

**Proposal Form for Standard Fire & Special Perils Policy**

Product Code  Policy Type Code

**Intermediary Details (To be filled in BLOCK LETTERS)**

Branch Code  Employee Code  Intermediary Code

**Proposer's Details (To be filled in BLOCK LETTERS)**

1. This Proposal is for  A New Policy  Renewal of SGI  Renewal of Others  Endorsement

2. a) Proposer's Full Name Mr./Mrs./M/s.

b) Address for Communication

City	State	Pin Code
Phone (Res.) STD Code	Phone No.	Phone (Off.) STD Code
Mobile	E-mail	Fax

Do you have CKYC Number?	Yes/No. ....
If Yes Please enter the CKYC Number	.....
If no, please tick enter any of the following ID No. and attached the same. Pan No./Voter ID No./Driving Licence No./Aadhaar no./ Any other ID No.	

3. Business of the Proposer

4. Paid up capital of the company  Upto Rs. 15 crores  Between Rs. 15 crores & 25 crores  Over Rs. 25 crores

5. Policy to be issued in favour of (List out all the parties who have insurable interest including the financial Institutions)

A.  B.  C.

6. Locations of risk to be covered (Complete Address with Pin Code)-In case of more number of locations, attach separate sheet.

Location 1	Location 2
..... ..... ..... ..... .....	..... ..... ..... ..... .....
PIN Code	PIN Code

7. Period of Insurance From  To

8. Do you want to delete any of the following covers from the basic cover?

a. Storm, Tempest, Flood, Inundation (STFI)  Yes  No

b. Riot, Strike & Malicious Damage Cover (RSMD)  Yes  No

9. Whether you have insured the same Property with any other insurance company with the same type of coverage (Give detail)

10. Whether insurance was declined by any other insurance company or any special conditions were imposed. (Give details)

11. Premium / Claim details for the preceding 36 months, Excluding the expiring policy period

	Years	Premium (Rs.)	Claim Amount (Rs.)
<b>Total</b>			

### Details about property covered at the insured location

12. The insured Property is (Tick one only of the following)

Residence (If yes, please specify no. of years cover required for)	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	_____ Yrs.
Office, Shops, Hotel etc	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	
Industrial/Manufacturing risks	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	
Storages outside industrial risks (UIN : IRDAN137RP0001V01200809)	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	
Tanks/Gas holders outside industrial/manufacturing risk	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	
Utilities located outside industrial manufacturing risk	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	
13. If used as shop please declare whether the goods handled are as per the following list	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	
If yes, whether the value will exceed 5% of the stock value	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	

1. Celluloid goods, 2. Coir Loose, 3. Crackers & Fire Works, 4. Explosives of any kind, 5. Hay/ Straw, 6. Hemp, 7. Jute (Loose), 8. Matches, 9. Methylated Spirit, 10. Nitro Cellulose Plastics, 11. Oils/Ether/Industrial Solvents and other inflammable liquids flashing at and below 32°C (closed Cup Test), 12. Paints with inflammable base having flash point below 32°C (Closed Cup Test) - Other than in sealed tins or drums, 13. Varnishes having a flash point 32°C (Closed Cup Test) - Other than in sealed tins or drums, 14. Disinfectant liquid and liquids insecticides - Other than in sealed tins of drums, 15. Vegetable fibres of any kind including Rayon fibre.

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

15. If used as an Industrial / Manufacturing unit, please give products manufactured at the location proposed

16. If used as an Industrial / Manufacturing unit, please state whether the factory is working or silent at present

17. Fire Protection devices installed (Please Tick in the box below)

a) List out the various blocks and indicate whether protected by automatic sprinkler					
installations with their own independent pumping arrangements	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	
b) The type of FEA Protection provided					
i) Hand Appliances & Trailer Pumps/Fire Engines	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	
ii) Hand Appliances & Hydrant System	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	
iii) Hand Appliances & Independent Sprinkler/Fixed Water Spray System	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	
iv) Hand Appliances, Hydrant System & Independent Sprinkler/Fixed Water Spray System	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	
Indicate whether annual maintenance contract is in place	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	

18. Voluntary Excess (If yes, specify amount)

Yes  No

Deductible Amount		Discount (%)	Yes	No
AOG Perils (5* % of claim amount subject to minimum of Rs. in lakhs)	Other perils (of Rs. in lakhs)			
10	5	2	<input type="checkbox"/>	<input type="checkbox"/>
20	10	4	<input type="checkbox"/>	<input type="checkbox"/>
30	15	6	<input type="checkbox"/>	<input type="checkbox"/>
60	30	8	<input type="checkbox"/>	<input type="checkbox"/>
100	50	10	<input type="checkbox"/>	<input type="checkbox"/>
500	100	12.5	<input type="checkbox"/>	<input type="checkbox"/>
1,000	500	15	<input type="checkbox"/>	<input type="checkbox"/>
2,000	1,000	20	<input type="checkbox"/>	<input type="checkbox"/>
>2,000	>1,000	25	<input type="checkbox"/>	<input type="checkbox"/>

19. The basis proposed for insurance (Building / Machinery / Furniture / Fixture / Fittings)

Market Value Basis  Yes  No

Reinstatement Value Basis  Yes  No

Whether escalation clause is required (if yes, upto what %age subject to a maximum of 25%)  Yes  No \_\_\_\_\_ %age

20. Block Wise value

Location - I										Amount (Rs.)			
Description of Block	Building	Plinth*** & Foundation	Machinery & Accessories	Furniture/ Fixture/ Fittings & Equipments	Stock and stock in process**	Property to be insured separately	Total	How old is the Building (Years)	Height of Building (Mtr.)	Construction			
										Walls		Roof	
										Pucca*	Kutcha	Pucca*	Kutcha
										<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
										<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
										<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
										<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<b>Total</b>										<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
										<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Location - II										Amount (Rs.)			
Description of Block	Building	Plinth*** & Foundation	Machinery & Accessories	Furniture/ Fixture/ Fittings & Equipments	Stock and stock in process**	Property to be insured separately	Total	How old is the Building (Years)	Height of Building (Mtr.)	Construction			
										Walls		Roof	
										Pucca*	Kutcha	Pucca*	Kutcha
										<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
										<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
										<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
										<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<b>Total</b>										<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
										<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

\* RCC / Steel & Concrete / Burnt Bricks / Stone / Tiles etc.

\*\* Indicates those stocks which are covered on normal basis and do not fall under Serial No. 21 A, B, C and D below

\*\*\* Do you want cover for earthquake only for plinth and foundation ?

Yes  No

If yes, give value for plinth & foundation :

Rs.

21. Special coverage for stocks only

**A. On Floater Basis**

Stocks at various location (warehouses/ godowns/proess block and/or open) can be covered on floaters basis for a single Sum insured.

Address of Different Locations

Amount (Rs.)

1.

2.

3.

**B. On Declaration Basis**Stocks Which fluctuate in value can be covered on (monthly) declaration basis: Amount (Rs.) Monthly declaration based on a) the average of the values at risk on each day of the month or  Yes  Nob) the highest value at risk during the month  Yes  No**Note:** 1. Minimum Sum Insured is Rs.1 Crore, and policy not issued on short period basis.

2. Stocks in process and stocks stored at Railway sidings are not covered.

**C. On Floater Declaration Basis**

Stocks which fluctuate in value as well as stored in various locations can be covered on (monthly) floater declaration basis

Floater Declaration Basis Amount (Rs.) **Note:** 1. Minimum Sum Insured is Rs. 2 Crores 2. Stocks in process and stocks stored at Railway sidings are not covered.**D. Stocks stored in open : Stocks in open (Located outside the factory compound)**Location..... Amount (Rs.) 

## 22. Add-on cover required

Particulars	Yes	No	Sum Insured* /Rs.l	*
i. Architects, Surveyors and consulting Engineers fee (in excess of 3% claim amount)				Specified sum insured not exceeding 7.5% of claim amount
ii. Debris Removal (in excess of 1 % claim amount)				Specified sum insured upto maximum 10% of sum insured
iii. Deterioration of Stocks in cold storage premises on account of				Sum insured of stocks
a) Accidental power failures due to damage at power station due to an insured peril				Sum insured of stocks
b) Change in temperature arising out of loss or damage to the cold storage machinery in the insured premises due to operation of insured peril				Sum insured of stocks
iv. Forest Fire				Specified sum Insured
v. Impact damage due to insured's own rail/Road vehicles etc.				Policy sum Insured
vi. Spontaneous combustion				Sum Insured of relative commodity
vii. Omission to insure additions alteration or extension				5% of sum insured of Building/Machinery/Accessories
viii. Earthquake (fire and shock)				Policy Sum insured
ix. Spoilage material damage cover				Value of stocks in specified blocks Machinery/Accessories value in specified blocks.
x. Leakage and contamination cover				Specified Sum insured
xi. Temporary removal of stocks				Policy Sum insured
xii. Loss of rent				Specified Sum insured
xiii. Additional expenses of rent for an alternate accommodation				Specified Sum insured
xiv. Start up expenses				Specified Sum insured
xv. Terrorism				Policy Sum insured
xvi. Molten material Spillage				Specified Sum insured

**Payment Details**Cheque  DD  cash  Pay Order  Any other (Please Specify) 

Amount (Rs.) /-Amount in Words (Rupees )

Bank Name

Cheque / DD No.

Cheque / DD Date

**NEFT Payment Details (for Claim Disbursement)**

Payee Name: \_\_\_\_\_ Bank A/c No.: \_\_\_\_\_ Bank A/C Type \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

**Declaration by Proposer**

I/We hereby declare and warrant that 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 Shriram General Insurance Company Limited. If any additions/alterations are carried out in the risk proposed after the submission of this proposal form then the same shall be conveyed to the Shriram General Insurance Company Limited Immediately.

Place:

Date:

Signature of Proposer

Recommendations of the Agent \_\_\_\_\_

**Note:** If the proposer omits to give full information or gives false information in reply to any question, the policy will be voidable at the instance of the company

## Prohibition of rebates - Section 41 of the 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 and insurance in respect of any kind or 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 upto Rs.10 lakh.

### For Office Use

Customer ID \_\_\_\_\_ Proposal Number \_\_\_\_\_  
Policy Number \_\_\_\_\_ Proposal Entry By \_\_\_\_\_  
Time of Commencement. (Hrs.) \_\_\_\_\_  
Date \_\_\_\_\_ Date of Expiry of Insurance \_\_\_\_\_

Accepted for underwriting

Name & Signature

Regd. Office : E-8, EPIP, RIICO Industrial Area, Sitapura, Jaipur - 302022 (Raj.)