

## New India Bharat Sookshma Udyam Suraksha

### PROPOSAL FORM

#### **Important:**

1. This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed ₹ 5 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                                                                                                             |                    |
| 2. | Address of Proposer                                                                                                          |                    |
| 3. | Telephone No. (Landline No.)                                                                                                 |                    |
| 4. | Mobile No.                                                                                                                   |                    |
| 5. | Email                                                                                                                        |                    |
| 6. | Contact person details (where proposer is not an individual)<br>a. Name<br>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 :<br><br>To : |

## New India Bharat Sookshma Udyam Suraksha

### B. Business and Location of Business

|     |                                                                              |                                                                      |         |          |           |             |        |
|-----|------------------------------------------------------------------------------|----------------------------------------------------------------------|---------|----------|-----------|-------------|--------|
| 9.  | Business of Proposer                                                         |                                                                      |         |          |           |             |        |
| 10. | Location of risk/business to be covered - full postal address with Pin Code. | SI No.                                                               | Address | Pin code | Occupancy | Age of unit | Floor* |
|     |                                                                              | 1.                                                                   |         |          |           |             |        |
|     |                                                                              | 2.                                                                   |         |          |           |             |        |
|     |                                                                              | 3.                                                                   |         |          |           |             |        |
|     |                                                                              | 4.                                                                   |         |          |           |             |        |
|     |                                                                              | *Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H). |         |          |           |             |        |

### C. Details about business covered at the insured location

|     |                                                                                                            |                                                                                               |
|-----|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 11. | Details of insured property                                                                                | Please tick in the space below :                                                              |
| a.  | Offices, Shops, Hotels etc.                                                                                | Yes <input type="checkbox"/> / No <input type="checkbox"/>                                    |
| b.  | Industrial / Manufacturing risks                                                                           | Yes <input type="checkbox"/> / No <input type="checkbox"/>                                    |
| c.  | Storage outside Industrial/ Manufacturing risks                                                            | Yes <input type="checkbox"/> / No <input type="checkbox"/>                                    |
| d.  | Tanks / Gas holders outside Industrial/ Manufacturing risks.                                               | Yes <input type="checkbox"/> / No <input type="checkbox"/>                                    |
| e.  | Utilities located outside Industrial/Manufacturing risks.                                                  | Yes <input type="checkbox"/> / No <input type="checkbox"/>                                    |
| f.  | Boundary wall                                                                                              | Yes <input type="checkbox"/> / No <input type="checkbox"/>                                    |
| g.  | Basement storage                                                                                           | Yes <input type="checkbox"/> / No <input type="checkbox"/><br>If, yes value stored SI: ₹..... |
| h.  | Others ( please specify)                                                                                   | _____                                                                                         |
| 12. | If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored. |                                                                                               |

## New India Bharat Sookshma Udyam Suraksha

|      |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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                                                                                                                                                                                                                                                                                               | <p>Please tick the correct answer in the box below.</p> <p><input type="checkbox"/> Portable Extinguishers</p> <p><input type="checkbox"/> Small bore hose reels</p> <p><input type="checkbox"/> Trailer Pumps/Fire engines</p> <p><input type="checkbox"/> Hydrant System</p> <p><input type="checkbox"/> Sprinkler System</p> <p><input type="checkbox"/> Fixed Water Spray System</p> <p><input type="checkbox"/> Foam System</p> <p><input type="checkbox"/> Fire Alarm System</p> <p><input type="checkbox"/> Gas Flooding System</p> <p><input type="checkbox"/> Others, please specify below.</p> |
| 16.  | Indicate whether AMC( Annual Maintenance contract) for the Fire Protection Appliances is in force                                                                                                                                                                                                                               | Yes <input type="checkbox"/> / No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 17.  | Construction details                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| a.   | Please state material used                                                                                                                                                                                                                                                                                                      | Please tick the correct answer in the box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| i.   | Walls                                                                                                                                                                                                                                                                                                                           | Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ii.  | Floor                                                                                                                                                                                                                                                                                                                           | Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| iii. | Roof                                                                                                                                                                                                                                                                                                                            | Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|      | <p><b>Note:</b><br/> <b>Kutcha :</b> 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.<br/> <b>Pucca :</b> Buildings other than Kutcha are treated as Pucca constructions</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

## New India Bharat Sookshma Udyam Suraksha

|                   |                                                                                                                           |                                                                                                                                                                                                                                                                                                     |         |       |                   |  |            |  |             |  |                |  |
|-------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------|-------------------|--|------------|--|-------------|--|----------------|--|
| b.                | Number of Floors                                                                                                          |                                                                                                                                                                                                                                                                                                     |         |       |                   |  |            |  |             |  |                |  |
| c.                | Age of the Building                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Less than 5 years</td> <td style="width: 40%;"></td> </tr> <tr> <td>5-10 years</td> <td></td> </tr> <tr> <td>10-20 years</td> <td></td> </tr> <tr> <td>Above 20 years</td> <td></td> </tr> </table> |         |       | Less than 5 years |  | 5-10 years |  | 10-20 years |  | Above 20 years |  |
| 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

## New India Bharat Sookshma Udyam Suraksha

*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. Details for in-built cover for Floater

|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                    |  |  |  |  |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------|--|--|--|--|
| 23. Floater Cover (for stocks at various locations) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Location (Postal Address with Pin Code)</td> <td style="width: 40%; padding: 5px;">Sum Insured (in ₹)</td> </tr> <tr> <td style="height: 20px;"></td> <td rowspan="3" style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> </tr> </table> <p style="margin-top: 10px;">i) Maximum value at any one location: ₹.....</p> <p>ii) Whether stocks stored in open: Yes/No</p> | Location (Postal Address with Pin Code) | Sum Insured (in ₹) |  |  |  |  |
| Location (Postal Address with Pin Code)             | Sum Insured (in ₹)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                    |  |  |  |  |
|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                    |  |  |  |  |
|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                    |  |  |  |  |
|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                    |  |  |  |  |

### F. Standard Add-on

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:<br><br>Amount (₹): |
|-----|--------------------------------------------------------------------------------------------------|

## New India Bharat Sookshma Udyam Suraksha

### G. Premium Details

|     |                 |  |
|-----|-----------------|--|
| 25. | Mode of Payment |  |
|     | Payment Details |  |
|     | Amount          |  |

### H. Declaration by Insured

I/We hereby declare that the value of insurable assets is less than ₹ 5 Crore ( Rupees Five 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.

Date:

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.