

City/Town State Pin Code

Contact No Fax No.

Email ID

Proposer's trade or business

Particulars of Work

Do you wish to avail policy documents in physical form ☐ Yes ☐ No

Nominee Name

Relationship with the Insured

Mobile No. Email ID

Present & Permanent Address

Authorized person for Minor Nominee

Bank Details

Details of Multiple/Other insurance covering same risks with any other Insurance Company: _____

_____

_____

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*?

☐ Yes ☐ No

If yes, please give details (Nature of relationship and position held by PEP): _____

**Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Government, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.*

Type of Proposer ☐ Individual ☐ MSME/SME ☐ Partnership firm ☐ Company ☐ Govt. ☐ Others _____

Constitution of Business: ☐ Non Resident Entity ☐ Foreign company registered in India ☐ Foreign LLP ☐ Partnership

☐ Government Department ☐ Hindu Undivided Family ☐ LLP Partnership ☐ Local Authorities ☐ Private Limited Company

☐ Proprietorship ☐ Public Ltd Co ☐ Others _____

Customer Type: ☐ General ☐ EOU/STP/EHTP ☐ Government ☐ Overseas ☐ Related parties ☐ SEZ

☐ Others _____ Annual Income: (In Rupess):

Do you file income tax return? ☐ Yes ☐ No Do you own a bank account? ☐ Yes ☐ No

Country PAN No.

Paid-up capital of the firm (in ` million) Business Sector: ☐ Urban ☐ Rural

*Registered GST: ☐ Yes ☐ No (One Policy One Invoice)

If Yes, then please provide GSTIN

Address (Registered under GST)

One Policy Multiple Invoice: ☐ Yes ☐ No (If yes, it can be taken as an Annexure to Proposal Form as detailed below)

If Yes, then please provide

State-wise GSTIN	Address Registered under respective GSTIN

Note: In all above cases, complete address of the customer is required to be taken.

CONTACT DETAILS

Contact Person's Name

Mailing Address

City/Town State Pin Code

Contact Number (Landline-With STD Code) Mobile No.

Email ID

RISK DETAILS

Property Name

Property Address

Landmark State Pin Code

Landline Number (with STD Code) Extn No

Fax No

Insurance certificate in the name of: ☐ Proposer ☐ Property

Correspondence address

Proposer's address

Property address

If different from the above

State Pin Code

Landline No (With STD Code) Fax No

Email ID

Annual turnover (INR): ☐ < 1,000,000 ☐ 1,000,001 - 5,000,000 ☐ 5,000,001 - 10,000,000 ☐ 10,000,001 -100,000,000 ☐ > 1000,000,001

RISK DETAILS

Networth of the establishment: ☐ < 10 crores ☐ 10 crores -15 crores ☐ > 25 crores

Details of registration under Shops and Registration Act _____

Details of registration under sales tax Act _____

PROPERTY DETAILS

Age of building/premises ☐☐ Years Total Built up area ☐☐☐☐ Sq Feet ☐☐☐☐☐☐☐

Type of construction : ☐ Framed ☐ Load Bearing ☐ Kutcha

Distance from the oceanfront: ☐ <500 ft ☐ >500 ft If <500 ft is there an embankmeny ☐ Yes ☐ No

No. of floors in the building/premises ☐☐ Property Located ☐☐ (Use B for basement O for ground floor 1 for First floor and so on) ☐

Ownership of Property ☐ Self owned ☐ Rented ☐ Others _____

If not self owned, property in the name of ☐☐☐☐☐☐☐

INSURANCE DETAILS

COVERAGE OFFERED UNDER MERCHANT'S COVER III

ICICI BHARAT SOOKSHMA UDYAM SURAKSHA DETAILS

The cover Icici Bharat Sookshma Udyam Suraksha is compulsory coverage that needs to be necessarily opted by the Proposer.

No.	Coverage	Sum Insured	Deductible Excess
	ICICI Bharat Sookshma Udyam Suraksha		

A. Details about Proposer and Policy Period:

			Deductible Excess
1.	Name of Proposer		
2.	Address of Proposer		
3.	Telephone No. (Landline)		
4.	Mobile No.		
5.	Email		
6.	Contact Person details, if not an individual a.Name b.Designation		
7.	Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions		
8.	Period of Insurance	From D D M M Y Y Y Y To D D M M Y Y Y Y	

B. Business and Location of Business

Business of Proposer						
Location of risk / business to be covered - full postal address with Pin Code	Sr. No.	Address	Pin code	Occupancy	Age	Floor
	1.					
	2.					
	*Floor: Ground Floor (GF) / Mezzanine Floor (MF) Higher Floor					

C. Details about business covered at the insured location

9.	Business of Proposer							
10.	Location of risk / business to be covered - full postal address with Pin Code	Sr. No.	Address	Pin code	Occupancy	Age	Floor	
		2.						
		*Floor: Ground Floor (GF) / Mezzanine Floor (MF) Higher Floor						

D. Details about business covered at the insured location

11.	The Insured property is	Please tick in the space below
	a. Offices, shops, hotels etc.	Yes No
	b. Industrial/ manufacturing risks	Yes No
	c. Storage outside Industrial/ manufacturing risks	Yes No
	d. Tanks / gas holders outside industrial/ manufacturing risks	Yes No
	e. Utilities located outside Industrial/manufacturing risks	Yes No
	f. Boundary wall	Yes No
	g. Basement storage	Yes No If, yes value stored Sl: ₹
	h. Others (please specify)	

12.	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.	
13.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable)	
14.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
15.	Fire Protection devices installed	Please Tick the correct answer in the box below. ☐ Portable Extinguishers ☐ Small bore hose reels ☐ Trailer Pumps/Fire engines ☐ Hydrant System ☐ Sprinkler System ☐ Fixed Water Spray System ☐ Foam System ☐ Fire Alarm System ☐ Gas Flooding System ☐ Others, please specify below. _____
15.	Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force:	☐ Yes ☐ No
17.	Construction details	
	a. Please state material used	Please tick the correct answer in the box
	Walls	☐ Kutcha ☐ Pucca
	Floor	☐ Kutcha ☐ Pucca
	Roof	☐ Kutcha ☐ Pucca
	Note: Kutcha: Building(s) having walls and / or roofs of wooden planks / thatched leaves and / or grass / hay of any kind / bamboo / plastic cloth / asphalt / canvas / tarpaulin and the like are treated as Kutcha Construction. Pucca: Buildings other than Kutcha are treated as Pucca constructions	
	b. Number of Floors	
	c. Age O1 the Building	☐ Less than 5 years ☐ 5-10 years ☐ 10-20 years ☐ Above 20 years
18.	Distance between the risk to be covered and nearest Fire Brigade	
19.	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)	
20.	Whether Insurance was declined by any other Company (Give details)	
21.	Premium / Claim details for the past 36 months excluding the expiring policy period	

Year	Premium	Claims
	₹	₹
	₹	₹
	₹	₹
	₹	₹
Total	₹	₹

E. Sum Insured and Other details of Insured Property (Indicate Sum Insured on the following basis):

- For Building, Plant and Machinery, Fumiture, Fixture and Fittings and other contents: **Reinstatement Value;**
- For raw material: **Landed Cost;**
- For stock in process: **Input cost;**
- For finished stock: Manufacturing cost of the finished stock or the Contract Price* of goods sold but not delivered, as applicable.

***Contract Price** is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price)

22.	Description of Block	Building incl-uding plinth, Basement, and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please specify)	Total

F. Details for in-built cover for Floater

23.	Floater Cover (for stocks at various locations)	Location (Postal Address with Pin Code)	Sum Insured (in ₹)
		i. Maximum value at any one location: ₹	
		ii. Whether stocks stored in open: ☐ Yes ☐ No	

G. Standard Add On

Do You want to opt for Declaration Policy?: ☐ Yes ☐ No (strike off what is not applicable). If yes, give details below

24.	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹) :

No.	Coverage	Sum Insured	Deductible Excess
i.	Burglary		
ii.	Cash in safe		
iii.	Cash in Transit		
iv.	Glass Breakage		
v.	Neon Sign / Glow Sign		
vi.	Cheque Forgery		
vii.	Employer's Liability		
viii.	Medical Expenses to insured		
ix.	Personal Accident		
x.	Public Liability		
xi.	Fidelity		
xi.	Tenants Legal Liability		
xii.	Marine Transit of Good		

(Please round up to nearest 10,000. E.g. 37,200 should be rounded up to 40,000.） Year No. of Claims Amount

PREVIOUS INSURANCE DETAILS

Insurance From

Name & Address of Previous Insurer Insurance From Insurance To Claims History (for the past 3 yrs.)	Policy Number(s)		Insurance To	Claims History (for the past 3 yrs.)

PREVIOUS INSURANCE DETAILS

Name & Address of Previous Insurer Insurance From Insurance To Claims History (for the past 3 yrs.)	Policy Number(s)	Insurance From	Insurance To	Claims History (for the past 3 yrs.)

ENDORSEMENTS/WARRANTIES/EXTENSIONS

If you want to avail of extension of the Policy by payment of additional premium, please specify

Earthquake Cover: ☐ Yes ☐ No Escalation Clause: ☐ Yes ☐ No

If Yes, what percentage _____ Terrorism Damage Cover: ☐ Yes ☐ No

ANY ADDITIONAL INFORMATION RELEVANT TO THE POLICY APPLIED FOR

ICICI BANK RELATIONSHIP DETAILS

I have an existing relationship with ICICI: ☐ Yes ☐ No

☐ Bank ☐ Loans ☐ Bonds ☐ Credit Card ☐ Insurance

PERSONAL DETAILS

Annual household income: ☐ Less than 150,000 ☐ Between 150,000 and 300,000 ☐ Between 300,000 and 500,000 ☐ More than 500,000

Educational Qualifications: ☐ Matric ☐ Undergraduate ☐ Graduate ☐ Post Graduate ☐ Ph.D.

PAYMENT INFORMATION

MODE OF PAYMENT

☐ Cheque/ DD Cheque No ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Demand Draft No. ☐☐☐☐☐☐☐☐☐☐

Drawn No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date D D M M Y Y Y Y

Bank A/C No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Amount in Figures ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Amount in Words ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DECLARATION WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/ THE PROPOSER SIGNS IN A VERNACULAR LANGUAGE/ PROPOSER IS ILLITERATE

- I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from ICICI Lombard GIC ltd. to the proposer and that he/she confirmed that he/she has understood the same and he/she agrees to abide by all terms and conditions of the same.
- I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly correctly recorded the answers given by the proposer and that the proposer has fixed his/her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.
- I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of the Proposer

Name of the Witness

Signature of Proposer

Signature of Witness

Place: _____ Date D D M M Y Y Y Y

Relationship with Proposer

Address of Witness

DECLARATION BY PROPOSER

I/We declare that the quality of construction of the building is satisfactory.

I/We agree that the Company may at any time during the validity of the Policy or at the time of processing any claim under this Policy, if any, in its sole discretion, require me/us to provide proof, documented or otherwise, that insurable interest proportionate to my/our status as declared under the Section "Property Details of this proposal exists, and that I/We shall promptly comply with such requirement of the Company at all such times.

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company

and I/We agree that this proposal, declarations and Annexure hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company .

I/We agree that the insurance of Policy/Cover Note shall be subject to realisation of premium cheque.

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

Place: _____

Date D D M M Y Y Y Y

Proposer's Signature and Stamp

STATUTORY WARNING

PROHIBITION OF REBATES

(Under Section 41 of 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 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, 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 prospectuses or tables of the insurer:

(Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by 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.