PROPOSAL FORM FOR BUSINESS SHIELD POLICY

For Official Use Only

Agent/ Broker Name

Marketing Office Name

Branch Name

Received date & time by MO. Date: D D M M Y Y Y Y Time: H H M M S S

Client ID No. Group ID No.

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. 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.
3. The Policy shall become voidable at the option of the Insurer, 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 the proposer or any one acting on his behalf to obtain any benefit under this policy.
4. Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the proposal form.

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

CUSTOMER INFORMATION

Name of Insured

Insured Address/ Mailing Address

City/Town State Pin Code

STD Code Tel. Fax.

Mobile No. E-mail ID.

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

Paid Up Capital of the Enterprise (₹)

Annual Turnover (₹)

*Registered GST: (One Policy One Invoice) Yes No If Yes, then please provide GSTIN

Address (Registered under GST):

PAN No.

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

State-wise GSTIN

Address Registered under respective GSTIN

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

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.*

CONTACT DETAILS OF INSURED

Contact Person's Name:

Contact Person's Address/ Mailing

City/Town State Pin Code

Contact No STD Code Tel. No.

Fax No. Mobile No.

Email ID

INSURANCE DETAILS

Policy to be issued in favour of (list out all the parties who have insurable interest including financial institutions/banks and please leave a space between parties)

Period of Insurance From D D M M Y Y Y Y To D D M M Y Y Y Y

Address of the Risk Location:

City/Town State Pin Code

Country (In case of Multiple risk locations, please attach a separate sheet)

Hypothecation Details:

This policy covers the following sections **(Section 1 is compulsory)**. Please tick the sections that you wish to avail of and fill in the details against that section:

Section	Coverage	Please Tick
1	Standard Fire and Special Perils	**Mandatory**
2	Consequential Loss (Fire)	
3	Burglary	
4	Money	
5	Fidelity Guarantee	
6	Plate Glass	
7	Boiler and Pressure Plant	
8	Electronic Equipment	
9	All Risk	
10	Machinery Breakdown	
11	Public Liability Insurance under PL Act, 1991	
12	Public Liability(Industrial Risks/ Non-Industrial)	
13	Directors & Officers Liability	
14	Group Personal Accident	
15	Workmen's Compensation	
16	Cyber Liability	

Please fill in the details of the relevant sections opted. (Location wise Sum Insured details for each section will have to be provided)

SECTION 1: STANDARD FIRE AND SPECIAL PERILS

1. Is the Risk Situated first floor and above? ☐ Yes ☐ No
2. Distance from Nearest Fire Brigade (Km)_____
3. Would you like to delete any of the following perils from the basic cover?
   a. Flood, Cyclone, group of perils ☐ Yes ☐ No
   b. Riot, strike, Malicious damage ☐ Yes ☐ No
4. Would you like to cover plinth and foundation also along with the building? ☐ Yes ☐ No
5. If no, please exclude value of plinth and foundation from the Sum Insured. ☐ Yes ☐ No
6. If you want to avail of add on covers by the payment of additional premium, please specify:

Group A

i. Deterioration of stocks in cold storage premises
   a. Accidental power failures due to damage at power station due to an insured peril ☐ Yes ☐ No
   b. Due to changes 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? ☐ Yes ☐ No

ii. Impact damage by your own Rail/ Road vehicles etc. ☐ Yes ☐ No

iii. Omission to insure additions etc. ☐ Yes ☐ No

iv. earthquake (fire and shock) ☐ Yes ☐ No

v. Temporary removal of stocks ☐ Yes ☐ No

vi. Terrorism ☐ Yes ☐ No

Group B (please specify sum insured against each)

i. Architects, surveyors and consulting engineers' fees (in excess of 3% of the claim amount) ☐ Yes, INR _____ ☐ No

ii. Debris removal (in excess of 1% of the claim amount) ☐ Yes, INR _____ ☐ No

iii. Spontaneous combustion ☐ Yes, INR _____ ☐ No

iv. Spoilage material cover ☐ Yes, INR _____ ☐ No

v. Leakage and contamination cover
   a. Leakage Cover only ☐ Yes, INR _____ ☐ No
   b. Leakage and Contamination Cover ☐ Yes, INR _____ ☐ No

vi. Loss of rent ☐ Yes, INR _____ ☐ No

vii. Additional expenses of rent for an alternate accommodation ☐ Yes, INR _____ ☐ No

viii. Start- up expenses ☐ Yes, INR _____ ☐ No

ix. Forest Fire ☐ Yes, INR _____ ☐ No

x. Any other, ☐ Yes, INR _____ ☐ No

If Yes, Specify the coverages and Sum insured as under

Serial No.	Extension Name	Limit of Indemnity
1		
2		
3		

7. Proposed property (or the building containing the proposed property) is occupied as?

i. Residence, offices, shops, hotels etc.

a) If the property is being used as a shop, please declare whether the goods handled are as per the list given below and whether the value of such stocks exceed 5% of total value of stocks ☐ Yes ☐ No

ii. Industrial/manufacturing risks ☐ Yes ☐ No

a) If yes, please state whether factory is:

b) Please also state details of products manufactured / Raw Materials / Intermediates at the proposed location Working/ Silent in the following format in a separate sheet along with a

Sr. No.	Type	Description
	Raw Material/ Intermediate/ Product	

iii. Storage outside industrial/manufacturing risk

iv. Tanks/gas holders outside industrial/manufacturing risks

v. Utilities located outside industrial/manufacturing risk

vi. Is the property being used as warehouse / godown (not located in a manufacturing unit)

If so, please give list of goods stored in the following format in a separate sheet.

Sr. No.	Description of Goods

Is the Risks a Cold Storage? ☐ Yes ☐ No

Is the property to be insured situated in a petro-chemical complex? ☐ Yes ☐ No

8. Do you have any of the following fire extinguishing appliances installed in the property?

☐ Portable extinguishers ☐ Fire alarm systems

☐ Trailer Pumps/ Fire engine ☐ Hydrant system

☐ Sprinkler system ☐ Fixed water spray system

☐ Small bore hose reels ☐ Foam systems

☐ Gas flooding systems ☐ Smoke Detector

☐ Gas Leak Detector ☐ Linear Heat Sensing System

Please tick the installations available

If yes, please attach certificate of efficacy and copy of annual maintenance contract

9. Are the buildings/ plants designed as per the relevant Indian Standard Codes? ☐ Yes ☐ No

If yes, pl attach the Certificate of an empanelled structural Engineer and/ or Architect certifying that Buildings & Plants are designed and constructed to be Earthquake Resistant as per the relevant Indian Standard codes.

10. What is the basis for insurance of:

a) Building :

☐ Depreciated value ☐ Reinstatement value ☐ Escalation Clause ☐ Yes ☐ No

b) Plant and machinery, equipment and accessories

☐ Depreciated value ☐ Reinstatement value ☐ Escalation Clause ☐ Yes ☐ No

c) Furniture, fixtures and fittings

☐ Depreciated value ☐ Reinstatement value ☐ Escalation Clause ☐ Yes ☐ No

Block Wise Sum Insured:

Risk Address	Building Sum Insured	Plinth and Foundation	Plant and machinery	Stock	FFF	Others (Please specify)	Total
1							
2							
3							

Special coverage for stocks only (please tick in the box below and give the amount to be insured against each)

A. Floater Basis:

B. Declaration Basis

C. Floater Declaration Basis:

D. Stocks stored in open (located outside the factory compound)

Premium for this section is **INR :** _____

SECTION 2 : CONSEQUENTIAL LOSS (FIRE)

i. Indemnity Period required :

Please specify number of months following the damage

(Note: Indemnity period is the maximum period beginning with the occurrence of the damage, for which cover for Loss of Gross Profit is required and should reflect the maximum period anticipated for reinstatement of the damaged property.)

ii. Sum Insured

a) Gross profit (Net profit and standing charges): ₹

b) Please specify the standing charges to be covered, in detail:

Serial No.	Description of standing charges	Amount (₹)
1		
2		
3		
4		

iii. Please indicate the basis of indemnity required:

Turnover basis ☐ Output basis ☐ Revenue basis ☐

Extensions Required:

Please indicate the extensions required with the Limits desired.

Serial No.	Extension Name	Limit of Indemnity
1		
2		
3		
4		

Premium for this section is **INR :** _____

SECTION 3 : BURGLARY

Is cover for stocks required on? Total Value ☐ First Loss Basis ☐

If cover is required on First Loss basis, state the total value at risk and proposed First Loss sum insured in the following format:

Total Sum Insured (₹)	First loss sum insured (₹)

Are the premises guarded by exclusive 24 hours watchman ☐ Yes ☐ No

Whether any special safety devices installed, if so details of the same _____

Are the valuables secured in safe(s) outside business hours? ☐ Yes ☐ No

Extensions Required:

Theft ☐ Yes ☐ No

RSMD ☐ Yes ☐ No

Premium for this section is **INR :** _____

SECTION 4 : MONEY

Cash in safe

Item II	Description of Cash	Maximum amount of money held at one time (in ₹)
(a)	Cash whilst on the Proposer's premises during the business hours or whilst secured in locked safe(s) or in strong room on the Proposer's premises as specified in the schedule outside business hours, against risks of burglary, house breaking, dacoity, robbery and hold up.	
(b)	Money in counter / in specified premises during business hours against the risk of hold-up	

Are the premises guarded round the clock? ☐ Yes ☐ No

Cash in Transit

Item II	Description of Money	Transit		Limit of any one loss (AOL) (₹)
		From	To	
(a)	Money in transit, from the bank to specified premises.			
(b)	Money in transit from the specified premises to the bank for remittance			
(c)	Money in transit to the specified premises or bank and in personal custody of Proposer or his employee for a period not exceeding 48 hours from time of collection.			

What is the Estimated Annual amount of money in Transit (EAT)? ₹ _____

How is the money carried (i.e. whether in bags, trunks etc.)?

What is the designation of the employee handling money?

Do you want to include Riot & Strike cover? ☐ Yes ☐ No

Premium for this section is **INR :** _____

SECTION 5 : FIDELITY GUARANTEE

What is the basis of insurance? ☐ Named ☐ Designation ☐ Floater

Please provide details of the employees to be guaranteed in the following format:

Names/ Designations	Class (I/ II/ III)	Since when in service (DDMMYYYY)	Place of employment	Total remuneration (annual) (₹)	Amount to be insured (Rs.)	Any security taken
Total						

Risk Category

I Managers, Executives, Officers and Clerks including cashiers

II Cash Collectors and travellers

III Office boys, peons

Note:

Please provide names or specific designation for identification purposes.

Please provide the estimate of maximum amount held by any employee on your behalf in the following format:

Description	Amount (₹)	Period held (days)
Money		
Stocks		

Premium for this section is **INR :** _____

SECTION 6 : PLATE GLASS INSURANCE

Please provide the description of the property to be insured in the following format:

Sr. No.	Type of glass	Whether in front return door, fanlight, counter case shelf or mirror and whether glass is fixed.	Position of glass	Size Height x Width (in cms)	Value of ornamental work/ Lettering/Painting	Value of glass	Others (please specify)
1.	Plain Glass						
2.	Ornamental Glass						
3.	Corner Glass						
4.	Special type of glass*: please elaborate						

Premium for this section is **INR :** _____

SECTION 7 : BOILER AND PRESSURE PLANT:

1. Details Of Boiler And Pressure Plant

Sr. No.	Location	Description of Items including Maker's Names, Maker's No. & Capacity, Type of Boiler	Registration No.	Year of Make	Sum Insured
2. Surrounding Property Of The Insured Including Property Held In Trust Or Commission.					
3. Legal Liabilities To Third Parties					
4. ADDITIONAL COVERS: a) Express freight (excluding airfreight), Overtime and Holiday rates of wages. b) Airfreight. c) Additional Customs Duty.					Limits of Liability in ₹

NOTE - The term `Boiler' where used in the above schedule includes fittings, integral super heaters and integral economisers but does not include steam or feed water piping, separate super heaters, separate economisers, such items being covered by the policy only if specifically listed in the Schedule.

Premium for this section is **INR :** _____

SECTION 8 : ELECTRONIC EQUIPMENTS COVER:

Section 1 - List of Equipments

Item No.	Quantity	Description of Items	Year of Mfg.	Sum Insured (₹)

In case of computers, the term equipment shall include the entire computer system comprising of CPU, Key boards, Monitors, Printers, Stabilisers, UPS, System Software etc.

Are all the Equipments mentioned in this section covered in Section I: Standard Fire and Special Perils ☐ Yes ☐ No

Section 2 - External Data Media

i)	Data Media (type and quantity)	Sum Insured
ii)	Expenses for Reconstruction and re-recording of information.	
	TOTAL SUM INSURED ...	

Is there a Valid Maintenance Contract in force ☐ Yes ☐ No

If yes, whether the contract is with the Manufacturer With External Agency ☐ Yes ☐ No

Premium for this section is **INR :** _____

SECTION 9 : ALL RISK:

Section 1 - List of Equipments

Item No.	Quantity	Description of Items	Year of Mfg.	Sum Insured (₹)

Additional Coverages under the Policy:

Electrical and Mechanical Breakdown ☐ Yes ☐ No

Worldwide Coverage ☐ Yes ☐ No

Premium for this section is **INR :** _____

SECTION 10 : MACHINERY BREAKDOWN:

Details of the Machinery Proposed to be covered

Sr. No.	Quantity (Nos.)	Description, Type, Model, Capacity of Machine / Serial No / HP / KVA, Volts, Amps, RPM	Maker's Name & Country of origin	Stand by(S) / Portable(P) / Open(O)	Year of manufacturing	Sum Insured (₹)
1.						
2.						
3.						
4.						

Separate value for foundations, masonry and brickwork or oil in transformers and other electrical equipments are to be specified if cover is required.

Premium for this section is **INR :** _____

SECTION 11 : PUBLIC LIABILITY INSURANCE (UNDER PLI ACT, 1991)

i. Please provide a list of all the hazardous substances handled by you

Sr. No	Name of substance	Location	Quantity

(Attach separate sheet if necessary)

ii. Limit of Indemnity required in respect of Any One Accident ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Note

(a) Public Liability Insurance Act, 1991 (the Act) provides that the Indemnity limit for Any One Accident should not be less than the paid-up capital of the undertaking and not more than the amount, as may be prescribed by rules framed under the Act. The rule currently stipulates that Insurer is liable to pay not more than ₹ 50 Million for any one accident and not more than ₹ 150 Million for any one-year.

(b) The Any One Year Limit will be three times the Any One Accident limit.

iii. Please provide the details of annual turnover in the following format ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

	(Amount in ₹)
Estimated for proposed Policy Period	
Actual for previous Policy Period	

SECTION 11 : PUBLIC LIABILITY INSURANCE (UNDER PLI ACT, 1991) (CONTD.)

iv. What is the number of workmen employed? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

v. What is the number of other employees? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

vi. Number of Locations to be insured ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

vii. Address of Location(s) to be insured

1. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

If yes, please provide information in the following format for each unit:

Description of substance	Quantity stored	Storage handling	Precautions taken

[1.] AOA : Any One Accident relates to limit of liability in respect of any one accident.
[2.] AOY : Any One Year relates to limit of liability in respect of all accidents in any one year.
[3.] Excess : First portion of any loss that the Insured will bear.

Extensions Required

1. Industrial Seepage, Pollution and Contamination Extension ☐ Yes ☐ No
2. Carriage of Effluents (Outside the Premises) Extension ☐ Yes ☐ No
3. Transportation Extension ☐ Yes ☐ No
4. Technical Collaborators Extension ☐ Yes ☐ No
5. Act Of God Perils Extension ☐ Yes ☐ No

Premium for this section is **INR :** _____

SECTION 12 : PUBLIC LIABILITY (NON- INDUSTRIAL RISKS)

Please provide the following details of lifts, escalators etc (attach separate sheet if required)

Sr. No.	Make	Capacity

i. Are the premises or equipment or machinery in sound condition of operation and will they be maintained so? ☐ Yes ☐ No

ii. Please, state the retroactive date, i.e. the date from which policy was first infected and continuously kept in force: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

iii. Please indicate the amount of indemnity required: Any One Accident (AOA) (₹) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

iv. Please specify the ratio of limit of indemnity for any one accident (AOA) and Any One Year (AOY) ☐ 1:1 ☐ 1:2 ☐ 1:3 ☐ 1:4

Extensions Required:

I. Sports Facilities Extension ☐ Yes ☐ No
II. Swimming Pool Extension ☐ Yes ☐ No
III. Foods & beverages Extension ☐ Yes ☐ No
IV. Goods Kept in Custody of Insured Extension ☐ Yes ☐ No
V. Others ☐ Yes ☐ No

Premium for this section is **INR :** _____

SECTION 13 : DIRECTORS AND OFFICERS INSURANCE

Kindly provide following information
Limit of Liability Desired:
Date of Establishment of the Organization:

	Agree	Disagree
That the Institution, or anyone for whom this insurance is intended, is not involved in criminal proceedings in the past.	☐	☐
That no claims ever been made against any past or present Director or Officer of the Institution	☐	☐
That there been no allegation of fraud or dishonesty against any past or present directors or officers of the Institution	☐	☐
That the policy holder organization or any of its directors and officers are not aware of any circumstances or incident which may give rise to a claim?	☐	☐

Premium for this section is **INR :** _____

SECTION 14 : GROUP PERSONAL ACCIDENT

Number of persons to be insured

Total Capital Sum Insured ₹

Please provide the list of persons to be insured:

Name of the Insured person	Annual Income (₹)	Place of Employment	Name of the Nominee	Relationship of Nominee with the Insured person	Risk Category I / II / III	Benefit Table	Capital Sum Insured (₹)

Risk Category

I. Doctors, Lawyers, and Persons engaged in clerical & Administrative staff etc.

II. Builder, Contractor, Engineer on site, workers, Mechanics, Driver & Manual laborers etc.

III. Persons working in mines, explosive units, Electrical installations on line, Racing, Circus, Skiing, Mountaineering, Ballooning, Winter Sports & Polo etc.

Benefit Table

A. Accidental Death

B. Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement

C. Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement + Permanent Partial Disablement

Premium for this section is **INR :** _____

SECTION 15 : EMPLOYER'S LIABILITY/ WORKMEN'S COMPENSATION:

Number of persons to be insured

Description of Employees 1	Estimated Number of Employees 2	Cash 3	Living or other allowances if any) 4	Total 5	Insurance required. State Table A or B of prospectus 6	Rate %o PREMIUM (For office use) 7
Workmen drawing monthly wages up to ₹ 4,000/-						
Clerical Staff						
Commercial Travellers						
Employees engaged with woodworking machinery including machinists and machinists labourers						
Others (specify)						
Workmen drawing monthly wages up to ₹ 4,000/-						
Clerical Staff						
Commercial Travellers						
Employees engaged with woodworking machinery including machinists and machinist's labourers						
Others (specify)						

The total amount of wages salaries and other earnings paid by you during the past twelve months was INR

Premium for this section is **INR :** _____

SECTION 16 : CYBER LIABILITY

Professional Services

Please provide in detail the Professional services of the Policyholder

Sr. No.	Name of Subsidiary	Country of Incorporation	Policyholder's shareholding in the subsidiary(%)	Professional Services
1.				
2.				
3.				

Year Established ☐☐☐☐☐☐☐☐☐☐☐☐ Total Number of Employees ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Please provide the following details about the subsidiaries

Please append an additional sheet if required

Have the Company's activities changed in the past 3 years or do you anticipate any major changes in these activities in the forthcoming twelve months ☐ Yes ☐ No

If 'Yes' please provide full details

Please provide the Company's consolidated fee income by geographical segments

	Last Completed Year	Current Year Estimate	Forthcoming Year Estimate
Year End			
India			
Europe			
USA / Canada			
Rest of the World			
Total			

COMPUTER SYSTEMS PROTECTION

i. Does the Company have an information security and privacy policy in place? ☐ Yes ☐ No

ii. If 'Yes', how often is this policy reviewed? ☐ Yes ☐ No

iii. Does the Company provide training for every employee on information security and privacy policy? ☐ Yes ☐ No

iv. Are all security threats and incidents logged and investigated? ☐ Yes ☐ No

v. Is the Company's disaster recovery program formalized and tested? ☐ Yes ☐ No

vi. Is the Company's business continuity plan formalized and tested? ☐ Yes ☐ No

vii. Does the Company have antivirus software on all computer systems which are updated in accordance with the software providers' recommendations? ☐ Yes ☐ No

viii. Does the Company have firewalls and intrusion monitoring detection in force to prevent unauthorized access? ☐ Yes ☐ No

ix. Are all employees assigned specified rights, privileges and unique user ID and passwords, which are changed periodically? ☐ Yes ☐ No

x. Does the Company terminate all associated computer system access and user accounts as part of the regular exit process when an employee leaves the company? ☐ Yes ☐ No

xi. Are connections from laptop, mobile devices, and remote users into the Company's system secured? ☐ Yes ☐ No

xii. Is all valuable and / or sensitive data backed-up by the Company every day?

If 'No', please describe exceptions: _____

xiii. How long are back-up tapes stored before being overwritten _____

xiv. Does the Company have and enforce policies concerning when internal and external communication should be encrypted? ☐ Yes ☐ No

xv. Is personally identifiable information stored on laptop computers and portable media (flash drives, back-up tapes) protected by encryption? ☐ Yes ☐ No

PRIVACY EXPOSURES

i. Does the Company collect, maintain or process personal information of clients as part of its professional services? ☐ Yes ☐ No

If 'Yes', please indicate the type of information which is collected and stored?

☐ Social Security Numbers ☐ Personal Health Data
☐ Credit Card Information ☐ Bank Account Information
☐ Employee Information ☐ Other (Please Describe)

ii. Does the Company have a designated privacy officer who has responsibility for meeting the Company's worldwide obligation under privacy and data protection laws? ☐ Yes ☐ No

If 'No', who is responsible for management of, and compliance with the Company's privacy policies?

iii. Does the Company share personal information gathered from customers with Consultants or third parties? ☐ Yes ☐ No

If 'Yes', is explicit consent of the customers taken before sharing such information?

iv. Does the Company conduct regular reviews of the consultant and third party service providers to ensure that they meet the company's requirement for personal information in their custody? ☐ Yes ☐ No

MEDIA

i. Does the Company have a designated officer who has responsibility for monitoring the content of the website from a legal perspective? ☐ Yes ☐ No

ii. Does the Company have a formal procedure for editing or removing controversial, offensive or infringing material? ☐ Yes ☐ No

If 'Yes', please provide details:

iii. Does the Company offer chat-room or user group discussion facilities through its website? ☐ Yes ☐ No

iv. Does the Company have a review process in place to screen material displayed on its website for copyright/trademark infringement and slander/libel? ☐ Yes ☐ No

v. Does the Company display material created by third parties (e.g. videos, music, and blogs)? ☐ Yes ☐ No

BUSINESS INTERRUPTION

i. How fast is the Company likely to incur a loss of profit as a result of an IT network compromise and a total system downtime?

☐ Immediately ☐ 1 to 12 Hours
☐ 12 to 24 Hours ☐ 24 to 48 hours
☐ Greater than 48 hours

ii. In case of a non-scheduled closure of the Company's IT Networks, Please estimate the daily loss of profit for the Company

Premium for this section is **INR :** _____

Total Premium for the section (before applicable taxes) **INR :** _____

Whether you have any insurance covering any of the above risk with any other insurance company with the same type of coverage? ☐ Yes ☐ No

If so, give the following details (attach separate sheet if required)

Policy number	Insurer	Description of property	Date of commencement of cover (DDMMYY)	Date of expiry of cover (DDMMYY)	Sum insured (₹)
			D D M M Y Y Y Y	D D M M Y Y Y Y	
			D D M M Y Y Y Y	D D M M Y Y Y Y	
			D D M M Y Y Y Y	D D M M Y Y Y Y	
			D D M M Y Y Y Y	D D M M Y Y Y Y	

Has any insurance company,

a) Declined to insure any of the property now proposed? ☐ Yes ☐ No

b) Required an increased premium or imposed special conditions? ☐ Yes ☐ No

c) Requested for repairs or made other special stipulations for risk improvement? ☐ Yes ☐ No

If yes to any of the above, please provide details. ☐ Yes ☐ No

Previous Policies and Claim Details

Please provide details of past insurance with respect to the property proposed to be covered and the claims details thereof:

Sr. No.	Section	Name & Address of Previous Insurer	Policy Numbers	Insurance		Claims History (for the past 3 yrs.			
				From	To	No. of Claims	Premium paid	Claim Amount	Remarks (if any)
1.	Standard Fire and Special Perils - Building								
2.	Consequential Loss (Fire)								
3.	Burglary								
4.	Money								
5.	Fidelity Guarantee								
6.	Plate Glass								
7.	Boiler and Pressure Plant								
8.	Electronic Equipment								
9.	All Risk								
10.	Machinery Breakdown								
11.	Public Liability Insurance under PL Act, 1991								
12.	Public Liability (Industrial Risks/ Non-Industrial)								
13.	Directors & Officers Liability								
14.	Group Personal Accident								
15.	Workmen's Compensation								
16.	Marine Inland/EXIM Transit Open Cover								

Mode of Payment

Cheque No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Dated D D / M M / Y Y Y Y

Drawn on ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

DECLARATION

- 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 authorize the Company and their agents to exchange, share or part with all the information relating to my/ our personal and financial details and information with Credit Bureau and Statutory Bodies as may be required and I/ we will not hold the Company and its agents liable for use of this information.
- I/we authorize the Company and their agents to exchange, share or part with all the information relating to my/ our personal and financial details and information with other Group companies/ Banks/ Financial Institutions/ as may be required for the purpose of claim settlement and I/ we will not hold the Company or their agents liable for use of this information. (Please tick "Yes" or "No" as applicable) ☐ Yes ☐ No
- 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 (if any) shall be the basis of contract between me/us and the Company and I/We agree to accept the Policy subject to the conditions prescribed by the Company under intimation to me/ us.
- I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.
- 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.
- I/We understand that the Company has right to call for documents to establish source of funds
- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately, not later than 30 days.
- In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Date ☐☐☐☐☐☐☐☐

Place : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature of the Proposer

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre 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 cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

_____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Intermediary Name / Principal Officer Name: _____ Code/Functional Identity: _____

Contact No. of the branch: _____ Email ID of the branch: _____ Branch/Office: _____

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.