ICICI Lombard MSME Suraksha Kavach (Complete Fire Insurance)

PROPOSAL FORM

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	

A. Details:

1	**Details of policy Holder**	
(a)	Name	
(b)	Address	
(c)	Contact No.	
(d)	Email ID	
2	**Details of Insured**	
(a)	Name of Insured	
(b)	Address of Insured	
(c)	Contact No.	
(d)	Email	
(e)	Contact person details, if not an individual a) Name & Designation	
(f)	Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
(g)	Policy type	☐ Short Term Policy* Please specify the number of months :_____ ☐ Annual policy ☐ Long Term Policy** Please specify the number of years :_____ Note : *The duration of the policy is below 12 months. **The product can be offered for long term up to a maximum of 5 years
(h)	Period of Insurance	From : To :
(i)	Bank Account Details	Bank

		Branch MICR IFSC Account Number Account Type:
(j)	Nominee Details	Name Mobile No Email id Address Relationship Date of Birth Percentage Name of Appointee* (In case if you wish to add more than one nominee, please add a page and provide the abovementioned details) *Only in case nominee is minor
(k)	Occupational Details (In case of Individual)	Salary ☐ Self employed/Business ☐ Others (Please specify) _____
(l)	Occupational Details (In case of an Entity / 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 ☐ Unincorporated Association or Body Of Individuals ☐ Trust / Foundation NGO / NPO ☐

(m)	*Are you or any of the proposed applicants 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 Governments, senior politicians,* *senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials;"*

Do you wish to avail physical policy documents? Yes No

B. Business and Location of Business

3	Business of Insured	
4	Location of risk/business to be covered - full postal address with Pin Code	

Sr. No.	Address	Pin Cod	Occupancy	Age	Floor
1					
2					
*Floor: Ground Floor (GF) / Mezzanine Floor (MF)/ Higher Floor					

C. Details about business covered at the insured location

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	Pls give a list of good stored or manufacture at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable)	
3	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	

4	Fire Protection devices installed	Please Tick the correct answer in the box below. • Fire Extinguishers • Hydrant System • Sprinkler System • Fire Alarm System • Others, please specify below. _____
5	Construction details	
	a) Please state material used	Please tick the correct answer
	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
6	Distance between the risk to be covered and nearest Fire Brigade	
7	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)	
8	Whether Insurance was declined by any other Company (Give details)	
9	Premium / Claim details for the past 36 months excluding the expiring policy period	Year / Premium / Claims ₹ / ₹ ₹ / ₹ ₹ / ₹

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 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).

1	**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. Add-ons and Endorsements/ Conditions (strike off what is not applicable)

1.	Do You want to opt for Floater Cover (for stocks at various locations)?: Yes/No. If yes, give details:	<table><tr><td>Location (Postal Address with Pin Code)</td><td>Sum Insured (in ₹)</td></tr><tr><td></td><td rowspan="3"></td></tr><tr><td></td></tr><tr><td></td></tr></table> i) Maximum value at any one location: ₹……. ii) Whether stocks stored in open: Yes / No
2.	Do You want to opt for Declaration Policy? Yes/No If yes, give details below: Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹):	
3.	Terrorism Damage Cover	Do you want to opt for terrorism: Yes/No
4.	Riot, Strike & Malicious Damage	Do you want to opt for RSMD: Yes/No
5.	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation	Do you want to opt for STFI: Yes/No
6.	Earthquake, Volcanic eruption or other convulsion of nature.	Do you want to opt for E.Q: Yes/No
7.	Loss of income	Do you want to opt for Loss of Income: Yes/No
8.	Parametric Cover	Do you want to opt for Parametric Cover: Yes/No
9.	Accidental Damage Cover	Do you want to opt for this cover: Yes / No
10.	Loss of Rent & Alternative Accommodation Expenses cover. If Yes, please stated the indemnity period (Maximum 24 months)	Do you want to opt for this cover: Yes / No Indemnity period- ☐ months
11.	EMI Protect	Yes ☐ No ☐ If Yes, please opt No. of EMI: ☐

		1 ☐ 2 3 ☐
12.	Escalation Clause	Do you want to opt for this cover: Yes / No Please specify the percentage
13.	Adequacy of Sum Insured	Do you want to opt for this cover: Yes / No
14.	Protection & Preservation of Property *	Do you want to opt for this cover: Yes / No
15.	Electrical Clause / Electrical Installation Clause	Do you want to opt for this cover: Yes / No
16.	Involuntary Betterment	Do you want to opt for this cover: Yes / No
17.	Claim Preparation Costs	Do you want to opt for this cover: Yes / No
18.	Deterioration of Stock in Cold Storage premises due to accident power failure Consequent to damage at the premises of Power Station due to an insured peril	Do you want to opt for this cover: Yes / No
19.	Deterioration of Stock in Cold Storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril	Do you want to opt for this cover: Yes / No
20.	Goods and stocks undergoing any heating or drying process	Do you want to opt for this cover: Yes / No
21.	Nil Excess	Do you want to opt for this cover: Yes / No
22.	Nil Depreciation	Do you want to opt for this cover: Yes / No
23.	Expenses of Loss Minimisation*	Do you want to opt for this cover: Yes / No
24.	Contamination, Seepage and Pollution, Leakage and Overflowing of Tanks	Do you want to opt for this cover: Yes / No
25.	Market Value Settlement	Do you want to opt for this cover: Yes / No
26.	Brands and Trademark Clause	Do you want to opt for this cover: Yes / No
27.	Spoilage Material Damage	Do you want to opt for this cover: Yes / No
Endorsements / Conditions		
1.	First Loss Basis Cover	Do you want to opt for First Loss Cover: Yes/No
2.	Are you interested in Risk Assessment and Mitigation Services Subscription Assistance?	Yes ☐ No ☐ If yes, please select any one from below: One time ☐ Up to 12 months ☐ (As per policy schedule)

Note: *Either of the Add-ons can be opted during the policy tenure

F. Premium Details

14	Mode of Payment	
	Payment Details	
	Amount	

G. Declaration by Insured

- 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 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 and not later than 30 days.

- In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it. Further, the Company has a right to cancel the insurance contract in case, I am/have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering.

Date:
Place: Signature of the Insured

H. Declaration when the proposal form is filled by a person other than the Insured/ the Insured signs in a vernacular language/ Insured 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 that he/ she agrees to abide by all the terms & 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 and correctly recorded the answers given by the proposer and that the proposer has affixed 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 Insured: Signature of Witness:

Signature of Insured: Signature of Witness:

Date: Place:

Relationship with Insured:

Address of 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:

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.

Disclaimer: In the event of any question relating to interpretation of the insurancecoverage, the policy document will prevail.