

IMD Code :		Sub IMD Code :	
IMD Name :		Mobile No. :	

COMMERCIAL PACKAGE POLICY - PROPOSAL FORM

Important:
This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

PROPOSER DETAILS

Name of the Proposer		
Address		
Landline	Mobile	Fax
Email		
Occupation/Business		

COVERAGE DETAILS (Please tick mark the sections you require and answer the relevant questions)

SECTION 1 : STANDARD FIRE & SPECIAL PERILS COVER

Note : This section is compulsory. Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

a. Address of all Risk Locations (RL) to be covered :

RL	Address
1	
2	
3	
4	

- b. Building Details:
- Construction of External Walls: Brick ☐ / Concrete ☐ / Glass ☐ / Asbestos ☐ / Others (Please specify)
 - Construction of Roof: Concrete ☐ / Asbestos ☐ / Tiles ☐ / Others (Please specify)
- c. Is the Building owned by you? Yes ☐ / No ☐
- d. Are you the sole occupant of the Building? Yes ☐ / No ☐
If no, who are the other occupants? Please give details: _____
- e. If you are the owner of the Building, please indicate the sum to be insured (Rs.): _____
(Please take the reinstatement value)
- f. Contents (Please specify the sum to be insured for contents)

Item	Sum to be Insured (Rs.)
Business Equipments (Other than Electronic Equipments covered under Section 7 and Portable Equipments covered under Section 12)	
Furniture, Fixture and Fittings	
Other items (Please specify)	

- g. Do you wish to cover the following extensions?
- (i) Earthquake Cover: Yes ☐ / No ☐
- (ii) Terrorism Cover: Yes ☐ / No ☐

SECTION 2: BURGLARY AND ROBBERY COVER

Note: This section is compulsory. Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Please give the break up of the sum to be insured. Please note that the sum to be insured for this Section will be same as that for contents under Section 1.

Item	Sum to be Insured (Rs.)
Business Equipments (Other than Electronic Equipments covered under Section 7 and Portable Equipments covered under Section 12)	
Furniture, Fixture and Fittings	
Other items (Please specify)	

- b. Would you like to opt for a cover on a first loss basis @ 25% of the total value at risk? Yes ☐ / No ☐

- c. Would you like to opt for a Theft extension cover? Yes ☐ / No ☐
- d. Whether 24 hours security provided for the building? Yes ☐ / No ☐
If yes, please give details: _____
- e. Whether any burglar alarm or similar security devices are provided? Yes ☐ / No ☐
If yes, please give details: _____

SECTION 3: MONEY INSURANCE COVER

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes ☐ / No ☐
If yes, please furnish the following details:
- b. Please specify the locations between which the transit of money to be covered: _____
- c. What is the Any One Transit Limit? _____
- d. How many transits take place in a month? _____
- e. What is the estimated Annual Transit? _____
- f. What is the mode of transit? _____
- g. Please specify security provided, if any: _____
- h. Whether casual employees are used for carrying money? Yes ☐ / No ☐
- i. Is there a daily written record of the money in transit and is it updated every day? Yes ☐ / No ☐
- j. Do you want to cover cash in safe/strong room? Yes ☐ / No ☐
If yes, please provide the sum to be insured: Rs. _____
- k. Do you want to cover cash in till/counter? Yes ☐ / No ☐
If yes, please provide the sum to be insured: Rs. _____

SECTION 4: PLATE GLASS COVER

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes ☐ / No ☐
If yes, please provide the following details of the plate glass to be insured:
- | Description and Position of Plate Glass | Size of Plate Glass | | Sum to be Insured (Rs.) |
|---|---------------------|--------------|-------------------------|
| | Height in cm. | Width in cm. | |
| | | | |
| | | | |
| | | | |
| | | | |
- b. Is there any plate glass in the insured premises that is not included in the above? Yes ☐ / No ☐
If yes, please describe the position and size: _____
- c. Is there at present any broken or damaged plate glass? Yes ☐ / No ☐
If yes, please describe the position and size: _____

SECTION 5: MACHINERY BREAKDOWN COVER

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes ☐ / No ☐
If yes, please provide the following information:
- | Description of the Equipment | Sr. No. , Type and Capacity of the Equipment | Year of Manufacture and Name of Manufacturer | AMC (Yes/No) | Sum to be Insured (Rs.)* |
|------------------------------|--|--|--------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |

* The sum to be insured should represent the new replacement value of the same type of equipment

- b. Please provide details of breakdown and repair cost incurred during the last 3 years for the above mentioned equipments: _____

SECTION 6: NEON SIGN COVER

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes ☐ / No ☐
If yes, please provide the following information in respect of all the neon signs and/or glow signs to be insured:
- | Description | Year of Production | Name of Manufacturer | Sum to be Insured (Rs) [Reinstatement Value] |
|-------------|--------------------|----------------------|--|
| | | | |
| | | | |
| | | | |

SECTION 7: ELECTRONIC EQUIPMENTS INSURANCE COVER

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes ☐ /No ☐

If yes, please provide the following information:

Description of the Equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Sum to be Insured (Rs.)*

* The sum to be insured should represent the new replacement value of the same type of equipment

- b. Please provide details of breakdown and repair cost incurred during the last 3 years for the above mentioned equipments: _____

- c. Do you require cover for external data media? Yes ☐ /No ☐

If yes, please provide the reinstatement value of external data media: _____

- d. Do you require cover for reproduction of data lost following an indemnifiable damage to property insured under material damage coverage of this Section? Yes ☐ /No ☐

- e. Do you wish to opt for Terrorism cover? Yes ☐ /No ☐

SECTION 8: FIDELITY GUARANTEE COVER

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes ☐ /No ☐

If yes, please furnish the following details:

Details of Employees to be covered		
Category of Staff to be covered	No. of Employees to be covered	Employee Sum Insured (Rs.)

- b. Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last five years? Yes ☐ /No ☐

If yes, please provide the following details:

Date	Circumstances	Amount of Loss (Rs.)

- c. Is there a system to obtain references from previous employers? Yes ☐ /No ☐

If not, please specify practice followed: _____

- d. Has there been any occasion to question honesty or conduct of any person proposed for guarantee? Yes ☐ /No ☐

If yes, please provide details: _____

- e. How often are the employees required to account for money? _____

- f. Are books of accounts balanced everyday? Yes ☐ /No ☐

If not, what is the frequency of balancing books of accounts? _____

- g. What independent system is there to check that all sums received by employees are accounted for? _____

SECTION 9: GROUP PERSONAL ACCIDENT COVER

Note: Please attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes ☐ /No ☐

If yes, please furnish the following details:

Name of the Person	DOB	Relationship with the Proposer	Occupation	Monthly Salary (Rs.)	Coverage Required (Basic/Wider/Comprehensive)	Total Sum Insured (Rs.)

- b. Do you wish to opt for Medical Expenses cover? Yes ☐ /No ☐

- c. Do you wish to opt for Hospital Confinement cover? Yes ☐ /No ☐

SECTION 10: PUBLIC LIABILITY COVER

Note: Please attach separate sheet wherever required. Please note that liability under Public Liability Insurance Act 1991 or any other no fault liability basis is not covered.

- a. Do you wish to opt for this cover? Yes ☐ /No ☐
- b. Please provide the limit to indemnity required for any one accident and any one year: Rs. _____
- c. Has there or have there been any instances of third party Bodily Injury and Property Damage in the past? Yes ☐ /No ☐
If yes, please give details: _____

SECTION 11: WORKMEN'S COMPENSATION COVER

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes ☐ /No ☐
If yes, please furnish the following details:

Details of Employees to be covered		
Number of Employees	Nature of Work	Monthly Salary (Rs.)

- b. Are there any security measures to prevent accidents? Yes ☐ /No ☐
If yes, please provide details: _____
- c. Has there or have there been any instances of accidents in the premises in the past 3 years? Yes ☐ /No ☐
If yes, please provide details: _____

SECTION 12: PORTABLE EQUIPMENTS COVER

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes ☐ /No ☐
If yes, please provide the following information:

Description of the Equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	AMC (Yes/No)	Territorial Limits (India/Worldwide)	Sum to be Insured (Rs.)*

* The sum to be insured should represent the new replacement value of the same type of equipment

- b. Please provide details of breakdown and repair cost incurred during the last 3 years for the above mentioned equipments: _____

SECTION 13: BAGGAGE INSURANCE COVER

Note: Please attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes ☐ /No ☐
If yes, please provide the following details:
- b. Please specify the limit to be insured per loss: Rs. _____
- c. Please specify the total limit during the policy period: Rs. _____
- d. Please specify the territorial limits: India ☐ / Worldwide ☐

SECTION 14: PEDAL CYCLE COVER

Note: Please provide the necessary details for each Risk Location and attach separate sheet wherever required.

- a. Do you wish to opt for this cover? Yes ☐ /No ☐
If yes, please provide the following information in respect of all pedal cycles to be insured:

Name of the Manufacturer	Year of Production	Frame no.	Value including accessories (Rs.)

b. Please specify details of the location where the pedal cycles are stored when not in use: _____

SECTION 15: BUSINESS INTERRUPTION COVER

Note: Please provide separate sheet wherever required.

a. Do you wish to opt for this cover? Yes ☐ /No ☐

If yes, please provide the following details:

b. What is the Turnover for last 12 months? Rs. _____

c. What is the estimated Turnover for next 12 months? Rs. _____

d. What is the sum to be insured? Rs. _____

NB: The sum to be insured is estimated Gross Profit for next 12 months which is Turnover less purchases and other variable business expenses.

e. What is the estimated Net Profit for the next 12 months? Rs. _____

f. What is the indemnity period opted? 6 months / 9 months / 12 months

g. Do you maintain upto date books of accounts? Yes ☐ /No ☐

h. Do you wish to opt for terrorism cover extension? Yes ☐ /No ☐

(You can opt for terrorism extension for this section, only if you opt it under Section 1)

MODE OF PAYMENT

a) By Cheque: Cheque No. _____ Bank _____ Branch _____

b) By Cash: _____

PREVIOUS INSURANCE DETAILS

a. Is your previous insurance policy with Bajaj Allianz General Insurance? Yes ☐ /No ☐

b. If yes, kindly provide the previous Policy No. _____ Policy Expiry Date _____

c. If no, kindly provide name of the previous insurer (if any) _____ Previous Policy No. _____ Policy Expiry Date _____

d. Please provide the claims history for past 3 yrs:

No. of Claims made: _____ Cause of Loss: _____ Total Claimed Amount: _____

e. Has any General Insurance Company, in respect of the risk to which this proposal relates, ever:

● Declined a proposal, refused renewal or terminated insurance? Yes ☐ /No ☐

● Required an increased premium or imposed special conditions? Yes ☐ /No ☐

If yes in either case, please provide details: _____

DECLARATION AND WARRANTY

I/We hereby declare and warrant that the declaration, warranties, statements and particulars given in this proposal form are complete, true and accurate to the best of my/our personal knowledge and belief. I/We have understood that the statements and particulars given in this proposal form and this declaration shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company and that, if it is found that any of the statements or particulars in this proposal form or other documents are incorrect, untrue, suppressed any information or provided misleading/false information in any respect of any material matter to the grant of a cover, the Company shall have no liability under the insurance contract or the policy document there under.

I/We also agree to inform Company any changes in any respect of any material matter to the grant of a cover in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form. I/We will accept the usual conditions and form of the policy issued by Company in such cases.

I/we also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realising [in case of payment by cheque/DD/PO] of prescribed premium amount, failing which Company's risk is void ab initio.

I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

I/we have read and understood the Privacy Policy of your Company and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time.

Place: _____ Signature of Proposer

Date: _____ Name:

Certified that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.*

Place: _____ Signature
(on behalf of Proposer)

Date: _____ Name:

*This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Proposer

SECTION 41 OF INSURANCE ACT, 1938: PROHIBITION OF REBATES

No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue and insurance in respect of any kind or 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 rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to five hundred rupees.

For Office Use Only

Net Premium: _____

Service Tax: _____

Total Premium: _____

Accepted By: _____

Date and Time: _____