PROPOSAL FORM FOR STANDARD FIRE AND SPECIAL PERIL INSURANCE (PETROCHEMICALS) POLICY

Proposal Form No. Business Sector: ☐ Urban ☐ Rural ☐ Social

Marketing Officer

Branch Address

Phone No. Group I.D.No. Client I.D.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.

SCOPE OF COVER: The Insurance Policy broadly covers losses due to fire, lightning, explosion and implosion, aircraft damage, riot, strike, malicious damage, storm, cyclone, typhoon, tempest, hurricane, tornado, hailstorm, flood and inundation, impact damage, subsidence and landslide/rockslide, bursting and/or overflowing of water tanks, apparatus and pipes, missile testing operations, leakage from automatic sprinkler installations and bush fire.

SIGNIFICANT EXCLUSIONS: Losses arising out of war and allied perils, theft, willful act or gross negligence, loss of earnings, loss to bullion, documents, currency etc. for an amount exceeding Rs. 10,000, unless expressly stated.

MINIMUM EXCESS:

For Petrochemical Risks(pl refer operating offices for definition):

5% of the claim amount subject to minimum of Rs. 5 lakhs resulting from each and every loss in Material Damage Insurance for all perils. The excess is applicable per event per insured

For other than Petrochemical Risks:

First 5% of each and every claim subject to a minimum of Rs. 10,000/- in respect of each and every loss arising out of AOG perils covered under the policy and First Rs. 10,000/- for each and every loss arising out of other perils in respect of which the Insured indemnified by the policy. The excess shall be applicable per event per insured.

EXTENSIONS:

In addition, certain optional extensions are available, the details of which are available in the relevant section of this proposal form.

NOTE:

The foregoing is only a broad indication of the cover offered. For details, please refer to the Policy.

DETAILS: Put a (✓) mark wherever applicable

CLIENT INFORMATION

1. Proposer's Name (please leave a space after each part of name)

2. Proposer's Mailing Address (please leave a space after each part of name)

City/Town State PIN/ZIP Code

Contact No Fax No.

Email ID

DETAILS: Put a (✓) mark wherever applicable

CLIENT INFORMATION

3. Proposer's trade or business

4. Paid-up capital of the firm (in Rs. million)

5. 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)

6. Locations of risk to be covered (please leave a space after each part of address)

City/Town/Village State

Country Pin / Zip Code

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 ☐

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:

7. Period of Insurance: From D D M M Y Y Y Y To Midnight D D M M Y Y Y Y

8. Is the Risks Situated first floor and above? ☐ Yes ☐ No

9. Distance from Nearest Fire Brigade (Km)

10. 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

11. Would you like to cover plinth and foundation also along with the building? ☐ Yes ☐ No

If no, please exclude value of plinth and foundation from the Sum Insured.

12. 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

GROUP B (PLEASE SPECIFY SUM INSURED AGAINST EACH)

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

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

iii. Spontaneous combustion Yes ☐ Rs. ☐☐☐☐☐☐☐☐☐☐ No ☐

iv. Spoilage material cover Yes ☐ Rs. ☐☐☐☐☐☐☐☐☐☐ No ☐

v. Leakage and contamination cover Yes ☐ Rs. ☐☐☐☐☐☐☐☐☐☐ No ☐

Leakage Cover only Yes ☐ Rs. ☐☐☐☐☐☐☐☐☐☐ No ☐

Leakage and contamination cover Yes ☐ Rs. ☐☐☐☐☐☐☐☐☐☐ No ☐

vi. Loss of rent Yes ☐ Rs. ☐☐☐☐☐☐☐☐☐☐ No ☐

vii. Additional expenses of rent for an alternate accommodation Yes ☐ Rs. ☐☐☐☐☐☐☐☐☐☐ No ☐

viii. Start- up expenses Yes ☐ Rs. ☐☐☐☐☐☐☐☐☐☐ No ☐

ix. Forest Fire Yes ☐ Rs. ☐☐☐☐☐☐☐☐☐☐ No ☐

13. Whether you have insured the same property 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 (DDMMYYYY)	Date of expiry of cover (DDMMYYYY)	Sum insured (Rs.)

14. 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. _____

_____

13. Please furnish the premium / claim details for the past 36 months or for lesser period, as the case may be, excluding the expiring policy period.

Policy No.	Insurer	Policy Period	Description of property	Date of loss	Amount of loss	Sum insured (Rs.)	Premium (Rs.)

DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION

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

i. Residence, offices, shops, hotels etc. ☐ Yes ☐ No

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

1. Celluloid goods, 2. Loose coir, 3. Crackers & fireworks, 4. Explosives of any kind, 5. Hay / Straw, 6. Hemp, 7. Loose jute, 8. Matches, 9. Methylated Spirit, 10. Nitro-Cellulose Plastics, 11. Oils / Ether / Industrial solvents and other inflammable liquids flashing at and below 32ï‚°C (Closed Cup test), 12. Paints with inflammable base having flash point below 32ï‚°C (Closed Cup test) - other than in sealed tins or drums, 13.Varnishes having a flash point below 32ï‚°C (Closed Cup test) - other than in sealed tins or drums, 14. Disinfectant liquids and liquid insecticides - other than in sealed tins or drums, 15. Vegetable fibres of any kind including rayon fibre

ii. Industrial / manufacturing risks ☐ Yes ☐ No

a. If yes, please state whether factory is: ☐ Working ☐ Silent

b. Please also state details of products manufactured / Raw Materials / Intermediates at the proposed location in the following format in a separate sheet along with a detailed block plan showing the various facilities.

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

iii. Storage outside industrial / manufacturing risk ☐ Yes ☐ No

iv. Tanks / gas holders outside industrial / manufacturing risks ☐ Yes ☐ No

v. Utilities located outside industrial / manufacturing risk ☐ Yes ☐ No

15. Is the property being used as warehouse / godown (not located in a manufacturing unit) ☐ Yes ☐ No

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

16. 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

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

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

If yes, please 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.

18. 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

19. Please provide block wise values in the format given below in a separate sheet (include the "Kutcha" buildings also in this list and give individual values against such buildings)

Description of block/ Risk	Age (years)	Height (meters)	Construction material						Fire protection
				RCC	Brick	Steel Strcuture	Wooden	AC Sheeting	
			Wall						
			Floor						
			Roof						
			Columns & Beams						
			Wall						
			Floor						
			Roof						
			Columns & Beams						
			Wall						
			Floor						
			Roof						
			Columns & Beams						
			Wall						
			Floor						
			Roof						
			Columns & Beams						

Amount in Rs. ☐☐☐☐☐☐☐☐☐☐

Description of block / Risk	Building including plinth (specify if "Kutcha")	Machinery and accessories	Furniture and fixtures, office and other equipment	Stocks and stocks in process[1]	Other property to be insured specifically (Compound Wall, etc.)	Total

Is lightning Protection Provided for the buildings? ☐ Yes ☐ No

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

A. Floater Basis:

Stocks at various locations (Process blocks, warehouses / godowns and /or in open etc.) can be covered on floater basis under single sum insured.

Locations (Postal Address with Pin code)	Total sum insured amount Rs.
Within industrial / manufacturing complex (please attach a separate sheet and specify products manufactured)	
Outside Godowns & open (please attach a separate list)	

B.Declaration Basis

Stocks whose values fluctuate can be covered on monthly declaration basis. Please specify sum insured against each location separately along with method of declaration

Locations (Postal Address with Pin code)	Amount Rs.
Within industrial / manufacturing complex (please attach a separate sheet and specify products manufactured)	
Outside Godowns & open (please attach a separate list)	

Note:

1. Minimum Sum Insured per policy should be Rs.10.0 million, and policy not to be issued on short period basis
2. Stocks in process & stocks stored at Railway sidings cannot be covered

C. Floater Declaration Basis:

Stocks, which fluctuate in value as well as stored at various locations under single sum insured, can be covered on (monthly) floater declaration basis.
Please specify sum insured against each location separately

Locations (Postal Address with Pin code)	Amount Rs.
Within industrial / manufacturing complex (please attach a separate sheet and specify products manufactured)	
Outside Godowns & open (please attach a separate list)	

Note:

1. Minimum Sum Insured should be Rs. 20.0 million
2. Stocks in process & stocks stored at railway sidings cannot be covered

[1]Please indicate those stocks, which are covered on normal basis and do not fall under serial no. 19, A, B, C, D and E below

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

Please provide details of stocks stored in the open in a separate list

Locations (Postal Address with Pin code)	Amount Rs.

E. Building wise values	**Amount**
Stocks-Floater basis	
Stocks-Declaration Basis	
Stocks Floater-Declaration Basis	
Stocks in open - outside factory compound	

21. Total Sum Insured (Aggregate of figures arrived at in Question No. 12 and 13)

Total Sum Insured (Rs.) ☐☐☐☐☐☐☐☐☐☐

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

23. Would you like to avail of a discount for Voluntary deductible? ☐ Yes ☐ No

If Yes, please indicate the amount in the table below.

Deductible Amount		**Please indicate whenever applicable**
AOG Perils (5*% of claim amount subject to minimum of Rs.)	Other perils (of Rs)	
☐ 50,000	☐ 25,000	
☐ 100,000	☐ 50,000	
☐ 200,000	☐ 100,000	
☐ 400,000	☐ 200,000	

AOG Perils (5*% of claim amount subject to minimum of Rs.)	Other perils (of Rs)	
☐ 1,000,000	☐ 500,000	
☐ 2,000,000	☐ 1,000,000	
☐ 3,000,000	☐ 1,500,000	
☐ 6,000,000	☐ 3,000,000	
☐ 10,000,000	☐ 5,000,000	
☐ 50,000,000	☐ 10,000,000	
☐ 100,000,000	☐ 50,000,000	
☐ 200,000,000	☐ 100,000,000	
☐ > 200,000,000	☐ > 100,000,000	

23. Any other information _____

_____

_____

Note: Please use additional sheet, if space is not sufficient to complete details.

BANK DETAILS

Refund of Premium (Policyholder/Proposer)

Account Holder Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account No. ☐☐☐☐☐☐☐☐☐☐☐☐ IFSC Code ☐☐☐☐☐☐☐☐☐☐☐☐☐

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 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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DECLARATION BY PROPOSER

- I/We, the undersigned hereby declare that the above statements and particulars are true and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.
- If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the Insurers immediately.
- 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.

Place: _____ Name: _____

Date D D M M Y Y Y Y Designation: _____

Proposer's Signature

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.