



Proposal Form

Important:

1. This proposal is for covering an enterprise whose total value of insurable assets at a location exceeds ₹ 5 Crore but does not exceed ₹ 50 Crore, against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

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

A. DETAILS ABOUT PROPOSER AND POLICY PERIOD:

1. Name of Proposer (First Name) (Middle Name) (Last Name)

2. Address of Proposer
 District:
 State: City/Town: Pin Code:

3. Telephone No. (Landline) 4. Mobile No.

5. Email

6. Contact person details, a. Name
 if not an individual b. Designation

7. Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions. _____

8. Period of Insurance From : To :

B. BUSINESS AND LOCATION OF BUSINESS:

9. Business of Proposer

10. Location of risk/business to be covered - full postal address with Pin Code

Sl. No.	Address	Pincode	Occupancy	Age of Unit	Floor*

*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor

C. DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION

11. The Insured property is Please tick in the space below :

a. Offices, shops, hotels etc. Yes No

b. Industrial / manufacturing risks Yes No

c. Storage outside Industrial/ manufacturing risks Yes No

d. Tanks / gas holders outside industrial/ manufacturing risks. Yes No

e. Utilities located outside Industrial/manufacturing risks. Yes No

f. Boundary wall Yes No

g. Basement storage Yes No

h. Others (please specify) _____

12. If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored. _____

13. If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable) _____

14. If used as an Industrial Manufacturing unit, please state whether the factory is working or silent? _____

15. Fire Protection devices installed

Please Tick the correct answer in the box below.

- | | |
|---|--|
| <input type="checkbox"/> Portable Extinguishers | <input type="checkbox"/> Small bore hose reels |
| <input type="checkbox"/> Trailer Pumps/Fire engines | <input type="checkbox"/> Hydrant System |
| <input type="checkbox"/> Sprinkler System | <input type="checkbox"/> Fixed Water Spray System |
| <input type="checkbox"/> Foam System | <input type="checkbox"/> Fire Alarm System |
| <input type="checkbox"/> Gas Flooding System | <input type="checkbox"/> Others, please specify below. |

16. Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force : Yes No

17. Construction Details

a. Please state material used

Please tick the correct answer in the box

- | | | |
|-----------|---------------------------------|--------------------------------|
| i. Walls | <input type="checkbox"/> Kutcha | <input type="checkbox"/> Pucca |
| ii. Floor | <input type="checkbox"/> Kutcha | <input type="checkbox"/> Pucca |
| iii. Roof | <input type="checkbox"/> Kutcha | <input type="checkbox"/> Pucca |

Note: Kutcha: Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like are treated as Kutcha Construction. **Pucca:** Buildings other than Kutcha are treated as Pucca constructions.

b. Number of Floors _____

c. Age of the Building Less than 5 years 5 – 10 years 10 – 20 years Above 20 years

18. Distance between the risk to be covered and nearest Fire Brigade _____

19. Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)

20. Whether Insurance was declined by any other Company (Give details)

21. Premium / Claim details for the past 36 months excluding the expiring policy period

Year	Premium	Claim
	₹	₹
	₹	₹
	₹	₹
	₹	₹
	₹	₹
TOTAL	₹	₹

D. SUM INSURED AND OTHER DETAILS OF INSURED PROPERTY

(Indicate Sum Insured on the following basis:

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: **Reinstatement Value;**
- For raw material: **Landed Cost;**
- For stock in process: **Input cost;**
- For finished stock: Manufacturing cost of the finished stock or the Contract Price* of goods sold but not delivered, as applicable.

* Contract Price is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale 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).

22	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. STANDARD ADD-ONS

I. Do You want to opt for Floater Cover?: Yes No (strike off what is not applicable). If yes, give details below:

23. Floater Cover (for stocks at various locations)

Location
 (Postal address with pincode) District:
 State: City/Town: Pin Code:

Sum Insured (In ₹)

i) Maximum value at any one location: ₹

ii) Whether stocks stored in open: Yes No

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

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

Amount (₹):

F. OPTIONAL ADD ON'S (STRIKE OFF WHAT IS NOT APPLICABLE).

S.No.	Add On's	Add On's Selected
1	Accidental Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Loss Minimization	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Extra Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, _____% of material damage claim amount *Please provide in the multiples of 5% subject to a maximum of 25%. ** Our Maximum liability is limited to ₹ 25 lacs
4	Involuntary Betterment	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Loss of Rent and Additional Expense of Rent for Alternative Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide rent amount per month _____ Indemnity Period _____ (in months upto 36 months)
6	Contract Works	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Sum Insured _____ (max upto 10% of total sum insured)
7	Escalation	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, _____% increase per annum (max 25%) (Not app/licable for stocks)
8	Brand and Label Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide Sum Insured limit. Up to _____% of Finished Goods Sum Insured (max upto 25% of finished goods sum insured)
9	Dynamo Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No

G. PREMIUM DETAILS

25. Mode of Payment _____ Amount _____
 Payment Details _____

Other Information:

FRAUD WARNING:

This policy shall be voidable at the option of the HDFC ERGO in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Applicant. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

ANTI REBATING WARNING:

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy 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 prospectus or tables of the insurer. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Ten Lakhs rupees.

DATA PROTECTION REQUIREMENT:

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"

ANTI- MONEY LAUNDERING:

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

SHARING OF INFORMATION CLAUSE:

I. Premium Details

kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

PREMIUM DETAILS:

Amount (INR) _____ GST (INR) _____
Premium including tax (INR) _____ Rupees in words _____

PAYMENT DETAILS:

Cheque NEFT
Instrument No. _____ Instrument Date: _____
Bank Account No. _____
Account Type: Savings / Current / Other. If others, please specify _____
Branch Name & Address: _____
IFSC Code _____ MICR Code _____

Bank details for refund of premium in case of cancellation to be considered as above - Yes/No

If NO, please provide additional bank details in below provided space:

Bank Account No. _____
Account Type: Savings / Current / Other. If others, please specify _____
Branch Name & Address: _____
IFSC Code _____ MICR Code _____

Nationality: Indian Non – Indian

If Non-Indian, please specify Country: _____

Are you a Political Exposed Person or related to Political Exposed Person: Yes/No (appropriate tick) If Yes, give details _____

Type of Organization

Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.

Note:

1. Please provide a cancelled copy of cheque of your bank account.
2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

Go Green and Make a difference!! By choosing this option, only soft copy of Policy shall be delivered to your registered mail. The soft copy is valid for lodging claims or any other service needs. (If you require physical copy of your policy in future, please visit "Help" section on www.hdfcergo.com or contact our customer care.

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer and full premium has been realized by the company. We are under no obligation to accept any proposal for insurance. The Applicant agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Applicant by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered

H. DECLARATION BY INSURED

I/ We hereby declare that the value insurable assets is more than ₹ 5 Crore but less than ₹ 50 Crore and the statements made by me / Us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/Us and the

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of the Proposer

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.