Proposal Form No.: _____

PROPOSAL FORM FOR BURGLARY INSURANCE

For Official Use Only

Agent/ Broker Name: _____ **Marketing Officer:** _____

Client ID Number: _____ Group ID Number: _____

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 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.

SCOPE OF COVER

The Insurance Policy broadly covers loss and/or damage by Burglary or Housebreaking (Theft following upon actual, forcible and violent entry of and/or exit from the premises) including Hold-up risk and damage caused to premises.

SIGNIFICANT EXCLUSIONS: The Insurance Policy does not cover loss and/or damage arising out of War, Riot, Strike, Civil Commotion, Terrorism and by use of keys to safe.

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

NOTE: The foregoing is only an indication of the cover offered. For details please refer to the policy.

CLIENT INFORMATION

Proposer's Name: _____

Proposer's Mailing Address: _____

_____

_____

City/Town: _____ State: _____ Pin Code: _____

Contact No: _____ Fax No. _____ Email ID: _____

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: _____

_____

_____

Proposer's trade or business: _____

Particulars of Work: _____

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

CLIENT INFORMATION

Constitution of Business: Non Resident Entity ☐ Foreign company registered in India ☐ Foreign LLP ☐ Government Department ☐

Hindu Undivided Family ☐ LLP Partnership ☐ Local Authorities ☐ Partnership ☐ 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 Number: ☐☐☐☐☐☐☐☐☐☐

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): ☐☐☐☐☐☐☐☐

One Policy Multiple Invoice: Yes ☐ No ☐ [If yes, it can be taken as an Annexure to Proposal Form as detailed below]

If Yes, then please provide: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State-wise GSTIN	Address Registered under respective GSTIN

Note: In all above cases, complete address of the customer is required to be taken.

Note: Please use additional sheet if Multiple Hypothecation 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.

CONTACT DETAILS

Contact Person's Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mailing Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City/Town: ☐☐☐☐☐☐☐☐☐☐☐☐ State: ☐☐☐☐☐☐☐☐☐☐☐☐ Pin Code: ☐☐☐☐☐☐

Contact Number (Landline-With STD Code): ☐☐☐☐☐☐☐☐☐☐ Mobile Number: ☐☐☐☐☐☐☐☐☐☐

Email ID: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

RISK DETAILS

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

ii. Number of locations to be insured: ☐☐☐

iii. 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)

City/ Town/ Village: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Pin Code: ☐☐☐☐☐☐

iv. a) Is cover for stocks required on?

Total Value ☐ Yes ☐ No ☐

First Loss[1] ☐ Yes ☐ No ☐

b) If cover is required on Total Value basis, state whether you wish to avail of monthly declaration facility[2]? Yes ☐ No ☐

c) 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 value at risk ₹	First loss sum Insured ₹

RISK DETAILS

v. Details of Joint Insureds

Policy to be issued in favour of {list out all the parties who have insurable interest including financial institutions/banks and please leave a space between parties)

_____

_____

_____

_____

[1] **First loss basis**: In the event of lower probability of total loss, a proposer may request insurance for a percentage of total stocks so declared, subject to a minimum of 25%.

[2] **Declaration policies**: In the event of large stock fluctuations during the year, the Sum Insured is fixed at the maximum value of stocks, which the proposer anticipates.

A deposit premium is collected and adjusted on the expiry of the policy, on the basis of monthly declarations received.

vi. Details of the property to be insured (attach separate sheet if necessary)

Sr. No	Description	Property stored in or kept at[2]	Total Value at Risk(₹)
1	Stocks-in-trade		
2	Goods held by you in trust or on commission for which you are responsible		
3	Furniture, fixtures, fittings and appliances in trade		
4	Coins and/or currency notes in Safe or Strongroom		
5	Property kept in open		
6	Others (please specify)		

vii. The premises containing the property to be insured are used as:

Warehouse ☐ Godown ☐ Shop ☐ Office ☐ Any other ☐

If any other, please specify: _____

viii. What is the material used for the construction of

a. Walls

Brick ☐ Wood ☐ Asbestos ☐ Concrete ☐ Aluminium ☐ Any other ☐

If any other, please specify: _____

[3] Please specify amongst the following options :

a) Shops and Stores, ☐ b) Godowns, ☐ c) Safe, ☐ d) Strongrooms and/or Banks, ☐ e) In the open or f) Any other (please specify): _____

b. Floor

Wood ☐ Concrete ☐ Any other ☐ If any other, please specify:_____

c. Roof

Wood ☐ Concrete ☐ Asbestos ☐ Aluminium ☐ Tiles ☐

Any other ☐ If any other, please specify: _____

ix. What is the protection provided for the following items?

Doors _____

Windows _____

Sky lights, ventilators exhaust fans, lights, air-conditioners and trap doors _____

Any other openings _____

x. Please mention any special precautions you have adopted for safeguarding your premises

_____

_____

_____

RISK DETAILS

xi. Do you occupy the premises at night? ☐ Yes ☐ No

If not, then who occupies the premises at night?

xii. Will watchmen guard the premises? Yes ☐ No ☐

If yes, then how many? ☐☐☐☐ and during what time? ☐☐☐☐ hrs. to ☐☐☐☐ hrs.

xiii. Will the premises be left unoccupied at any time? Yes ☐ No ☐

If yes, then specify the duration: ☐☐☐ days and frequency: ☐☐ times a year

xiv. Are you the sole occupant of the premises? Yes ☐ No ☐

If not, who are the other occupants?

xv. Are the valuables secured in safe(s) outside business hours? Yes ☐ No ☐ If yes, please provide the following details:

Maker's name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Height ☐☐☐☐ cms Weight ☐☐☐☐ kgs

Width ☐☐☐☐ cms Depth ☐☐☐☐ cms

Number of keys ☐☐

Who are the persons keeping the key?

KEY Designation of Person

Can the safe(s) be opened by:

Single key ☐ A combination of two or more keys ☐

xvi. Are stock and sales books maintained? Yes ☐ No ☐

If yes, then what is the frequency of entry? ☐☐ days

What is the frequency of physical stock verification ? ☐☐☐ days

Where are the books kept outside business hours? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

xvii. Has any insurance company

a) Declined your proposal for Burglary Insurance? Yes ☐ No ☐

b) Cancelled or refused to renew your policy? Yes ☐ No ☐

c) Accepted your proposal on special terms and conditions? Yes ☐ No ☐

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

xviii. Have you ever sustained any loss or damage by Burglary or Housebreaking (whether insured or not)? Yes ☐ No ☐

If so, please give information in the following format (for the last three years)

Year of Loss				Day(D) Night(N)		How access was obtained	Amount of Loss (₹)									

RISK DETAILS

Who are the persons keeping the key?

KEY | Designation of Person

Can the safe(s) be opened by:

Single key ☐ A combination of two or more keys ☐

xvi. Are stock and sales books maintained? Yes ☐ No ☐

If yes, then what is the frequency of entry? ☐☐ days

What is the frequency of physical stock verification ? ☐☐☐ days

Where are the books kept outside business hours? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

xvii. Has any insurance company

a) Declined your proposal for Burglary Insurance? Yes ☐ No ☐

b) Cancelled or refused to renew your policy? Yes ☐ No ☐

c) Accepted your proposal on special terms and conditions? Yes ☐ No ☐

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

xviii. Have you ever sustained any loss or damage by Burglary or Housebreaking (whether insured or not)? Yes ☐ No ☐

If so, please give information in the following format (for the last three years)

Year of Loss				Day(D) Night(N)		How access was obtained	Amount of Loss (₹)									

Please provide details of what precaution has been taken to prevent the recurrence of such a loss.

EXTENSIONS

If you want to avail of extensions by payment of additional premium, please specify.

1. Riot and Strike, Malicious or Terrorist Damage Yes ☐ No ☐
2. Theft Yes ☐ No ☐

Any additional information relevant to the policy applied for

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

PAYMENT INFORMATION

MODE OF PAYMENT

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

Drawn No.: Dated: 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, the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/ We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

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

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.

NEFT/EFT MANDATE FORM

(Payment through EFT Mechanism)

CORPORATE DETAILS

Group/ Network Name

Address

Landmark

City State

Pincode Pan Card No.**

PAN Card Holder's Name

ACCOUNT DETAILS

Bank Name

Branch Name

Payee Name

MIRC No. IFSC Code

Account Type Full Account No.

Name as per Bank Records

Cancel cheque No.**

(Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)

If customer name/ account no /IFSC code is not available on cancelled Cheque then NEFT mandate form with Bank Sign & seal and customer signature is mandatory.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Signature & Stamp of the Payee

Verified By

(Bank Official Stamp and Authorized Signature)

Terms and Conditions for Payments through RTGS/NEFT

1. The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
3. The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
4. The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
6. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
7. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
8. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. Website www.icicilombard.com or by sending them by post to the last address of the Customer.
9. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
10. I / We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
11. I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance
12. Company Ltd. before the expiry of the notice period of the Customer.
13. (Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard)

Signature and Stamp of Customer