PROPOSAL FORM FOR CORPORATE COVER II POLICY

Proposal Form No: _ _ _

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: _____

_____

_____

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

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.*

PREMISES DETAILS

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

Type of construction : ☐ Framed ☐ Load Bearing ☐ Kutcha

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

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

Ownership of Property ☐ Self owned ☐ Rented/ Company provided ☐ Others _____

Distance from the oceanfront: _____

If not self owned, property in the name of

Occupied by ☐ Proposer ☐ Tenant ☐ Vacant _____

Name and address of Financier (If a Bank or Financial Institution)

(Please note that the Agreed Bank Clause Endorsement is applicable for financed dwellings)

INSURANCE DETAILS

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

Insurance cover opted for: _____ as specified in the Annexure attached hereto.

Details of the Items included, which are valued at more than INR 10,000/-

Name of the immediate nominee[1]

Address

City Pin STD Code

Tel. Fax Mobile No.

Email

Relationship with the proposer

[1]Note: For the purpose of Personal Accident coverage of the Policy and in the unfortunate event of death, a nominee should be named. The claim amount, if payable, would be paid to such nominee.

PREVIOUS INSURANCE DETAILS

Name & Address of Previous Insurer	Policy Number(s)	Insurance From	Insurance To	Claims History (for the past 3 yrs.)		
				Year	No. of Claims	Amount

MODE OF PAYMENT

1. Cheque No.

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

2. DD No.

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

ENDORSMENTS / EXCLUSIONS

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

Earthquake Cover: Yes No Escalation Clause: Yes No

If Yes, what percentage Terrorism Damage Cover: Yes No

ANY ADDITIONAL INFORMATION RELEVANT TO THE POLICY APPLIED FOR

ICICI BANK RELATIONSHIP DETAILS

I have an existing relationship with ICICI: Yes No

Bank Loans Bonds Credit Card Insurance

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

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 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 from/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal, declarations and Annexure hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the company.

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

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

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

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

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

Proposer's Signature/Seal/Stamp

STATUTORY WARNING

PROHIBITION OF REBATES

(Under Section 41 of Insurance Act 1938)

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to (take out or renew or continue) an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing [or continuing] a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

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

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Referred by Agent Code

Agent Name

Sector ☐ Urban ☐ Rural ☐ Social

RECEIPT

Proposal Form No. Date D D M M Y Y Y Y

Corporate Cover II

Received with thanks from Mr./Ms.

The sum of Rs. only vide Cheque/DD no.

Date D D M M Y Y Y Y drawn on D D M M Y Y Y Y

Agent's Name

Agent's Signature

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

Insurance is the Subject matter of the Solicitation

Annexure to Proposal Form No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

This Annexure in the form and manner as may be amended by the Company from time to time, shall constitute an integral and inseparable part of, and shall always be read together with the Proposal Form.

Please select the covers you need and write the amount to be covered in the Sum Insured column.

COVERAGE OFFFERED UNDER CORPORATE COVER II

ICICI BHARAT SOOKSHMA UDYAM SURAKSHA DETAILS

Important

1. This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed ₹ 5 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.

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

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

A. 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					

B. Details about business covered at the insured location

1.	Business of Proposer							
2.	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

3.	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)	
4.	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.	
5.	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)	

6.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
7.	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. _____
8.	Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force:	☐ Yes ☐ No
9.	Construction details	
	a. Please state material used	Please tick the correct answer in the box
	Walls	☐ Kutcha ☐ Pucca
	Floor	☐ Kutcha ☐ Pucca
	Roof	☐ Kutcha ☐ Pucca
	Note: Kutcha: Building(s) having walls and / or roofs of wooden planks / thatched leaves and / or grass / hay of any kind / bamboo / plastic cloth / asphalt / canvas / tarpaulin and the like are treated as Kutcha Construction. Pucca: Buildings other than Kutcha are treated as Pucca constructions	
	b. Number of Floors	
	c. Age O1 the Building	☐ Less than 5 years ☐ 5-10 years ☐ 10-20 years ☐ Above 20 years
10.	Distance between the risk to be covered and nearest Fire Brigade	
11.	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)	
12.	Whether Insurance was declined by any other Company (Give details)	

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

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

22.	Description of Block	Building 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

E. Details for in-built cover for Floater

	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	

No.	Coverage	Sum Insured	Deductible Excess
i.	Burglary		
ii.	Cash in safe[2]		
iii.	Cash in Transit		
iv.	Glass Breakage		
v.	Professional Indemnity		
vi.	Cheque Forgery		
vii.	Employer's Liability		
viii.	Mediclaim		
ix.	Personal Accident		
x.	Public Liability		
xi.	Fidelity		
xii.	All Risk-Functional Equipment		
	Computers and Peripherals		
	Office Automation equipment		
xiii.	All Risk-Non-Functional Items		
	LapTop Computers		
	Mobile Phones		
xiv.	Consequential Loss (Fire)		
xv.	Tenants Legal Liability		

Name

Proposer's Signature

[2]Cash Includes Currency Notes and Coins

QUOTE - CORPORATE COVER II

Quotation No. _ _ _ _ _ _ _ _ _ _

This quotation is based on the information provided in the Proposal Form dated D D M M Y Y Y Y

1. Name of the proposer

2. Proposer's Mailing Address

3. Address of the property to be insured

4. Scope of Cover

No.	Coverage	Sum Insured	Deductible Excess
i.	Burglary		
ii.	Cash in safe[2]		
iii.	Cash in Transit		
iv.	Glass Breakage		
v.	Professional Indemnity		
vi.	Cheque Forgery		
vii.	Employer's Liability		
viii.	Mediclaim		
ix.	Personal Accident		
x.	Public Liability		
xi.	Fidelity		
xii.	All Risk-Functional Equipment		
	Computers and Peripherals		
	Office Automation equipment		
xiii.	All Risk-Non-Functional Items		
	LapTop Computers		
	Mobile Phones		
xiv.	Consequential Loss (Fire)		
xv.	Tenants Legal Liability		

Main Coverage: **Corporate Cover II**

Extensions _____

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

6. Total Sum Insured (Rs.) _____

7. Details of property to be insured: _____

8. Premium

Basic premium	(Rs.)
Extension premium	(Rs.)
Total premium	(Rs.)
Less: Discount in lieu of Agency Commission	(Rs.)
Net Premium	(Rs.)
Add: Service Tax @5%	(Rs.)
Total Amount	(Rs.)

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited, at _____
on this date D D M M Y Y Y Y

Authorized Signatory

COVER NOTE - CORPORATE COVER II

Premium of Rs. _ _ _ _ _ _ _ as per quotation number dated D D M M Y Y Y Y having been received, the property described hereinbelow are herby held covered as per the terms, conditions, exclusions of the Corporate Cover II Policy unless the cover be terminated by the Company by way of notice in writing in which case the insurance will cease and a proportionate part of the premium shall be charged for the period the Company had undertaken risk

1. Name of the proposer _____

2. Mailing address of the proposer _____

_____

3. Address of the property to be insured _____

_____

4. Scope of Cover _____

Main Coverage: **Corporate Cover II**

Extensions _____

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

Total Sum Insured (Rs.) _____

2. Details of property to be insured: _____

No.	Coverage	Sum Insured	Deductible Excess
i.	Burglary		
ii.	Cash in safe[2]		
iii.	Cash in Transit		
iv.	Glass Breakage		
v.	Professional Indemnity		
vi.	Cheque Forgery		
vii.	Employer's Liability		
viii.	Mediclaim		
ix.	Personal Accident		
x.	Public Liability		
xi.	Fidelity		
xii.	All Risk-Functional Equipment		
	Computers and Peripherals		
	Office Automation equipment		
xiii.	All Risk-Non-Functional Items		
	LapTop Computers		
	Mobile Phones		
xiv.	Consequential Loss (Fire)		
xv.	Tenants Legal Liability		

3. Premium

Basic premium	(Rs.) _ _ _ _ _ _ _ _ _ _
Extension premium	(Rs.) _ _ _ _ _ _ _ _ _ _
Total premium	(Rs.) _ _ _ _ _ _ _ _ _ _
Less: Discount in lieu of Agency Commission	(Rs.) _ _ _ _ _ _ _ _ _ _
Net Premium	(Rs.) _ _ _ _ _ _ _ _ _ _
Add: Service Tax @5%	(Rs.) _ _ _ _ _ _ _ _ _ _
Total Amount	(Rs.) _ _ _ _ _ _ _ _ _ _

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited, at _____
on this date D D M M Y Y Y Y

Authorized Signatory

This Cover Note will be replaced by the Corporate Cover II Policy.
The Cover Note/Policy shall stand cancelled/ be void ab initio in the event of the non-realization of the premium cheque.