PROPOSAL FORM FOR JEWELLER'S PACKAGE INSURANCE POLICY

For Official Use Only

Agent/ Broker Name

Marketing Officer

Agent Code Area Office Code

GUIDELINES FOR COMPLETION OF THE FORM

Please answer all questions 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.

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 having been withheld by the proposer / Insured or any one acting on his behalf.

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 realized.

CLIENT INFORMATION

Proposer's Name

Proposer's Mailing Address

Proposer's trade or business

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: _____

_____

_____

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.*

Hypothecation Details if any _____

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

How many employees do you have ☐☐☐

How many employees do you have:	
What is the minimum number of employees including principals in the sales section of your premises at any time during business hours, including lunchtime?	
State address of all premises to which the Policy is to apply (if more than one, please attach a separate sheet) and the floor (s) on which your premises are situated in each location	
How long have you carried on business	
Safes	
Give the maker's name of safe, date when purchased (state whether new or second hand) and give details of any descriptive markings on the door.	
Approximate size and weight	
Whether illuminated and visible from the street at night	
Burglar Alarms	
Is there a burglar alarm?	
If so, give maker's name and full details of specifications	
Are hold up/panic buttons incorporated in the system?	
Is the system maintained under contract?	
Are the alarm keys removed from the premises outside business hours?	
Strong rooms	
If so, give full details	
Are the strong room keys removed from the premises outside business hours?	
Other safety features	
Is an inside grill fitted to windows or is any other protection installed against loss by window smashing? If so, what protection	
Are your display windows, protected by rolling shutter outside business hours	
How are the doors secured outside business hours?	
Watch and ward	
Will there be a watchman in the premises If yes a. whether he/they is/are your employee/s?	

b. whether employed exclusively for 24 hours of the day? Or c. employed as a common watchman for the floor of the building in which the premises is situated Or d. night watchman exclusively for the premises.	
Protection of the premises	
Are the premises occupied in the night a. by Insured b. by employee or caretaker?	
Are there any openings leading to cellar or basement from outside the premises? If yes, give details	
Give details of the following and how they are protected a. each outer door b. each inner door c. all windows other than display windows d. all skylights or fanlights or roof openings	
Stock Values	
What was the average daily total value of your i. Stock during the past 12 months ? ii. Cash and currency notes during the past 12 months, Will the whole of your stock when on your premises be kept in safe at night and at all times when the premises are closed ? If not, state value and class or stock which will be left to outside safes. **Please note that the stock kept out of the safe after business hours at night is outside the purview of this insurance**	
Window display	
State the approximate maximum value of any one article of jewellery or gem stock which will be displayed in the window (A pad or tray containing a number of rings or other articles to be counted as one article) (Give separate answer for each location). Please note that window display at night not covered.	

Stock records	
a. When was your last annual stocktaking? b. Do you keep proper records of all sales purchases and transactions? c. If so, give statement covering the past five years	
Losses	
a. Have you ever sustained a loss or losses? b. If so, give statement covering past five years with particulars c. Were you insured and if so, give the name of the Insurance Company and whether they paid the claim in full or a part thereof? (Please state how much)	
Basis of valuation	

Please give the amount to be insured in respect of the following.	
Particulars	**Limit of Indemnity**
Section I: Property in premises	**Sum Insured / Limit of indemnity**
Is the sum insured required in floater basis to cover stocks at more than one location If yes please provide Sum Insured in below columns on aggregate basis to cover stocks at all locations and details of all locations.	☐ Yes ☐ No
i. Property o on Premises (Including Display Window and Locked safe)	
ii. Property kept Outside Locked Safe/Strong Room anywhere in the Insured Premises after business hours	
iii. Property in Bank Lockers / Private locker	
iv. Property at residence	
Section II: Property in custody of the Insured and specified persons	**Limit for Any one loss**
i. Property Insured w hilst in the custody of Insured , Director(s), Employees(s), Partners(s), Duly constituted Attorney(s) and Consultant(s) and such other authorize d representatives of the Insured.	
ii. Property insured whilst in the custody of brokers or agents or cutters or goldsmiths, minakar, Polisher, certifying agencies or any other person/ agencies who are not in regular employment of the insured, but to whom such property is entrusted subject to appropriate written evidence of consent of Insured being available relating to such entrustment.	
Note: If the value of Property at any place were in excess of Rs. 5 Lacs, the same should be stored overnight or during non-business hours in a burglar proof	

a. Are you maintaining pre numbered Jangad Slips in respect of the property taken out of your premises?	☐ Yes ☐ No
b. Is the record keeping manual or computerized?	☐ Yes ☐ No
c. Would the property and property in trade be entrusted to only your partners and employees? If No ,please specify the category of persons to whom it would be entrusted (category of persons shall mean partner(S), employees, Cutter(s), Broker(s), Agent(s), Gold smith(s), Job worker(s), Contractor(s), Sub-Contractor(s))	☐ Yes ☐ No
d. Are the persons such as the Cutter(s), Broker(s), Agent(s), Gold smith(s), Job worker(s), Contractor(s), Sub-Contractor(s) in business for more than 3 years?	☐ Yes ☐ No
e. If Yes please state no. of years they have been in Business. Has there been any past losses known to you sustained by them whilst gold and other ornaments belonging to their customers was in their care and custody. Under this Section has there been any loss reported / sustained by you during the last three years.	☐ Yes ☐ No
Section III: Property in transit	**Limit for Any one loss**
i. Registered Insured Post parcel ii. Air Freight iii. Professional Courier & Logistics Company/ Angadias/ Carrying and forwarding agencies	
a. Are you willing to declare 100% of the value of the consignment to the Post Parcel / air freight / angadia / Couriers / logistic company?	
b. If No, please declare the percentage you are willing to declare to the Post Parcel / air carrier / angadia / Couriers / logistic company.	☐ Yes ☐ No
c. Are the transits by Air/Road through Professional and well reputed Facility Management Companies? If yes, please provide name(s) of the company(ies):	☐ Yes ☐ No
d. Under this Section has there been any loss reported during the last three years. If yes please give details:	☐ Yes ☐ No
Section IV: Structure & Content	**Sum Insured**
a. Structure / Building – Standard Fire and Special Perils Cover	
Building Construction:	
i. Whether the Building is of Class A Construction. (Class A Construction means where the Building has Roof made up of RCC and Walls are build up of Brick with RCC frame.)	☐ Yes ☐ No
ii. Is there any Fire Fighting Equipments Installed In the Premises Proposed for Insurance? If Yes, please provide the details:	☐ Yes ☐ No
Building Occupancy:	
i. Is the building solely occupied by the proposer? If 'No' give brief details of other occupancies:	☐ Yes ☐ No
Do you own the premises proposed for insurance?	
b. Cover for Furniture, Fixture, Fittings and Contents- Standard Fire and Special Perils Cover including Burglary, Theft and Robbery cover	
i. Furniture Fixture and Fittings (Sum Insured on Reinstatement Value Basis)	
ii. Contents (Sum Insured Value Basis) Excluding "Electronic Equipments" Equipments" covered under Section X. In case only Fire Cover is required for them, please mention the Sum Insured (Please give a description of items in the form of Annexure)	
iii. Please inform whether the Property is hypothecated to any financial institutions	
iv. Please provide Past Claims Experience, if any with regards to this Cover	
v. Do you wish to opt for Terrorism Cover	☐ Yes ☐ No
Note:	

Contents shall include furniture, fixtures, fittings including electrical installations, safes of insured premises, office machinery and electrical and mechanical appliances, tools and instruments for business, interior decorations, improvements, landlords fixtures and fittings, shop fronts and any other similar belonging to the you or for which the you are responsible, at your premises related to the mentioned trade.

Content shall exclude Valuables and property and property in trade comprising of Jewellery, Gold or Silver Ornaments, Plates made of gold, silver or studded with precious stones, Pearls and Diamonds and Precious Stones, precious metals/articles of any sort or kind whatsoever, cash and currency notes and / or other merchandise and materials usual to the conduct of the Insured's business, belonging to and /or held in trust or on commission for which the Insured is responsible, curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument.

Section V: Fidelity	**Limit of indemnity**
i. Fidelity Permanent Employees	
Please confirm if Fidelity Guarantee Cover is required on: ☐ Named Basis ☐ Unnamed Basis	
a. If on Named Basis, please provide the following information in respect of all the employees in respect of whom insurance cover is sought:	

Employee Name Designation Monthly	Designation	Monthly Salary	Salary Amount of Cash / Stock held by the Employee	Amount of Guarantee

Please confirm if Cover is required on Floater Basis:	☐ Yes ☐ No
If required on floater basis, please provide the following information:	
Total Number of Employees (Please specify details of contractual employees, if any separately)	Amount of Guarantee
Please Specify a. Per Accident Limit: b. Per Person Limit:	
b. If cover is required on floater Unnamed Basis ,please provide the following information in respect of all the employees in respect of whom insurance cover is sought:	
Total Number of Employees (Please specify details of contractual employees, if any separately)	Amount of Guarantee
Please Specify a. Per Accident Limit: b. Per Person Limit:	

c. How often are the employees required to account for money?	
d. Are books of accounts balanced every	☐ Yes ☐ No
e. What independent system including Audits is there to check that all sums received by employees are accounted for and how often are Audits done.	
f. Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last three years?	

g. Is there a system to obtain references from previous Employers? If not, specify practice h. Has there been any occasion to question honesty or conduct of any person proposed for guarantee?	☐ Yes ☐ No
i. Do you wish to cover Third party agencies other than Permanent Employees and Contractual Employees	☐ Yes ☐ No
j. If yes, i. Please specify the Name of the Individual / Firm / Company / Organization whose employees shall constitute the specified persons: ii. Please specify in what functional capacity (example as Broker, Cutter, Goldsmith Etc.) the Individual / Firm / Company / Organization have been associated with your business & also how long have they been associated with your business? iii. Please specify the occupation and designation of the Third party agencies of the Firm / Company/Organization for whom the fidelity guarantee cover is required to be taken:	
k. Have there been any instances in the past where there has been any incident of Fraud or dishonesty committed by Third party agencies / their employees which is in your knowledge? If yes, please give details	☐ Yes ☐ No
l. Have you obtained references regarding the Third party agencies proposed to be covered from your business associates other partners, and other persons of repute in the trade.	☐ Yes ☐ No
m. Whether the Amount of Guarantee shall be on named and Individual Basis or Named and Floater Basis or Unnamed and Floater Basis? If on Named and Individual Basis, please provide names of the Third partyagencies with the amount of guarantee required against each person: If on Named and Floater Basis , please provide names of the Third party agencies and the amount of guarantee required on floater basis and the per person limit: If on unnamed and floater basis, please provide: No. of Third party agencies: Amount of Guarantee (AOY) Any one accident limit Any one person limit	
Section VI: Exhibition / Photoshoots / Fashion Shows	
a. Estimated Aggregate Sum Insured During Policy Period	
b. Estimated number of exhibitions you would be participating during the Policy period?	
c. Maximum Value Per Exhibition:	
d. Do you also wish to participate in exhibitions held outside India? If yes , Maximum Value Per Exhibition:	☐ Yes ☐ No
e. Expected duration of the longest Exhibition including transit and storage	
f. Is transit cover also required?	☐ Yes ☐ No
g. Is the transit by Professional Security & Logistic Company or your own vehicle?	
h. Do you also wish to participate in exhibitions held in India? If yes, Maximum Value Per Exhibition	☐ Yes ☐ No
i. Do you require cover for loss or damage caused by acts of terrorism during storage at exhibition site?	☐ Yes ☐ No
Note: Stock in Exhibitions should be kept in locked safe/vault or approved security room	

Section VII: Money	
Money in Transit	
a. Please specify the locations between which the transit of money to be covered. i. What is the mode of transit?	
b. Any one Transit Limit: Estimated Annual transit:	
c. Is there a daily written record of the money in transit and is it updated every day?	☐ Yes ☐ No
d. Money in transit whilst in Custody of authorized employees / Insured to / from Bank	☐ Yes ☐ No
e. Do you require extension of cover for loss of money caused by Riot, Strike, Malicious Damage?	☐ Yes ☐ No
f. Past Claims Experience, If any	
Money in Counter / till	
Money in Safe	
Section VIII: Public Liability	**Limit of Indemnity**
1. Has there or have there been any instances of third party Bodily Injury and / or Property Damage in the past? If yes, please give details:	☐ Yes ☐ No
Section IX: Employee's Compensation	**Sum Insured**
Please provide the following information in respect of Employee Compensation Cover, if Opted	

NATURE OF WORK	NUMBER OF EMPLOYEES	MONTHLY SALARY (RS.)

a. Are there any safety measures to prevent accidents? If yes, please provide the details:	☐ Yes ☐ No
b. Any past history or accident in the premises in last 3 years. If yes, please provide the details:	☐ Yes ☐ No
Section X: All Risk	**Sum Insured**
a. Electronic Equipments (Portable and Non portable Equipments)	

Please provide the following information in respect of all the Electronic Equipments that you wish to insure:

Description of the Equipment	Sr. No., Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC	Sum Insured (Rs.) (New Replacement value including freight ,dues and custom duties, if any and erection cost)

i. Please provide details of breakdown and Repair cost incurred during the last 3 years for the above equipments (Please attach separate sheet if required)	
ii. Do you require cover for External Data Media? If so, provide details:	☐ Yes ☐ No
iii. Reinstatement value of Data Media	
b. Portable Equipments	

Description of the Equipment	Sr. No., Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC	Sum Insured (Rs.)

Please provide loss details in respect of Portable Equipment's incurred during the last 3 Years:

1.

2.

3.

Section XI: Fixed glass (Glass Breakage)	**Sum Insured**
Accidental Damage to contents Please provide the following information in respect of all the Plate Glass that you wish to insure:	

Sr No.	Dimensions (In Cms)	Whether embossed / Silvered / lettered / ornamental / curved / plain / glazed	Frame work made from Wood / Metal / Any Other / If Others, Please specify	Sum Insured (Rs)

a. Is there any Plate Glass in the Insured Premises that is not included in the above Sum Insured? If yes, please state reason:	☐ Yes ☐ No
b. Is there at present any broken or damaged Plate Glass in the insured Premises? If Yes, please describe the position and size:	☐ Yes ☐ No
c. Past Claims Experience , If any	☐ Yes ☐ No
d. Do you wish to opt for the Terrorism Cover	☐ Yes ☐ No

Extensions

Extension 1 Medical expenses re-imbursement for accidental Do you wish to opt for Terrorism Cover injury arising during the act of piercing	☐ Yes ☐ No
a. Please indicate approximate number of customers Visiting your premises for the purpose of Ear and nose Piercing on daily basis.	
b. Any One Accident Limit (AOA): Any One Year Limit(AOY): (Max AOA : AOY Limit = 25000 : 100000)	
Extension 2 Do you wish to opt for Terrorism Cover	☐ Yes ☐ No
Extension 3 Purchase Protection Cover	☐ Yes ☐ No
a. Maximum Item Value	
b. Past Claims Experience , If any	
Extension 4 Personal Jewellery Extension	☐ Yes ☐ No
a. Maximum Item Value	
b. Past Claims Experience , If any	
Extension 5: Boiling and / or Casting / Laser Machine Operations:	☐ Yes ☐ No
a. Do you want to cover Boiling Activity in your premises? If Yes, please specify the Sum Insured	☐ Yes ☐ No
b. Do you want to cover Boiling, Casting and or Laser Machine Activity in your premises? If Yes, please specify the Sum Insured:	☐ Yes ☐ No
c. Please provide address of the premises where the Boiling , Casting and or Laser Machine Operations take place:	
d. How Old are the Equipments/Machines in which Boiling, Casting and or Laser Machine Operations is carried out.	
e. Are the Employees well trained for carrying out Boiling, Casting and or Laser Machine Operations	
f. Please mention the security and fire safety arrangements provided for premises where the Boiling, Casting and or Laser Machine Operations take place.	
g. Has there been any claim in the past on account of Boiling, Casting and or Laser Machine Operations? If so, please provide details	

Extension 6: Breakdown Cover:	☐ Yes ☐ No
(Please provide the following information in respect of all the Portable Equipment's that you wish to insure)	

Description of the Equipment	Sr. No., Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC	Sum Insured (Rs.)

Note:
a. Sum Insured of the machine should be declared as a whole and should not be apportioned towards part of machine
b. Each machinery should be entered separately with necessary specifications
c. The sum insured must be calculated on the present day new replacement value of the machinery to be insured including provision for packing, freight and also value of erection costs, customs duty, etc., to afford full protection under this policy.
d. If any of the machinery is a "stand by",this fact should be mentioned

Extension 6: CONSEQUENTIAL LOSS (FIRE) INSURANCE	☐ Yes ☐ No
a. Address of Locations to be covered (same as that under Section I):	
b. How long have you carried on business in these premises or elsewhere?	☐ Years ☐ Months
c. Indemnity Period required : Please specify number of months following the damage	☐ Years ☐ Months
d. Sum Insured	
1. Gross profit (Net profit and standing charges)	
2. Please specify the standing charges to be covered, in detail:	

Serial No.	Description of Standing Charges	Amount (Rs)

(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.)

Extension 8 : Personal Accident

Name of the Insured Person	Annual Income (Rs.)	Place of Employment	Name of Nominee	Relationship of Nominee with the Insured Person	Benefit table	Sum Insured

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

BANK DETAILS

Refund of Premium (Policyholder/Proposer)

Account Holder Name ☐☐☐

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

I/ We hereby declare that the statements, answers and particulars made by me / us in this proposal form are true to the best of my / our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.
I/We agree and undertake to convey to ICICI Lombard General Insurance any additions/ alterations carried out in the risk proposed for insurance after submission of this proposal form.
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: D D M M Y Y Y Y

Signature of Insured

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.