Bajaj Allianz General Insurance Company Ltd.

GE Plaza, Airport Road, Yerawada, Pune – 411006.

PROPOSAL FORM FOR JEWELLER'S BLOCK INSURANCE

Please reply in full to all the following question			If the answer to any question is none state "NONE"			
1.	(a)	Name of Proposer (in full)	(a)			
	(b)	Address to which all communication should be sent.	(b)			
	(c)	State address of all premises to which the Policy is to apply (if more than one please attach a statement the floor(s) on which your premises are situated in each location).	(c)			
	(d)	Since when established	(d)			
2.		NATURE OF YOUR BUSINESS	Wholesale	%	Retail	%
			Manufacturing	%	Pawn Broking	%
3	(a)	Give the Safe Maker's name, cost when purchased (state whether new or secondhand and whether marked "Thief resisting" or "Burglar proof")	(a)			
	(b)	Will the premises be occupied at night by the Proposer?	(b)			
	(c)	Will there be a watchman on the insured premise(s). If Yes specify: - [Answer for all premises].	(c)			
	(i)	Whether he / they is / are your employees and is / are employed for all 24 hours of the day	(i)			

	(ii) Whether he / they is / are common watchman for the whole building / locality or only a night watchman to guard the insured premises/s or the building or the locality	(ii)
	(d) Is a burglar alarm system installed or any other special means of protection adopted? If so state what protection	(d)
	(e) Is an inside grill fitted to your Gold and Gems showroom, Window or is any other protection installed against loss by window smashing? If so, state what protection.	(e)
	(f) Are your display windows, protected by Roller Shutter outside business hours?	(f)
	(g) How are the doors secured outside business hours?	(g)
	(h) How are the windows protected?	(h)
	(i) How are Skylights. If any, protected?	(i)
4.	WINDOW DISPLAY: State the approximate maximum value of any one article of jewelery or gem stock which will be displayed in the window (A pad or tray containing a number of rings or other articles to be counted as one article) (Give separate answer for each location). Note: Window display at Night is not covered.	
5.	(a) What was the average daily total value of your	(a)
	(i) Stock during the past 12 month?	(i)

(ii) Cash and Currency Notes during the 12 month?	(ii)
(b) Will the whole of your stock when on your premises be kept if safe at night and at all times when the premises are closed? If not state value and class of stock, which will be left outside safes.	(b)
Notes **We do not cover stocks kept out of the safe after Business Hours and at Night**.	
6. VALUATION BASIS: Are the figures in this form compiled on the basis of cost price for your own Stock? If not give details.	
N. B.: **Unless otherwise mutually agreed claims in respect of your own stock will be related on the basis of the cost price**	
7. **LOSSES:**	
(a) Have you ever sustained a loss or losses?	(a)
(b) If so, give statement covering past five years with particulars.	(b)
(c) Were you insured and if so, give the name of the insurance Company and whether they paid the claim in full or part thereof? (Please state how much)	(c)
8. Any where in India	
Section 1	
(a) Property Insured on the premises.	(a)
(i) Property Insured in display windows during business hours	(i)
(ii) Property Insured in Locked safe on the Premises during business hours.	(ii)

(b) Cash and Currency Notes.	(b)
(c) Stock including Cash & Currency kept in the safe/strong room after business hours	(c)
(d) Stock in bank lockers subject to the insured Maintaining a separate register to record all Deposits/ withdrawals in such locker	(d)
Section 2 (i)Stock in the custody of the insured's, his partners and his employees. (ii) In the custody of brokers. (iii) In the custody of cutters.	
Section 3 Stock in Transit a) By registered insured post parcel b) By air transit to … c) By Angadia……. (Specify destination within India only)	
Section 4 (a) Furniture Fixtures, Fitting at premises not used as residence and safes at residence (b) Trade Equipment (Give separate values for each premises to be covered)	
9. Unless proposing for renewal, give two references from your trade.	
10. (a) Has any insurer ever cancelled or refused to issue or to continue any insurance for your?	(a)

(b) Have you been previously insured? If so state with whom, risk covered and for what amount	(b)

Signing this From does not bind the Proposer to complete the Insurance, but it is agreed that this Form shall be the basis of Contract should Policy be issued.

I/We have read the above and agreed that to the best of my/our knowledge and belief it represents true and complete statement.

I/We agree that if this insurance is completed the protection and/or safeguards mentioned above shall not be withdrawn or varied to the detriment of the interests of the Underwriters without their consent.

Date _____ Place _____ Signature of Proposer _____