

Proposal Form

1. This Proposal is for covering either an enterprise whose total value of Insurable Assets at a location exceeds ₹50 Crore against Fire Perils or for covering a Co-Operative Housing Society irrespective of the Sum Insured opted for.
2. Read the Prospectus Key Features Document/Policy Wordings before filling up this Proposal Form to understand the meaning of the terms use 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:

Name of the Proposer			
Address of Proposer			
PIN Code		Telephone	
Fax			
Email ID			
Contact Person Details			
a. Name			
b. Designation			
Policy to be issued in favor of (list out all the parties who have Insurable interest) including the financial institutions		Period of Insurance	From:
			To:

Do you want a physical copy of this Proposal Form? Yes No

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India
24*7 Toll free No.: 1800 266 7780 • Email: customersupport@tataaig.com • Website: www.tataaig.com • IRDA of India Registration No.: 108
CIN: U85110MH2000PLC128425 • Business Guard - Commercial Policy Package (Small Business Solutions) UIN: IRDAN108CP0015V01201819

B. Business and Location of Business:

Business of Proposer	Sr. No.	Address	PIN Code	Occupancy	Age of Unit	Floor*	Address	PIN Code	Occupancy	Age of Unit
	1									
	2									
	3									
	4									

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

C. Details About Business Covered at the Insured Location:

Indicate whether AMC (Annual Maintenance Contract) for Fire Protection Applications is in force	<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Detail	Please tick correct answer in the box
a. Please state material used	
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
<p>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.</p>	
Basement Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, value stored	
Sum Insured: ₹	
b. Number of floors	
c. Age of the building	Less than 5 Years <input type="checkbox"/>
	5-10 Years <input type="checkbox"/>
	10-20 Years <input type="checkbox"/>
	Above 20 Years <input type="checkbox"/>

Distance between the risk to be covered and nearest Fire Brigade	
Whether You have Insured the same property with any other Insurance Company with the same type of coverage (Give details)	
Whether Insurance was declined by any other Company (Give details)	
Premium / Claim details for the past 36 months excluding the expiring Policy Period	

D. Limit of Liability and Other Details of Insured Property (Indicate Limit of Liability on the Following Basis):

a. For building, plant and machinery, furniture, fixture and fittings and other contents: Reinstatement Value	
b. For raw material: Landed Cost	
c. For stock in process: Input Cost	
d. For finished stock: Manufacturing Cost of the finished stock or the Contract Price* of the 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.

Sr. No.	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
1									₹
2									₹
3									₹
4									₹

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Would You Like to Delete Any of Following Covers From the Basis Cover:

Deletion of Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood & Inundation	
Deletion of Earthquake	

Would You Like to Opt Any of the Following Covers:

Coverages	Limit of Liability (In ₹) Wherever Applicable
Omission of Insurance Additions, Alterations or Extensions	
Escalation Clause	
Terrorism	
Wrong Fueling of Vehicles	
Floater Cover	
Declaration Policy for Stocks	
Accidental Damage Cover	
Involuntary Betterment	
Rent Insurance	
Protection and Preservation of Property	
Contract Works	
Deterioration of Stocks in Cold Storage Premises	
New Location Cover	
Brands and Trademarks	
Electrical Injury	
Fuel Contamination During Decantation	

Whether Stocks Stored in Open: Yes No

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Do you want to opt Floater Cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, give details below:	
Floater Cover (For stocks at various locations)	Location (Postal address with PIN Code)	Limit of Liability (In ₹)
	a. Maximum values at any one location: ₹	

Do you want to opt for Declaration Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give details below:
Stocks which fluctuate in value to be covered on (monthly) declaration basis	
Amount (₹)	



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Co-operative Housing Society – Griha Raksha

A. Details of Building:

Please Note:

Your building is a building having an enclosed structure and a roof, basement (if any) consisting of more than 75% carpet area being occupied by residential units, and used as a dwelling place and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.

It also includes 'Additional Structures' if they are on the same site, are used as part of your Home Building:

- a. Garage, domestic out-houses used for residence, parking spaces or areas, if any;
- b. Compound walls, fences, gates, retaining walls, internal roads;
- c. Verandah or porch and the like;
- d. Septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

1.	<p>a. Sum Insured (SI) for Building: Please note the following: (The amount required to construct your building at the Policy Commencement Date. This amount is calculated as follows: Carpet area of the structure in Square Metres X Rate of Cost of Construction at the Policy Commencement Date. The Rate of Cost of Construction is the prevailing rate of cost of construction of your building at the Policy Commencement Date.)</p>	<p>a. Sum Insured for residential structure including fittings and fixtures (In ₹):</p>					
	<p>b. For Additional Structures: (The amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)</p>	<p>b. Sum Insured for Additional Structures (In ₹):</p> <table border="1"> <thead> <tr> <th>Additional Structure</th> <th>Sum Insured (In ₹)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Additional Structure	Sum Insured (In ₹)			
Additional Structure	Sum Insured (In ₹)						
2.	Carpet area of structure of building in Square Metres						
3.	Rate of Cost of Construction per Square Metre at the Policy Commencement Date						

Other Details:

4.	Age of Building	Less than 5 Years	<input type="checkbox"/>
		5-10 Years	<input type="checkbox"/>
		10-20 Years	<input type="checkbox"/>
		Above 20 Years	<input type="checkbox"/>
5.	Construction Details: Please note the following: (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. Construction other than Kutcha Construction is a 'Pucca Construction')	Construction	
		Wall	<input type="checkbox"/> Kutcha <input type="checkbox"/> Kutcha
		Roof	<input type="checkbox"/> Kutcha <input type="checkbox"/> Kutcha
		Floor	<input type="checkbox"/> Kutcha <input type="checkbox"/> Kutcha

B. Details of Contents:

6.	If you have opted for Contents Cover, please provide item wise Sum Insured for Contents. (Sum Insured represents Cost of Replacement)	Item wise Sum Insured for Contents (in ₹):	
		Items	Sum Insured (In ₹)
		Furniture, Fixtures and Fittings	
		Electrical/ Electronic	
7.	In case of Basement, if there are contents in it, please provide the Sum Insured		

C. In-Built Covers (Loss of Rent & Rent for Alternative Accommodation):

8.	Cover for (Please Tick):	Loss of Rent	<input type="checkbox"/>	Loss of Rent: i. Sum Insured (In ₹): ii. Number of Months: Rent for Alternative Accommodation: i. Sum Insured (In ₹): ii. Number of Months:
		Rent for Alternative Accommodation	<input type="checkbox"/>	

D. Optional Covers (Available on Payment of Additional Premium):

9.	Do You require 'Terrorism cover': <input type="checkbox"/> Yes <input type="checkbox"/> No
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Consequential Loss (Fire)

Net Profit (₹)	Standing Charges (₹)	Gross Profit (₹)	Layoff Compensation (₹)	Wages (₹)

Would You like to opt for Prevention of access: Yes No

Burglary

Sr. No.	Location	Furniture & Fixture/ Other Equipment	Plant & Machinery/ Equipment	Stocks	Others-Specify	Limit of Liability	First Loss	First Loss Limit of Liability	Premium
1									
2									
3									
4									
5									
Total									

Covers theft by visible and forcible means only:

Do you have dedicated security arrangement round the clock?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the Insured premises protected with	1. Solid Doors/Gates/Grills/Rolling Shutters/Glass Door	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Burglary Alarm System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to opt for theft?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Money						
Money in Safe (₹)	Money in till/ Counter (₹)	Money in Transit				Premium
		From:	To:	Annual Carrying	First Loss	
				Approx. Annual Carrying (₹)	Limit per Transit (₹)	
		Office	Bank & back			
		Office	Bank & back			
Total						

Covers Money/Monetary Instruments (Indian Currency) belonging to your business while in Transit or in Safe. Choose either Money in Transit on Annual Basis or First Basis

Public Liability	Liability Type	Paid on Capital (₹)	Annual Turnover (₹)	Any One Accident Limit (₹)	Any One Year Aggregate (₹)	Premium
					Total	

Would you like to opt any of the following Cover?

1. Food and Beverages
2. Care, Control & Custody
3. Extra Facility
4. Act of God

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Fidelity	Permanent Employees	Designation	Department	Any One Event Limit	Any One Year Aggregate Limit	Premium
	Unnamed					
	Named					
					Total	

Neon Sign	Description	Site Location	Nos.	Dimensions (LxB)	Limit of Liability	Premium
	Neon Sign					
	Neon Sign					
Would you also like to opt for Third-Party Liability: <input type="checkbox"/> Yes <input type="checkbox"/> No					Total	

Plate Glass	Description	Site Location	Nos.	Dimensions (LxB)	Limit of Liability	Premium
					Total	
Would you also like to opt for different cost of repairing and reinstating frames?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Limit of Liability		

Electronic Equipment	Equipment Details (Name & Capacity)	Make	Year of Mfg.	Serial No. for Identification	AMC	Limit of Liability	Premium
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
						Total	

Would you also like to opt for Coverages?

Coverages?	Limit of Liability (In ₹) Wherever applicable						
Escalation Clause							

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WITH YOU ALWAYS

Business Guard - Commercial Policy Package (Small Business Solutions)



Express Freight							
Air Freight							
Owners Surrounding Property							
Third-Party liability							
Additional Customs Duty							
Floater Clause							
Endorsement for Exclusion of Damage Caused by Fire and Allied Perils							
Omission of Insurance Additions, Alterations or Extensions							

Machinery Breakdown	Equipment Details (Name & Capacity)	Make	Year of Mfg.	Serial No for Identification	AMC	Limit of Liability	Premium
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
						Total	

Would you also like to opt for	
Coverages	Limit of Liability (In ₹) Wherever Applicable
Omission of Insurance additions, alterations or extensions	
Escalation Clause	
Express Freight	
Air Freight	
Owners Surrounding Property	
Third-Party Liability	
Additional Customs Duty	

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Carding Machines in Textile Industry	
Furnace Endorsement	
Dg Set Endorsement For 'Loss Minimisation'	
Reduction Gear Box	
Patterns and Core-Boxes	
Expellers/Expellers Gears	
Plastic Extruders/Injection Molding Machines	
Alternate Working	
Stand-By Machinery	
Bakeries	
Gas Works Plants	
For all types of Imported Machinery	
Glass and Graphite Equipment or Glass Lined Vessels	
Insurance of ropes in Lifts, Cranes and Ropeways	
Wind Mills Endorsement	
Refractory materials in Boilers	
Depreciation adjustment for components along the hot gas path of Gas Turbines	
Overhaul of Platen Presses	
Overhaul of Electric Motors (Above 750 KW for motors with 2 poles and above 1,000 KW for motors with 4 and more poles)	

All Risk	Portable Equipment Details	Make	Model	Year of Mfg.	Serial No. for Identification	AMC	Limit of Liability	Premium
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						Total		

Basis of Sum Insured should be new replacement value of same make / model.

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Personal Accident	Name	Age	Occupation	Any Infirmity/ Disability	Nominee Name	Relation	Category I/II/III	Benefit Table A/B/C/D	Capital Limit of Liability	Premium
									Total	

Nominee Details:

Insured Person Name	Nominee Name	Mobile Number	Email ID	Present Address	Relationship of Nominee with Insured Person	Bank Details

Baggage	Limit of Liability	Premium
Covers accompanied baggage connected with business/personal effects of the Insured/Partner/Employees carried during travel.		
	Total	

Boiler & Pressure Plant Insurance	Description - Maker Name, Maker No. & Capacity	Registration No.	Year of Mfg.	Limit of Liability	Premium
				Total	

Would you also like to opt for:	Limit of Liability (In ₹) Wherever Applicable
Covers	
Owner's Surrounding Property	
Third-Party Liability	
Express Freight	
Air Freight	
Additional Customs Duty	

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E. Payment Details:

Mode of Payment	
Payment Details	
Amount (In ₹)	

Bank Account No.			
Branch Name & Address			
IFSC Code		MICR Code	

Bank details for premium refund in case of cancellation and for payment of claims to be considered as above: Yes No

If No, Please Provide Additional Bank Details in Below Provided Space:

Bank Account No.			
Branch Name & Address			
IFSC Code		MICR Code	

F. Claims Details:

Please specify details of any loss to the Proposed Property in last 3 Years:

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/Please Specify if Claim is Outstanding

Assignment for Personal Accident Insurance:

I/We hereby assign the money payable by TATA AIG General Insurance Company Limited. In the event of my death to the Nominee named above and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Declaration by Insured:

I/We hereby declare 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 TATA AIG General Insurance Company Limited.

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/We authorise the Company to share information/data/details provided by Me/Us to any other person in connection with the Proposal for the sole purpose of underwriting, Policy Servicing and/or Claims Servicing & Settlement.

Place: _____

Date: _____

Signature of Proposer: _____

Vernacular Declaration (Certification in case the Proposer has signed in Vernacular/Thumbprint):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the Proposer who has understood and confirmed the same.

Signature/Thumb Impression of the Proposer: _____

Name & Signature of Agent/Intermediary: _____

AML Guidelines:

1. I/We hereby confirm that all premiums paid/payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I/We understand that the company has the right to call for documents to establish sources of funds and to cancel the Insurance Policy in case I/We are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I/We are not Politically Exposed Persons* nor are their close relatives / family members / associates. I/We shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.
*“Politically Exposed Persons” shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

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Nationality: Indian Non-Indian

If Non-Indian, Please Specify Country: _____

Type of Organisation Making the Payment (Please Tick):

- | | |
|--|--|
| <input type="checkbox"/> Limited Company | <input type="checkbox"/> Government Organisation |
| <input type="checkbox"/> Society | <input type="checkbox"/> Trust |
| <input type="checkbox"/> International Organisation | <input type="checkbox"/> Cooperatives |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Section 25 Company |
| <input type="checkbox"/> Non-Governmental Organisation (NGO) | |

Intermediary Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form including Addendum(s), Affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the Company.

Licence No. (Intermediary/Corporate Agent/Broker/Relationship Officer):

Name of the Specified Person and Code: _____

Place: _____

Date: _____

Signature of Agent: _____

GST Number	
GST Address	

Amount										
Cheque/DD No.		A) Total Premium (All Coverage Sections)	1	2	3	4	5	6	7	8
Date	DD/MM/YYYY	B) GST: ()	1	2	3	4	5	6	7	8
Valid Up To	MM/YYYY									
Bank		A + B Total Amount Payable	1	2	3	4	5	6	7	8
Debit Direct Authorisation		Transaction ID:								

Sources of Funds	<input type="checkbox"/> Salary	<input type="checkbox"/> Business	<input type="checkbox"/> Others (Please Specify) _____
Insured's PAN Card No.		In absence of PAN Card, please give details of any other authorised photo ID.	
Photo ID Type		Number	

Prohibition of Rebates – Section 41 of Insurance Act, 1938 as Amended by Insurance Laws (Amendment) Act, 2015:

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 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 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 liable for a penalty which may extend to ten lakh rupees.

Section 64 VB of Insurance Act:

Commencement of the risk cover under the Policy is subject to receipt of Premium by TATA AIG General Insurance Company Limited.

Disclaimer: Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, before concluding a sale. Trade logo displayed above belongs to Tata Sons Private Limited and AIG and used by TATA AIG General Insurance Company Limited under License.

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