

PROPOSAL FORM FOR FARMERS PACKAGE POLICY

Proposal Form No.:

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 if you have any doubts on what constitutes a material fact or clarifications on the Proposal Form.

NOTE

The liability of the Company does not commence until this proposal has been accepted and premium realized by the Company.

SCOPE OF COVER & SIGNIFICANT EXCLUSIONS

For the sections available under this product, please refer to the Marketing Brochure. Each section carries a set of exclusions. The list of significant exclusions is mentioned in the Marketing Brochure.

Complete details on coverage and exclusions are available in the policy document.

DEDUCTIBLE/ EXCESS APPLICABLE

An excess or deductible may be applicable on the sections available under this product. The excess is the portion of the claim that needs to be borne by the insured before the benefit under the policy becomes payable.

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
Mailing Address:
601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West)
Mumbai - 400 064

CIN: L67200MH2000PLC129408
Registered Office Address:
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai 400 025

UIN : IRDAN115RP0004V01200809
Toll free no : 1800 2666
Alternate no : 86552 22666 (chargeable)
E-mail : customersupport@icicilombard.com
Website : www.icicilombard.com

Some sections carry the compulsory excess whereas for some sections the excess is not applicable. For sections that carry a compulsory excess, you can opt for a higher voluntary excess that shall entitle you to a discount in premium.

EXTENSIONS

In addition, certain optional extensions are available, the details of which are available in the relevant sections of the proposal form.

DETAILS: Put a (/) mark wherever applicable

CUSTOMER INFORMATION

Name of Proposer _____

Proposer Address/ Mailing Address:

City- Pin code-

STD Code- Mobile No. Email ID

Risk Address-

City- Pin code-

Name of Trade or Business

Annual turnover (Rs.): _____

PREMISES DETAILS:

Age of building: _____ Years

Total built-up area: _____ Sq. ft

Type of Construction: _____ Framed _____ Load Bearing _____ Kutch

Distance from the oceanfront: _____ < 500 ft _____ > 500 ft

If < 500 ft., is there an embankment: _____ Yes _____ No

No. of floors in the building: _____

Property located: _____ (Use B for Basement, 0 for G.F..1 for 1st floor and so on.)

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Ownership of property: _____ Trust _____ Rented _____ Other

Occupied by: _____ Proposer _____ Tenant _____ Vacant

Name and address of Financier (if a bank or financial institution): _____

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

INSURANCE DETAILS

Period of Insurance from: _____ To: _____

This policy covers the following sections (Any two sections are compulsory). Please tick the sections that you wish to avail of and fill in the details against that section:

- I) Standard Fire and Special Perils _____
- II) Consequential Loss (Fire)
- III) Agricultural Pumpset
- IV) Agricultural Tractor
- V) Cattle Insurance
- VI) Livestock Insurance
- VII) Weather Insurance
- VIII) Burglary
- IX) Personal Accident (please choose any one)
 - a) Individual Personal Accident
 - b) Group Personal Accident
- X) Health (please choose any one)
 - c) Individual Personal Accident
 - d) Group Personal Accident
 - e) Group Health (Floater)
- XI) Critical Illness
- XII) Please choose any one: Secure Mind _____ OR Group Secure Mind _____
- XIII) Public Liability (Non Industrial Risks)
- XIV) Employer's Liability (Workmen's Compensation)
- XV) Machinery Breakdown
- XVI) Electronic Equipment
- XVII) All Risks
- XVIII) Money
- XIX) Plate Glass
- XX) Fidelity Guarantee

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Please fill in the details of the relevant sections opted.

Standard Fire and Special perils:

Building Description	Type of Construction	Plinth and Foundation	Plant and machinery	FFF	Others (Please specify)	Total

Details of Fire Fighting Installations:

- 1) Sprinkler
- 2) Hand Appliances & Trailer Pumps /fire Water Spray System
- 3) Hand Appliances & Hydrant System
- 4) Hand Appliances & independent Sprinkler/ Fixed Water Sprays
- 5) Hand Appliances Hydrant System & independent Sprinkler/Fixed Water spray System.

Please tick the installations available and approved by Authorized Agencies.

Other features (please elaborate):

Would you like to avail Discount for Voluntary Deductibles? Yes No

If yes (please elaborate):

Extensions Required:

If you want to avail of add on covers by the payment of additional premium, please specify:

i. Deterioration of stocks in cold storage premises

a. Accidental power failures due to damage at power station due to an insured peril

i. Yes No

b. Due to changes 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

i. Yes No

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ii. Forest fire Yes No

iii. Impact damage by your own Rail/ Road vehicles etc. Yes No

iv. Omission to insure additions etc. Yes No

v. Earthquake /fire and shock Yes No

vi. Terrorism Yes No

vii. Temporary removal of stocks Yes No

viii. Architects, Surveyors and consulting engineering fees (in excess of 3% of claim amount)
i. Yes Rs. _____ No

ix. Debris Removal (in excess of 1% of claim amount) _____

x. Spontaneous Combustion Yes Rs. _____ No

xi. Spoilage material cover Yes Rs. _____ No

xii. Leakage and contamination cover Yes Rs. _____ No

xiii. Loss of rent Yes Rs. _____ No

xiv. Additional expenses of rent for an alternate accommodation Yes Rs. _____ No

xv. Start- up expenses Yes Rs. _____ No

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 period anticipated for the restoration of business to a level prior to the occurrence of loss.)

iv. Sum Insured

a) Gross profit (Net profit and standing charges) Rs._____

b) Please specify the standing charges to be covered, in detail:

Serial No.	Description of standing charges	Amount (Rs)
1		
2		
3		
4		

v. Are your books regularly audited? Yes No

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Please indicate the name and address of the auditors and enclose one copy of the latest audited accounts _____

vi) Please indicate the basis of indemnity required:

Turnover Basis	Output Basis
Difference Basis	Revenue Basis

Extensions required:

1. Do you wish to include layoff or retrenchment compensation? Yes Rs. _____ No
2. Do you wish to include fees payable to auditors for certifying particulars in connection with a claim? Yes Rs. _____ No
3. Do you need to include Wages (Other than those insured as part of Gross Profit)? Yes No

If yes, please state the basis of Insurance

Wages - Dual Basis

100% for----- weeks and ___% for the remainder of the indemnity period

Wages- Pro-Rata Basis

Number of weeks----- (Not exceeding 36 weeks).

4. Do you wish to include property situated at other locations used for storage? Yes No

If yes, please provide the details in the following format (in a separate sheet):

State whether It is suppliers' premises (A), premium where contract is being carried out (B) or any other premises where property of insured is stored (C)

Sr. No.	Address of location

5. Do you wish to include electricity; gas works or water works Yes No

If yes, please provide the details in the following format /in a separate sheet):

Sr. No.	Address of location

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6. Do you wish to include suppliers premises Yes No

7. Do you wish to include customers premises Yes No

Agricultural Tractor

Vehicle Particulars

Registration No._____

Registering Authority _____

Year of Manufacture _____

Engine No._____

Chassis No._____

Make of Vehicle_____

Model of Vehicle_____

Type of Body_____

Cubic Capacity_____

Gross Vehicle Weight_____

No. of passengers (if permit allows to carry) _____

Geographical area._____

1.Whether use of vehicle is limited to own premises? Yes No

2.Whether vehicle is used for commercial purposes? Yes No

3.Vehicle designed for handicapped persons? Yes No

insured's Declared Value of Vehicle	Non-Electrical Accessories	Electrical& Electronic Accessories	IDV (Rs)

Extensions opted:

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1. PA cover for cleaners and conductors etc.
2. Legal liability to paid driver
3. Legal liability to non-fare paying passengers
4. Loss or damage to electrical/ electronic accessories
5. Vehicles subject to hypothecation agreement
6. Vehicles subject to lease agreement

Agricultural Pumpset

Address of locations of Pump Set to be insured-

Nature of Business-

Name of the manufacturer supplying Pump Set-

Description of Pump Set:

PUMP	DRIVING UNIT	DIESEL ENGINE
Make_	Electrical Motor Make-	Make_
Price	HP-	HP-
Section_	RPM_	RPM-
Delivery-	Serial No._	Serial No-
Serial No-	Year of Make_	Year of Make-
Year of Make-	AMPs_	No. of cylinders-
Type- Centrifugal/ Submersible	Voltage_	Stroke_
	Type: Squirrel Cage/ Slip Ring	Bore-

a. Sum Insured.,

b. State the date when Insurance is to commence _____

Extension: Whether Flood Cover needed: Yes No

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Any additional information relevant to the policy applied for _____

Cattle Insurance

Kindly provide following information: -

Please provide the list of cattle proposed to be insured under the Policy in the following format.

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

Cattle Type	Tag No.	Owner's name & Mailing address	Breed	Sex	Age	Color	Size of horns (inches)	Identification marks	Tail Swish	Height at shoulder	Milk Yield (lit/day)	Age at first calving (years)	Proposed Sum Insured (Rs.)

Extensions: - If you want to avail of the extensions under this section on payment of additional premium, please specify below:

- ✓ Acts of God perils
- ✓ Disease related deaths
- ✓ Permanent total disability
- ✓ long distance Transit (beyond 50 km)
- ✓ Theft

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>

Weather Insurance

Proposer's Trade or Business: -_____

Type of Activity: Agricultural / Non-Agricultural

In Case of Non-Agricultural Activity, Details of the Type of Activity _____

Property/Crop Cultivated: -

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Area (in Acres) _____

Sum Insured _____

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)

Location	Address	Sum Insured Other than Jewelry	Sum Insured - Only Jewelry

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

Riot, Strike & Malicious damage Yes No

Individual Personal Accident

Number of persons to be insured:

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

Name	Place of Employment	Risk Category	Relationship to	Benefit Table A/B	Capital Sum Insured (Rs.)

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Note:

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

Risk Category

I- Doctors, Lawyers, Persons engaged in clerical & Administrative staff

II- Builder, Contractor, Engineer on site, workers, Mechanics, Driver & Manual labourers 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

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

Extensions Required

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

1. Medical Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Hospital Confinement Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. PTD Improved Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 Table	Capital Sum Insured (Rs.)

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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 + Permanent Partial Disablement

Extensions Required

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

Payment of medical expenses incurred due to accidents

Yes No

Individual Health Insurance

Details of persons to be Insured

Any one or more of the following can be covered - Proposer, Proposer's spouse, Dependent children (including step children and legally adopted children) and parents. Age of all members should be between 3 months and 65 years on the date of this Proposal Form.

	Name	Address for corresponden	Relation with the	Date of Birth	Sum Insure	Specify existing ... diseases, if any
Proposer						
Spouse						
Dependent 1						

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Dependent 2						
Dependent3						

Extensions Required

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

Floater Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hospital Stay Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Cover for major surgeries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nursing at home	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Air Travel for family member	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cumulativ1;1 Bonus	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Major Medical Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hospital Daily allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Local road ambulance services	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Physiotherapy, Occupational Therapy, Acupressure/Acupuncture External Mobility Aids and appliances
 Yes No

Homeopathic, Ayurvedic and Acupressure treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permanent total disablement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No Claim Bonus	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Free Health Check	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nursing allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Double Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Convalescence Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pre and post hospitalisation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Maternity Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Group Health/ Group Health (Floater) Insurance

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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	Relation with the Policyholder	Date of Birth	Sum Insured (Rs.)	Specify existing illnesses/ 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.

Extensions Required

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

Maternity Benefits Yes No

Cover for Pre-existing Disease Yes No

Family Floater

Critical Illness

Number of persons to be insured:

Note:

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.

Policy Period From - To	Name & Address of the Insurer	Policy Numbe r	Total Premiu m (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.

Secure Mind

1. Type of Loan Insured (If applicable) _____

2. Occupation: Self/ Employed/ Salaried

3. Annual Salary: < Rs. 1 Lakh / 1 Lakh - 3 Lakh / 3 - 5 Lakh / > 5 Lakh

4. Loan details if any,

a. loan Application: Single/ Joint

b. Name of the Financial Institution form which loan availed of:

c. loan Tenure:

d. Type of Loan:

e. loan Account No.:

5. Sum Insured

a. Under Section 'I'

b. Under Section 'II'

c. EMI's under Section 'III'

6. Policy Tenure Period

7. Whether Fixed Benefit or Reducing Balance Cover, if applicable? _____

8. Payment Details: Credit Card /Cheque/ Others: _____ Amount _____

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Group Secure Mind

1. Approximate Number of persons proposed to be covered under this scheme_

2. Details of the Person(s) to be covered

	Individual 1	Individual 2	Individual 3
Name			
Date of Birth			
Gender			
In case of Any History of any Hospitalization please name the ailment and period of hospitalization			
In case any of the person proposed herein for insurance is currently suffering from or have suffered from any illness or injury, please specify			
Sum Insured <ul style="list-style-type: none"> a.) under Benefit 'A' b.) under Benefit 'B' c.) EMI's under Benefit 'C' 			
Period of Insurance <ul style="list-style-type: none"> Start Date End Date 			
Loan Details (if applicable) <ul style="list-style-type: none"> Loan Application: Single/ Joint a.) Name of the Financial Institution from which loan availed of: b.) Loan Tenure: c.) Type of loan: d.) Loan Account No: 			
Nominee (if any)			

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Whether Assignment Clause Required: Yes/ No, If yes name of the Bank			
Whether Fixed Benefit or Reducing Balance Cover?			
Whether received any claim or benefit under any Critical illness, Health or Mediclaim or any disability benefit under any Personal Accident policy			
Occupation			
Annual Salary			

3.Type of Loan Insured (if applicable):

4.Policy Period

5.Whether Fixed Benefit or Reducing Balance Cover, if applicable?

Public Liability (Non Industrial Risks)

Please provide the following details of lifts, escalators etc. (attach separate sheet if required)

1)Please provide the following details of lifts, escalators etc. (attach separate sheet if required)

Sr. No.	Make	Capacity

2) 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

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

Description of surrounding property	Details

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Mumbai - 400 064

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai 400 025

UIN : IRDAN115RP0004V01200809

Toll free no : 1800 2666

Alternate no : 86552 22666 (chargeable)

E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com

4) 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: _____

5) Please indicate the limits of Indemnity during the period of Insurance in the following format:

Year	Limit of Indemnity

6) Please indicate the amount of indemnity required:

Any One Accident (AOA) (Rs.)

7) 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

8) Other facilities: (Please specify)

Extensions Required:

1) Sports Facilities Extension	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Swimming Pool Extension	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3) Foods & beverages Extension	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4) Goods Kept in Custody of Insured Extension	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5) Act of God Perils Extension	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6) Sudden and Accidental Pollution Liability Extension	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Employer's Liability Workmen's Compensation

No of Workmen to be insured:

Description of Employees	Estimated Number of Employees	Cash	Living or other allowances if any)	Total	Insurance required. State Table A or B of prospectus	Rate (%) PREMIUM (For office use)

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1	2	3	4	5	6	7
Workmen drawing monthly wages up to Rs.4000/-						
Clerical Staff_						
Commercial-- Traveler's						
Employees engaged with woodworkin g machinery including Machinists and machinists laborers						
Others (specify)						
Workers drawing Monthly wages over Rs.4000/-						
Clerical Staff						
Commercial Traveler's						
Employees engaged with woodworking machinery including machinists and machinist's laborers						
Others (Specify)						

The total amount of wages salaries and other earnings paid by you during the past twelve months was Rs.

Extensions Required

Do you wish to avail any of the following extensions to the policy at an additional premium?

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a) Medical Expenses Benefit Yes No
 b) Occupational Disease Cover Yes No

If yes to "a" above, please indicate the limit required for Medical Expenses benefit from the following:

1) Rs 80 per case 2) Rs 120 per case 3) Rs 160 per case 4) Rs 400 per case 5) Rs 800 per case
 6) Rs 1600 per case 7) Rs 2400 per case

Machinery Breakdown:

Details of the Machinery Proposed to be covered

Sr. No	Quantity (Nos.)	Description, Type, Model, Capacity of Machine / Serial No / HP / KVA. Volts, Amps, RPM	Maker's Name & Country of origin	Standby (\$) / 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's 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 ___

(iii) Do you wish to avail of Voluntary Excess- 2/ 5/ 10 / 20 times the minimum excess which will entitle you to a discount ranging from 10% to 42.5%

Yes No

If yes, please tick the option below

2Times 5Times 10Times 20Times

Extensions Required

If you want to avail of extension by payment of additional premium, please provide the limit of indemnity in each such case

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- Escalation Amount Yes Rs. _____ No
- Escalation percentage ____ %
- Express Freight (excluding Air freight), overtime and holiday rates of Wages Yes Rs. _____ No

Air Freight Yes Rs. _____ No

Owner's surrounding property Yes Rs. _____ No

Third Party Liability Yes Rs. _____ No

AOA Rs.

AOY Rs.

Additional Customs Duty Yes ___ Rs___ No___

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, Stabilizers, UPS, System Software etc.

Are all the Equipment's mentioned in this section covered in Section I: Standard Fire and Special Perils

Yes No

SECTION 2 - EXTERNAL DATA MEDIA

Sum Insured	
i. Data Media (type and quantity)	
ii. Expenses for Reconstruction and re-recording of information.	
TOTAL SUM INSURED	

Is there a Valid Maintenance Contract in force Yes

No

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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

Do you wish to avail of Voluntary Excess- 2/ 5/ 10/ 20 times of Compulsory Excess, which will entitle you to a discount in Premium? Yes No

If yes, please tick the option below

2Times 5Times 10Times 20Times

All Risks:

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

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

(i.) Scope of cover required: Only in India Worldwide Yes No

(ii.) Electrical/ Mechanical Breakdown Extension Required:

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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} or in strong room on the Proposer's premises as specified in the schedule outside business hours, against risks of burglary, house breaking, dacoit, 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		Limit of any one loss (Rs.)
		From	To	
(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 persona! custody of Proposer o, his employee for a period not exceeding 48 hours from time of collection.			

What is the Estimated Annual amount of money in Transit(EAT)? _____

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 & Terrorism cover? Yes No

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	Position of glass	Size Height x Width	Value of ornamental work/Lettering/Painting	Value of glass	Others (please specify)
Names/Designation	Class (I/II/III)	Since when in service (DDMMYYYY) case shelf or mirror and	Place of employment	Total remuneration (annual) (Rs.)	Amount to be insured	Value of glass	Any security taken
							whether glass is fixed.
Plain Glass							
Total							
Ornamental Glass							
Corner Glass							
Special type of glass*: please elaborate							

Fidelity Guarantee

What is the basis of insurance?

Named Designation Floater

Please provide details of the employees to be guaranteed in the following format:

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E-mail : customersu@...
Web site : www...

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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

PREVIOUS POLICIES AND CLAIMS DETAILS

Please provide details of past insurance with respect to the property proposed to be covered and the claims details thereof:

Sr. No	Section	Name & Address of Previous	Policy	Insurance		Claims History (for the past 3 Yrs.)						
						Numbers	From	To	No. of claims	Pre miu m	Clai m Amoun t	Remarks (if any)
I.	Standard Fire and Special Perils- Building	Insurer							No. of claims	Pre miu m	Clai m Amoun t	Remarks (if any)
I.	Standard Fire and Special Perils - Contents								No. of claims	Pre miu m	Clai m Amoun t	Remarks (if any)
II.	Consequential Loss (Fire\								No. of claims	Pre miu m	Clai m Amoun t	Remarks (if any)
III.									No. of claims	Pre miu m	Clai m Amoun t	Remarks (if any)
IV.	Agricultural Pumpset								No. of claims	Pre miu m	Clai m Amoun t	Remarks (if any)
V.	Agricultural Tractor								No. of claims	Pre miu m	Clai m Amoun t	Remarks (if any)
VI.	Cattle Insurance								No. of claims	Pre miu m	Clai m Amoun t	Remarks (if any)
VII.	Livestock Insurance								No. of claims	Pre miu m	Clai m Amoun t	Remarks (if any)

VIII.	Weather Insurance							
IX.	Burglary							
X.	Individual Personal Accident							
XI.	Group Personal Accident							
XII.	Individual Health							
XIII.	Group Health							
XIV.	Group Health (Floater)							
XV.	Critical illness							
XVI.	Secure Mind							
XVII.	Group Secure Mind							
XVIII.	Public Liability (Non-Industrial Risks)							
XIX.	Employer's Liability (Workmen's Compensation)							
XX.	Machinery Breakdown							
XXI.	Electronic Equipment Insurance							
XXII.	All Risks							
XXIII.	Money							
XXIV.	Plate Glass							
XXV.	Fidelity Guarantee							

MODE OF PAYMENT

Cheque No.: _____ dated ____/____/____

Drawn on _____

DD No.: _____
dated ____/____/_____
Drawn on _____

ANY ADDITIONAL INFORMATION RELEVANT TO THE POLICY APPLIED FOR

DECLARATION

I/we declare that the quality of construction of the building is satisfactory.

I/we agree that the Company may at any time during the validity of the Policy or at the time of processing any claim under this Policy, if any, in its sole discretion, require me/us to provide proof, documented or otherwise, that insurable interest proportionate to my/our status as declared under the Section "Property Details of this proposal exists, and that I/we shall promptly comply with such requirement of the Company at all such times.

I/we authorize the Company and their agents to exchange, share or part with all the information relating to my/ our personal and financial details with Government bodies / Regulatory Authorities/ Statutory bodies, or under court orders as may be required and If 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 1/ 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 agree that the issuance of Policy shall be subject to realization of premium cheque.

Place: Proposer's Signature/Seal/Stamp
Date: ___/___/___

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.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

Referred by	_____				
Agent Code	_____				
Agent Name	_____				
Sector: Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Social	<input type="checkbox"/>