ICICI Lombard Fire and Allied Perils Insurance Policy

PROPOSAL FORM

Important:

1. This proposal is for covering a Retail Customer against Fire and Allied Perils.
2. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
3. 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.
4. 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 has been withheld by the proposer or any one acting on his behalf to obtain any benefit under this policy.
5. Kindly contact the Company's Offices or the intermediaries, if any, for any doubts or clarifications on the proposal form.
6. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.

SCOPE OF COVER: The Insurance Policy broadly covers losses due to fire, lightning, explosion and implosion, aircraft damage, Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Hailstorm, Flood and Inundation, riot, strike, malicious damage, impact damage, subsidence and landslide/rockslide, bursting and/or overflowing of water tanks, apparatus and pipes, missile testing operations, leakage from automatic sprinkler installations and bush fire.

Other Expenses and Items Covered

a) Architects, surveyors and consulting engineer's fees (upto 3% of the claim amount)
b) Removal of debris clause (upto 1% of the claim amount)
c) Temporary removal of stocks up to a limit of 10% of Stock Sum Insured subject to maximum of INR 25,00,000
d) Omission to Insure additions, alterations or extensions Upto a limit of 5% of the sum insured mentioned in the schedule, subject to a maximum of INR 10,00,000

Optional Perils like Earthquake and Terrorism are available which can be indicated in the relevant section of proposal form

SIGNIFICANT EXCLUSIONS:

- The Excess applicable,
- Loss, destruction or damage caused by war, invasion, act of foreign enemy hostilities or war like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
- Loss, destruction or damage caused to the insured property by pollution or contamination
- Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
- Loss, or damage by spoilage resulting from the retardation or interruption or cessation of any process or operation caused by operation of any of the perils covered.

- Terrorism Damage
- Loss, destruction or damage to Land, Livestock, Bloodstock, Agricultural risks, Growing crops or Trees
- Any Loss or damage occasioned by or through or in consequence directly or indirectly due to earthquake, volcanic eruption or other convulsions of nature.

Add-on Covers: In addition, certain add-on covers are available, the details of which are available in the relevant section of this proposal form.

Note:

- The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.
- The foregoing is only a broad indication of the cover offered. For details, please refer to the Policy Wording.

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	CKYC No.	
7	Contact person details, if not an individual a) Name b) Designation	
8	Nominee Details	
a)	Name	
b)	Permanent Address	
c)	Relationship of the nominee	
d)	Details of authorized person for minor nominees	
e)	Details of bank account of the nominee	
	Account Holder Name: Bank Name: Account Number: IFSC Code:	
8	Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
9	Policy Period	From: To :
a)	Mobile No	

b)	Email address	
c)	Present Address	

B. Business and Location of Business

1	Business of Proposer	
2	Paid-up capital of the firm	
3	Location of risk/business to be covered - full postal address with Pin Code	<table><tr><th>Sl No.</th><th>Address</th><th>Pin Code</th><th>Occupancy</th><th>Age</th><th>Floor*</th></tr><tr><td>1</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="6">*Floor: Ground Floor (GF) / Mezzanine Floor (MF)/ Higher Floor (HF)</td></tr></table>
4	Are you or any of the proposed applicants / beneficial owner/ 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.*

C. Details about business covered at the insured location(s)

1	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)	
2	If the property is being used as a shop, please declare whether the goods handled are as per the list given below and whether the value of such stocks exceed 5% of total value of stocks	
	☐ Celluloid goods, ☐ Loose coir, ☐ Crackers & fireworks, ☐ Explosives of any kind, ☐ Hay / Straw, ☐ Hemp, ☐ Loose jute, ☐ Matches, ☐ Methylated Spirit, ☐ Nitro-Cellulose Plastics, ☐ Oils / Ether / Industrial solvents and other inflammable liquids flashing at and below 32ï‚°C (Closed Cup test), ☐ Paints with inflammable base having flash point below 32ï‚°C (Closed Cup test) - other than in sealed tins or drums, ☐ Varnishes having a flash point below 32ï‚°C (Closed Cup test) - other than in sealed tins or drums, ☐ Disinfectant liquids and liquid insecticides - other than in sealed tins or drums, ☐ Vegetable fibres of any kind including rayon fibre	
3	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.	1. 2. 3.
4	If used as an Industrial Manufacturing unit state details of products manufactured / Raw Materials / Intermediates at the proposed location in the following format in a separate sheet along with detailed block plan (showing various facilities) to be enclosed wherever applicable	

S N	Type	Description
1.	Raw Material / Intermediate / Product	
2.	Raw Material / Intermediate / Product	
3.	Raw Material / Intermediate / Product	
4.	Raw Material / Intermediate / Product	

5	If used as an Industrial Manufacturing unit, please state whether the factory is working or	☐ Working ☐ Silent

	silent?	
6	Is the property to be insured situated in a petro-chemical complex?	☐ Yes ☐ No
7	Is lightning Protection Provided for the buildings?	☐ Yes ☐ No
8	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 ☐ Smoke Detector ☐ Gas Leak Detector ☐ Linear Heat Sensing System ☐ Others, please specify below. _____
9	Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force	☐ Yes ☐ No
10	Distance between the risk to be covered and nearest Fire Brigade Station	
11	Construction details	
a)	Are the buildings / plants designed as per the relevant Indian Standard Codes?	☐ Yes ☐ No
	If yes, please attach the Certificate of an empanelled structural Engineer and / or Architect certifying that Buildings & Plants are designed and constructed to be Earthquake Resistant as per the relevant Indian Standard codes.	
b)	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	
c)	Number of Floors	
d)	Age of the Building	☐ Less than 5 years ☐ 5-10 years ☐ 10-20 years ☐ Above 20 years
e)	Do you wish to avail policy documents in physical form	☐ Yes ☐ No

D. Basis of Sum Insured of the Insured Property

1.	**Property other than stock:**	
i)	Building	☐ Market Value ☐ Reinstatement Value ☐ Agreed Value
ii)	Plant and machinery, equipment and accessories	☐ Market Value ☐ Reinstatement Value ☐ Agreed Value
iii)	Contents such as Furniture, fixtures and fittings	☐ Market Value ☐ Reinstatement Value ☐ Agreed Value
2.	**Stock**	

- *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).*

Please provide details of values in the following format. (Separate Sheet may be provided along with the proposal form in case of specific schedule, as required)

SN	Description of Block	*Building including plinth, Basement, and additional structures	Plant & Machinery	Contents such as Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please specify)	Total
1									
2									
3									
4									
5									

(*If you would not like to cover plinth and foundation, please exclude value of plinth and foundation from the Building Sum Insured.)

E. Coverage Options

1	Would you like to delete any of the following perils from the basic cover?	
a)	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Hailstorm, Flood and Inundation	☐ Yes ☐ No
b)	Riot, Strike, Malicious Damage	☐ Yes ☐ No
2.	If you want to avail of add on covers by the payment of additional premium, please specify in Group A and Group B below:	
Group A		
a)	Earthquake (fire and shock)	☐ Yes ☐ No
b)	Escalation	☐ Yes ☐ No
c)	Impact Damage due to Insured's own Rail/Road Vehicles, Fork lifts, Cranes, Stackers and the like and articles dropped therefrom	☐ Yes ☐ No
d)	Omission to Insure additions, alterations or extensions (in excess of 5% of the sum insured mentioned in the schedule, subject to a maximum of INR 10,00,000)	☐ Yes ☐ No

e)	Architects, Surveyors and Consulting Engineers Fees (in excess of 3% claim amount)	☐ Yes ☐ No
f)	Removal of Debris (in excess of 1% claim amount)	☐ Yes ☐ No
g)	Local Authority clause	☐ Yes ☐ No
h)	Agreed Bank Clause	☐ Yes ☐ No
i)	72 Hours Clause	☐ Yes ☐ No
j)	On Account Payment Clause	☐ Yes ☐ No
Group B (please specify Sum Insured against each)		
k)	Spontaneous Combustion	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No
l)	Cleaning up and Other Costs	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No
m)	Temporary Removal of Stocks Clause (in excess of 10% of Stock Sum Insured subject to maximum of INR 25,00,000)	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No
n)	Capital Additions	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No
o)	Fire Extinguishing Expenses	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No
p)	Expediting Expenses	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No
q)	Minor Works	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No
r)	Leakage and contamination cover	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No
	☐ Leakage Cover only	
	☐ Leakage and contamination cover	
s)	Spoilage Material Damage Cover	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No
t)	Loss of Rent	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No
u)	Additional Expenses of Rent for an Alternate Accommodation	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No
v)	Start- up and Shutdown expenses	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No

w)	Personal Effects	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No
i)	Pair and Set	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No
j)	Claims Preparation Cost	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No
k)	Forest Fire	☐ Yes ₹ _ _ _ _ _ _ _ _ ☐ No

F. Existing Insurance and Claims History:

1	Whether you have insured the same property with any other insurance company with the same type of coverage? If Yes, give the following details (attach separate sheet if required)	☐ Yes ☐ No
2	Has any insurance company,	
a)	Declined to insure any of the property 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? If yes to any of the above, please provide details.	☐ Yes ☐ No
4	Premium / Claim details for the past 36 months excluding the expiring policy period	Year / Premium / Claims ₹ / ₹ ₹ / ₹ ₹ / ₹

G. Special coverage for stocks only (please tick in the box below and give the amount to be insured against each)

1. Floater Basis:

Stocks at various locations (Process blocks, warehouses / godowns and /or in open etc.) can be covered on floater basis under single sum insured.

Locations (Postal Address with Pin code)	
Within industrial / manufacturing complex (please attach a separate sheet and specify products manufactured)	₹
Outside Godowns & open (please attach a separate list)	₹

2. Declaration Basis

Stocks whose values fluctuate can be covered on monthly declaration basis. Please specify sum insured against each location separately along with method of declaration

Locations (Postal Address with Pin code)	
Within industrial / manufacturing complex (please attach a separate sheet and specify products manufactured)	₹
Outside Godowns & open (please attach a separate list)	₹
Note: Stocks stored at Railway sidings cannot be covered, unless specifically declared by You and agreed by Us.	

3. Floater Declaration Basis: Stocks, which fluctuate in value as well as stored at various locations under single sum insured, can be covered on (monthly) floater declaration basis. Please specify sum insured against each location separately	
Locations (Postal Address with Pin code)	
Within industrial / manufacturing complex (please attach a separate sheet and specify products manufactured)	₹
Outside Godowns & open (please attach a separate list)	₹
Maximum value at any one location:	₹
Whether stocks stored in open	☐ Yes ☐ No
Note: Stocks stored at Railway sidings cannot be covered, unless specifically declared by You and agreed by Us.	

4. Stocks stored in open (located outside the factory compound) Please provide details of stocks stored in the open in a separate list										
	Amount in ₹									
Locations (Postal Address with Pin code)										

5. Building wise values	**Amount in ₹**									
Stocks-Floater basis										
Stocks-Declaration Basis										
Stocks Floater-Declaration Basis										
Stocks in open - outside factory compound										

H. Voluntary Deductible

1	Would you like to avail of a discount for Voluntary deductible?	☐ Yes ☐ No
2	Yes, please indicate the amount in the table below.	

Deductible Amount (Please indicate whenever applicable)	
Act of God (AOG) Perils. Example: Earthquake, Storm, Cyclone, Flood, etc. (5*% of claim amount subject to minimum of INR)	Other perils (of INR)
☐ 50,000	☐ 25,000
☐ 100,000	☐ 50,000
☐ 200,000	☐ 100,000
☐ 400,000	☐ 200,000
☐ 1,000,000	☐ 500,000
☐ 2,000,000	☐ 1,000,000
☐ 3,000,000	☐ 1,500,000
☐ 6,000,000	☐ 3,000,000
☐ 10,000,000	☐ 5,000,000
☐ 50,000,000	☐ 10,000,000
☐ 100,000,000	☐ 50,000,000

I. Premium Details

Mode of Payment (Cash, NEFT/RTGS, Cheque, DD, Online)	
Payment Details (Cheque No.,Transaction No. if applicable)	
Amount in INR	

J. Refund of Premium

In the event of any refund of premium becomes due on account of policy cancellation or alteration of any terms and conditions of the contract of insurance or otherwise, such refund shall be made only to the bank account of the policyholder or the proposer or nominee(s), as the case may be, through electronic transfer. Kindly provide the following bank account details to facilitate the transfer in such instances:

Account Holder Name:
Bank Name:
Account Number:
IFSC Code:

K. Declaration by Insured

- I/We, the undersigned hereby declare that the above statements and particulars are true 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.
- If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the Insurers immediately.
- I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity/address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

- I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.
- I/We understand that the Company has right to call for documents to establish source of funds
- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately, not later than 30 days.

In case, any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for policy being void and/or claims, if any, would not be tenable.

Date:
Place: Signature of the Proposer

L. Declaration when the proposal form is in a language of which proposer is not familiar with

I hereby declare that I have been explained the content of this proposal form and all other connected documents incidental for availing the insurance policy from ICICI Lombard General Insurance Company Limited. I have understood the same and agree to abide by all the terms and conditions of the policy.

Name of Proposer_____ Name of Witness: _____

Signature of Proposer: _____ Signature of Witness: _____

Date: _ _/_ _/_ _ _ _
Place: _____
Address of the Witness: _____

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____(Name)_____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof. _____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Intermediary Name / Principal Officer Name:

Code/Functional Identity:
Contact No. of the branch:
Email ID of the branch:
Branch/Office:

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

(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.