

PROPOSAL FORM FOR ICICI BHARAT LAGHU UDYAM SURAKSHA

IMPORTANT

1. This proposal is for covering an enterprise whose total value of insurable assets at a location exceeds ₹ 5 Crore but does not exceed ₹ 50 Crore, against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

Policy Issuing Office Address & Code

Intermediary/Agent Name & Code (if any)

A. DETAILS ABOUT PROPOSER AND POLICY PERIOD

Name of Proposer

Address of Proposer

Telephone No. (Landline) 4. Mobile No.

Email

Contact person details, if not an individual

Name

Designation

Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions

Period of Insurance From To

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

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.

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
Mailing Address:
601 / 602, 6th Floor, Interface Building No. 12,
New Link Road, Malad (West),
Mumbai - 400 064.

UIN: IRDAN115RP0007V01202021 (Retail)
CIN: L67200MH2000PLC129408
Registered Office Address:
ICICI Lombard House, 414, P. Balu Marg, Off Veer
Savarkar Road, Near Siddhi Vinayak Temple,
Prabhadevi, Mumbai - 400 025.

PROPOSAL FORM FOR ICICI BHARAT LAGHU
UDYAM SURAKSHA
Alternate no : 86552 22666 (Chargeable)
Website : www.icicilombard.com
E-mail : customersupport@icicilombard.com

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

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 SI: ₹	
h. Others (please specify)	
If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.	
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)	
If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
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.
Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force:	☐ Yes ☐ No
Construction details	
a. Please state material used	Please tick the correct answer in the box
Walls	☐ Kutcha ☐ Pucca
Floor	☐ Kutcha ☐ Pucca
Roof	☐ Kutcha ☐ Pucca

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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 of the Building

☐ Less than 5 years

☐ 5-10 years

☐ 10-20 years

☐ Above 20 years

Distance between the risk to be covered and nearest Fire Brigade

Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)

Whether Insurance was declined by any other Company (Give details)

Premium / Claim details for the past 36 months excluding the expiring policy period

Year

Premium

Claims

₹

₹

₹

₹

Total

₹

₹

D.SUM INSURED AND OTHER DETAILS OF INSURED PROPERTY (INDICATE SUM INSURED ON THE FOLLOWING BASIS)

- For Building, Plant and Machinery, Furniture, 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)

Description of Block	Building including 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
								₹
								₹

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E. STANDARD ADD ON

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

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		

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

Stocks which fluctuate in value to be covered on (monthly) declaration basis:

Amount (₹):

F. PREMIUM DETAILS

MODE OF PAYMENT	
Payment Details	
Amount	

BANK DETAILS

Refund of Premium (Policyholder/Proposer)

Account Holder Name

Bank Name

Account No. IFSC Code

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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 DDMMYYYY

Relationship with Proposer _____

Address of Witness _____

G. DECLARATION BY INSURED

- I / We hereby declare that the value insurable assets is more than ₹ 5 Crore but less than ₹ 50 Crore and the statements made by me / Us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / Us and the ICICI Lombard General Insurance Company Limited.
- 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: _____

Date DDMMYYYY

Signature of the Proposer

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.

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