PROPOSAL FORM FOR ENTERPRISE SECURE PACKAGE INSURANCE POLICY

GUIDELINES FOR COMPLETION OF THE FORM

Please provide all required information 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, declaration and connected documents or any material information having been upheld by the Proposer or anyone acting on his behalf.

Please use additional sheets wherever space is not sufficient to fill up the details.

Kindly contact the Company's Offices or the Insurance Advisor/Agent 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: Please refer to the Marketing Brochure.

SIGNIFICANT EXCLUSIONS: Please refer to the Marketing Brochure.

EXCESS APPLICABLE: As per the attached sheet

EXTENSIONS: In addition to the extensions mentioned in the form, certain other optional extensions are available. Kindly contact your Insurance Advisor or Representative of the Company if you require any such extension that is not mentioned herein.

CLIENT INFORMATION

Proposer's Name

Proposer's Mailing Address

City/Town State Pin Code

Contact No Fax No.

Email ID

Proposer's trade or business

Particulars of Work

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.*

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 _____ Annual Income: (In Rupess):

Do you file income tax return? ☐ Yes ☐ No Do you own a bank account? ☐ Yes ☐ No

Country ☐☐☐☐☐☐☐☐☐☐ PAN No. ☐☐☐☐☐☐☐☐☐☐

Paid-up capital of the firm (in '(million) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Business Sector ☐ Urban ☐ Rural

*Registered GST: ☐ Yes ☐ No (One Policy One Invoice)

If Yes, then please provide GSTIN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address (Registered under GST) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

INSURANCE DETAILS

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

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 I - ICICI Bharat Sookshma Udyam Suraksha
- ☐ Section II - Consequential loss (Fire)
- ☐ Section III - Boiler and pressure plant
- ☐ Section IV- Electronic Equipment
- ☐ Section V - Machinery Breakdown
- ☐ Section VI - All Risk
- ☐ Section VII - Burglary
- ☐ Section VIII - Fidelity Guarantee
- ☐ Section IX - Group Personal Accident
- ☐ Section X - Critical Illness
- ☐ Section XI - Money
- ☐ Section XII - Public Liability
- ☐ Section XIII - Employer's Liability (Workmen's Compensation)
- ☐ Section XIV - Marine
- ☐ Section XV – Group Health
- ☐ Section XVI - Plate Glass
- ☐ Section XVII - Directors and Officers Liability
- ☐ Section XVIII - Public Liability Insurance (Under PL Act, 1991)

Please fill in the details of the relevant sections opted.

Section I - ICICI Bharat Sookshma Udyam Suraksha

Important:

1. This proposal is for covering an enterprise whose total value of insurable assets at alocation does not exceed ₹ 5 Crore, against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up thisproposal 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 andpremium is paid.

Policy Issuing Office Address & Code

Intermediary/Agent Name & Code (if any)

A. Details about Proposer and Policy Period:

1. Name of Proposer
2. Address of Proposer
3. Telephone No. (Landline) 4. Mobile No.
5. Email
6. Contact person details, if not an individual

a. Name

b. Designation

7. Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions
8. Period of Insurance From D D M M Y Y Y Y To D D M M Y Y Y Y

B. Business and Location of Business

9.	Business of Proposer						
10.	Location of risk/business to be covered - full postal address with Pin Code	Sl No.	Address	Pincod	Occupancy	Age	Floor
		1.					
		2.					
		3.					
		4.					
		*Floor: Ground Floor (GF) / Mezzanine Floor (MF)/ Higher Floor					

C. Details about business covered at the insured location

11.	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)	_____
12.	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.	
13.	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)	
14.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
15.	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. _____
16.	Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force :	
17.	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 of the Building	☐ Less than 5 years ☐ 5-10 years ☐ 10-20 years ☐ Above 20 years
18.	Distance between the risk to be covered and nearest Fire Brigade	
19.	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)	

20.	Whether Insurance was declined by any other Company (Give details)				
21.	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 contractis cancelled by reason of any Damage insured under this Policy either wholly or to theextent of the Damage. The Company's liability shall be based on the Contract Price).

22.	Description of Block	Building including plinth, Base-ment, 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

23.	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

F. Standard Add On

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

24.	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹):

G. Premium Details

25.	Mode of Payment	
	Payment Details	
	Amount	

H. Declaration by Insured

I / We hereby declare that the value of insurable assets is less than ₹ 5 Crore (Rupees Five 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 _____

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.

Place: _____

Date D D M M Y Y Y Y

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.

SECTION II - CONSEQUENTIAL LOSS (FIRE)

i. Address of Locations to be covered (same as that under Section I):
ii. How long have you carried on business in these premises or elsewhere? Years
iii. 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 Periodanticipated for reinstatement of the damaged property.)
iv. Sum Insured
   a. Gross profit (Net profit and standing charges) Rs.
   b. Please specify the standing charges to be covered, in detail:

Sr. No.	Description of Standing Charges	Amount (Rs.)

v. Are your books regularly audited? Yes No
vi. Please indicate the basis of indemnity required: Turnover basis Output basis Difference basis Revenue basis
Please indicate the name and address of the auditors and enclose one copy of the latest audited accounts Extensions Required:

_____

_____

SECTION III - Boiler and Pressure Plant

i. Work Address (Site of the property to be Insured) : (to be mentioned in case it is different from the address provided in section I)
ii. Details of Sum Insured:

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	Year of	Sum Insured
2. Surrounding Property of the Insured including Property Held in trust or commission					
3. Legal Liabilities to third Parties -					

4. Additional Covers :	Limits of Liability in Rs.
a. Express freight (excluding airfreight), Overtime and Holiday rates of wages. b. Airfreight c. Additional Customs Duty	

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.

SECTION IV - ELECTRONIC EQUIPMENT'S COVER

SECTION 1 - LIST OF EQUIPMENTS

Item No.	Quantity	Description of Items	Year of Manufacture	Sum Insured (Rs.)	Deductible

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 Equipment's mentioned in this section covered in Section - I: ICICI Bharat Sookshma Udyam Suraksha ☐ Yes ☐ No

SECTION 2 - EXTERNAL DATA MEDIA

	Sum Insured
i. Data Media (type and quantity) ii. Expenses for Reconstruction andre-recording of information	

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

If yes, whether the contract is with the Manufacturer with External Agency

a. In case of Maintenance Contract, please furnish a copy of the Valid Maintenance Contract.

b. In case of in-house maintenance agreement, please provide the following

i. No. of Staff Involved: _____

ii. Is the Staff Dedicated for the Maintenance of the Equipment: ☐ Yes ☐ No

iii. Are the Staff qualified to maintain the equipment: ☐ Yes ☐ No

SECTION V - MACHINERY BREAKDOWN

Details of the Machinery Proposed to be covered

Sr. No.	Quantity (Nos.)	Description, Type, Model, Capacity of Machine / Sr. No / HP/KVA, Volts, Amps, RPM	Maker's Name & Country of origin	Standby(S) / Portable (P) / Open (O)	Year of Manufacture	Sum Insured (Rs.)

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

i. Are periodical regular inspections of the machinery carried out? ☐ Yes ☐ No

If so, by whom are the inspections carried out: _____

What is the interval between inspections? _____

ii. Is there a logbook maintained for the inspection of machinery? ☐ Yes ☐ No

SECTION VI - ALL RISKS

Please provide the description of the equipment's to be covered:

Sr. No.	Type of Equipment	Make, Model, Serial Number	Year of Manufacture	Sum Insured (Rs.)

i. Scope of cover required: Only in India worldwide
ii. Electrical /Mechanical BreakdownExtension Required: ☐ Yes ☐ No

SECTION VII - BURGLARY

Locations and addresses of the locations to be insured (please leave a space after each part of address and attach separate sheet for multiple locations)

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 (Rs.)	First Loss Sum Insured (Rs.)

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

Please give details of openings in premises & how are they secured: Doors, Windows or Skylights

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

SECTION VIII - 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 (DD/MM/YYYY)	Place of employment	Total remuneration (annual) (Rs.)	Amount to to be insured (Rs.)	Any security taken
Total						

Risk Category

i. Managers, Executives, Officers and Clerks including cashiers II. Cash Collectors andTravelers 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 thefollowing format.

Description	Amount (Rs.)	Period held (days)
Money		
Stocks		

SECTION IX - GROUP PERSONAL ACCIDENT

Number of persons to be insured ☐☐☐☐☐☐☐☐☐☐ Total Capital Sum Insured Rs. ☐☐☐☐☐☐☐☐☐☐

Please provide the list of persons to be insured:

Name of the Insured Person	Annual Income (Rs.)	Place of Employment	Name of the Nominee	Relationship of Nominee with the Insured Person	Risk Category I / II / III	Benefit Tale	Capital Sum Insured (Rs.)

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 + PermanentPartial Disablement

SECTION X - CRITICAL ILLNESS

Number of persons to be insured ☐☐☐

Please provide the list of persons to be insured in the following format.

Names of the employee	Date of Birth	Age	Gender	Sum Insured (Rs.)	Specify existing diseases, if any

Note: 1.Please provide an additional sheet if space is not sufficient to complete details.

Kindly provide the particulars for the past 3 policy periods or less period, for which policy availed, in the following format.

Do all the members proposed to be insured form part of one Group or Association or Corporate body? ☐ Yes ☐ No

Policy Period From - To	Name & Address of the Insurer	Policy Number	Total Premium (Rs.)	Total amount of claims (Rs.) (Paid + Outstanding)

Any Additional information relevant to the policy applied for _____

_____

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

SECTION XI - MONEY

i. Cash in safe

Item II	Description of Cash	Maximum amount of Money held at one time (in Rs.)
a.	Cash whilst on the Proposer's premises during the business hours or whilst secured in locked safe(s) 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

ii. Cash in Transit

Item I	Description of Money	Transit From	Transit To	Limit of any one loss (AOL) (Rs.)
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)? Rs. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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

SECTION XII - PUBLIC LIABILITY (INDUSTRIAL RISKS)

i. Please provide information about premised proposed for insurance in the following format (attach separate sheet if required) :
Please attach layout plans of all the units proposed for insurance

Sr. No.	Name of Unit	Address of Location	V

ii. Do you wish to also insure depots, warehouses, godowns, tankfarms, offices etc., which areoutside the manufacturing premises? ☐ Yes ☐ No
If yes, please provide information in the following format

Sr. No.	Description of depots, warehouses, godowns, tank farms	Location	Turnover

iii. Please provide the following information about your units

Unit Name	Total No. of Staff employed	Estimated total annual wages	Actual sales turnover of last year (Rs.)	Estimated annual sales turnover for the policy period (Rs.)

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

v. Please specify the ratio of I AOA To AOY limits of indemnities ☐ 1:1 ☐ 1:2 ☐ 1:3 ☐ 1:4

vi. Please indicate the voluntary excess as % of limit of indemnity per accident, which shallentitle you to a discount in premium.

vii. Please describe the surrounding areas unit-wise, in the following format (including those described in (viii) above)

Sr. No.	Name of Unit	Nature of industries within an approximate radius of 2 km.	Nature of agricultural activity within an approximate radius of 2 km.

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

viii. Please specify whether there is a residential area within a radius of 2 kms. From the unitsproposed for Insurance ☐ Yes ☐ No

Ix. Do you handle gases, pressure-storage, explosives, hazardous substances, asbestos, toxic, radioactive materials and hydrocarbons? ☐ Yes ☐ No
If Yes, Please provide information in the following format for each unit:

Description of Substance	Quantity Stored	Storage handling	Precautions taken

x. Is there any welding, gas cutting or hot work being undertaken ☐ Yes ☐ No
If yes, please give the following details:

Type of work	Precautions taken

Are there any vibrations from heavy machinery? ☐ Yes ☐ No
If yes, please give the following details

Type of machine	Precautions taken

Extensions Required
1. Industrial See page, 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

SECTION XII (B) - 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

Do you have maintenance schedule? ☐ Yes ☐ No

Please provide details of the surrounding areas / property in the following format:

Description of surrounding	Details

Do you handle or use or store gases or hazardous or toxic or radioactive materials and/or equipment in the premises? ☐ Yes ☐ No

If yes, please give details of maximum capacity stored or used or handled at a time. Tonnes

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

Please indicate the limits of Indemnities during the period of Insurance in the following format

Year	Limit of Indemnity

Please indicate the amount of indemnity required: Any One Accident (AOA) (Rs.)

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

Other facilities: (Please specify)

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 ofInsured Extension ☐ Yes ☐ No
V. Others (please specify upon consultation with your insurance advisor / underwriter of thecompany)

SECTION XIII - EMPLOYER'S LIABILITY / WORKMEN'S COMPENSATION

No. Of Workmen 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 % 0 PREMIUM (For office use) 7
Workmen drawing monthly wages up to Rs. 4000/-						
Clerical Staff						
Commercial Travellers						
Employees engaged with woodworking machinery including machinists and machinists labourers						
Others (specify)						

Workers drawing monthly wages over Rs. 4000/-						
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 Rs. ☐☐☐☐☐☐

SECTION XIV – MARINE

A. Inland Transit

i. Please indicate coverage required Basic risks All risks

ii. Please indicate basis of valuation. (E.g. Invoice Value / Invoice + 10%)

iii. Please indicate mode of conveyance Air Rail Road

iv. Do you wish to avail of an annual cover or cover for single transit? Annual Cover Single Transit
If you wish to avail of an Annual cover, kindly answer question numbers (v) and

vi. If you wish to avail of a Single transit, kindly answer question number

vii. For Annual Cover answer (v) and (vi):

v. We offer the following modes of availing of Inland Transit Insurance Policy. Kindly indicate preference:

a. Do you wish to avail of a Marine Open Policy? ☐ Yes ☐ No

b. If you wish to avail a Marine Open Policy then please furnish the following:

1. Period of Insurance
Please indicate details of cargo to be covered

Sr. No.	Goods / Cargo to be Covered	Packing details	Incoming / Outgoing	Sum Insured / Estimated Annual Turnover (EAT) (only if annual cover)	
				Transit < 80 kms.	Transit > 80 kms.

2. Limit per sending

3. Please indicate journey details From D D M M Y Y Y Y To D D M M Y Y Y Y

For Single Despatch answer Q (vi):

vi. Despatch details

a. Please indicate journey details From D D M M Y Y Y Y To D D M M Y Y Y Y

Distance in Kms ☐☐☐

b. Please indicate

Airway Bill (AWB) / Railway Receipt (RR) / Lorry Receipt (LR) Number Date D D M M Y Y Y Y

c. Please indicate value to be insured ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

vii. Has any insurance Company Declined to provide an Inland Transit Cover? ☐ Yes ☐ No

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

If answer is yes to any of the above, please provide details in a separate sheet.

viii. Are you at present or have you been insured for Inland Transit Insurance? ☐ Yes ☐ No

If yes, please provide details:

i. Name of Insurance Company

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

a. Have you made any claim under Inland Transit? ☐ Yes ☐ No

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

Year of claim	Premium	Incurred claim (Rs.)	Number of claims (Nos.)

Kindly describe the packing details such as cases / single gunny bag / double gunny bad (HDPE / LDPE) / cartons / paper bag / cylinders / drums / carboys / tins etc. or whether by containers. Estimated Annual Turnover shall mean total value of all Insured goods in transit including inter-depot transfer and despatches to distribution centres or processing centres.

Extensions

If you want to avail of extensions by payment of additional premium, please give the following details.

i. Do you wish to extend the cover upto "On board Overseas Vessel" (FOB basis)?

If yes, please give relevant turnover _____

_____

5. ii. Do you wish to obtain extension of storage risk at the Port town / docks (in addition to twoweeks cover provided for in terms of the cover for despatches on FOB basis)? ☐ Yes ☐ No

If Yes, state the period for which cover is required. ☐☐ Weeks

iii. Is an extension required to cover strike, riot and civil commotion? ☐ Yes ☐ No

Any additional information relevant to the policy applied for

XIV (B) - MARINE EXIM TRANSIT

Please indicate coverage required: ☐ ICC (A) ☐ ICC (B) ☐ ICC (C)

Export / Import: Voyage / Journey details (Transhipment, if any): From D D M M Y Y Y Y To D D M M Y Y Y Y

Policy Period: From To Sum Insured: Rs. ☐☐☐☐☐☐☐

Nature of Packing: Description of Cargo: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Please indicate mode of conveyance: ☐ Rail ☐ Road ☐ Sea All Basis of valuation: ☐☐☐☐☐☐☐☐☐☐

Please provide dispatch details: (AWB No./BL No.,) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Invoice No. ☐☐☐☐☐☐☐☐☐☐ Name of vessel ☐☐☐☐☐☐☐☐☐☐☐☐ Age of vessel ☐☐☐☐☐

Extensions Required:

1. WSRCC: ☐ Yes ☐ No
2. Duty Cover: Whether duty cover needed Yes No Duty Sum Insured: Rs. ☐☐☐☐☐☐☐☐

Additional Information:

1. Is Cargo Containerized: ☐ Yes ☐ No
2. Whether Container is ☐ LCL ☐ FCL
3. Whether Cargo is on deck ☐ Yes ☐ No

Any other information related to Proposal:

Compulsory Warranties: Warranted that the vessel used is in conformity with Institute classification Clause and should not be more than 25 years of age.

Warranted that goods are transported in closed wagons and/or trucks to be covered with tarpaulinor any other water proof material to avoid ingress of water.

_____

_____

_____

SECTION XV - GROUP HEALTH / GROUP HEALTH (FLOATER) INSURANCE

Number of persons to be insured ☐☐☐☐☐

Please provide the list of persons to be insured in the following format

Name of the Insured Person	Gender of the Insured Person	Relationship with the employee	Date of Birth	Sum Insured (Rs.)	Specify existing diseases, if any

Note:

1. Please provide an additional sheet if space is not sufficient to complete details.
2. Names of the dependents may be mentioned immediately below the name of each employee.
3. If you want to avail of extension of the policy, please specify: _____

Maternity Benefits ☐ Yes ☐ No Cover for Pre-existing Disease ☐ Yes ☐ No Family Floater Cover ☐ Yes ☐ No

4. Others (Please specify upon consultation with your insurance advisor / underwriter of the Company)

_____

5. In case of Policies issued on FOB basis, this storage would commence on the expiry of two weeks cover provided for already.

_____

SECTION XVI - 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)
	Plain Glass						
	Ornamental Glass						
	Corner Glass						
	Special type of glass*: please elaborate						

SECTION XVII - DIRECTORS AND OFFICERS LIABILITY INSURANCE

Kindly provide following information:

Limit of Liability Desired: _____

Date of Establishment of the Organization: _____

That the Institution, or anyone for whom this insurance is intended, ☐ Agree ☐ Disagree
is not involved in criminal proceedings in the past

That no claims ever been made against any past or present Director or ☐ Agree ☐ Disagree
Officer of the Institution

That there been no allegation of fraud or dishonesty against any past ☐ Agree ☐ Disagree
or present directors or officers of the Institution

That the policy holder organization or any of its directors and officers are not aware ☐ Agree ☐ Disagree
of any circumstances or incident which may give rise to a claim ? _____

_____

SECTION XVIII - 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 Accidentii)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 OneAccident should not be less than the paid-up capital of the undertaking and not more than theamount, as may be prescribed by rules framed under the Act. The rule currently stipulates thatInsurer is liable to pay not more than Rs. 50 Million for any one accident and not more than Rs,150 Million for any one accident and not more than Rs. 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 Rs.)
Estimated for proposed Policy Period	
Actual for previous Policy Period	

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 (please leave a space after each part of address and attach separate sheet for multiple locations)

PREVIOUS INSURANCE DETAILS

Has any Insurance Company,

a. Declined to insure any of the property / persons 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, please provide details_____

_____

PREVIOUS POLICIES AND CLAIMS DETAILS

Sr. No.	Section	Name & Address of Previous insurer	Policy No.	Insurance		Claim history (for the past 3 Year)			
				From	To	No. of Claims	Premium Paid	Claim Amount	Remark (If Any)
1.	ICICI Bharat Sookshma Udyam Suraksha								
2.	Consequential Loss (Fire)								
3.	Boiler and Pressure Plant								
4.	Electronic Equipment								
5.	Machinery Breakdown								
6.	All Risks								
7.	Burglary								
8.	Fidelity Guarantee								
9.	Group Personal Accident								
10.	Critical Illness								
11.	Money								
12.	a. PublicLiability (Industrial Risks) b. Public Liability (Non-Industrial Risks)								
13.	Employer's Liability Workmen's Compensation)								
14.	Marine i. Inland Single Transit ii. EXIM Single Transit								
15.	Group Health/Group Health (Floater)								
16.	Plate Glass								

Sr. No.	Section	Name & Address of Previous insurer	Policy No.	Insurance		Claim history (for the past 3 Year)			
				From	To	No. of Claims	Premium Paid	Claim Amount	Remark (If Any)
17.	Directors & Officers Liability								
18.	Public Liability Insurance (Under PLI Act 1991)								

ANY ADDITIONAL INFORMATION RELEVANT TO THE POLICY APPLIED FOR _____

PAYMENT INFORMATION

MODE OF PAYMENT

☐ Cheque/ DD Cheque No ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Demand Draft No. ☐☐☐☐☐☐☐☐☐☐

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

Bank A/C No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Amount in Figures ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Amount in Words ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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 BY PROPOSER

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 ICICI Bank Group companies/Banks/Financial Institutions/ as may be required and I/we will not hold the Company or any other group companies of ICICI Bank Group and 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, hereby declare, on my behalf and on the behalf of all the persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are are authorized to propose on behalf of these other persons. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after the full receipt of the premium chargeable.

I/We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance of the company.

I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.

I/We agree that the insurance 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.

ICICI Lombard General Insurance Company Limited

Place: _____

Date D D M M Y Y Y Y

Client's Signature and 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