

### Proposal Form

1. This Proposal is for covering an enterprise whose total value of Insurable Assets at a location not exceeding ₹5 Crore against Fire Perils.
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.

<b>Policy Issuing Office Address &amp; Code</b>	
<b>Intermediary/Agent Name &amp; Code (If Any)</b>	

#### A. Details About Proposer and Policy Period:

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

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 Sookshma Package Policy UIN: IRDAN108RP0025V01202223

## 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	
<b>Construction Details</b>	<b>Please tick correct answer in the box</b>	
<b>a. Please state material used</b>		
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><b>Note:</b>  <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.  <b>Pucca:</b> 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>b. Number of floors</b>		
<b>c. Age of the building</b>		

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									₹

**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	
Declaration Policy for Stocks	
Accidental Damage Cover	
Involuntary Betterment	
Rent Insurance	
Protection and Preservation of Property	
Contract Works	

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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

i. 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: ₹	
	b. Whether stocks stored in open	<input type="checkbox"/> Yes <input type="checkbox"/> No

ii. Do you want to opt for Declaration Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Strikes off what is not included)
	If yes, give details below:
Stocks which fluctuate in value to be covered on (monthly) declaration basis	
Amount (₹)	

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Consequential Loss (Fire)					
Net Profit (₹)	Standing Charges (₹)	Gross Profit (₹)	Layoff Compensation (₹)	Wages (₹)	Premium
Would you like to opt for Prevention of access <input type="checkbox"/> Yes <input type="checkbox"/> No					Sum Insured

Burglary								
Sr. No.	Location	Furniture & Fixture/ Other Equipment	Plant & Machinery/ Equipment	Stocks	Others-Specify	Limit of Liability	First Loss	First Loss Limit of Liability
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							
Location	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			
<b>Total</b>							

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	Annual Turnover (₹)	Any One Accident Limit (₹)	Any One-Year Aggregate (₹)
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			

Fidelity	Permanent Employees	Designation	Any One Event Limit	Any One Year Aggregate Limit
	Unnamed			
	Named			
			<b>Total</b>	

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Neon Sign	Description	Site Location	Limit of Liability
<b>Total</b>			
Would you also like to opt for Third Party Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Plate Glass	Description	Site Location	Limit of Liability
<b>Total</b>			
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	Limit of Liability
<b>Total</b>	

Would you also like to opt for	
Covers	Limit of Liability (In ₹) Wherever Applicable
Escalation Clause	
Express Freight	
Air Freight	
Owners Surrounding Property	
Third-Party Liability	
Additional Customs Duty	
Floater Clause	

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Endorsement for Exclusion of Damage Caused by Fire and Allied Perils	
Omission of Insurance Additions, Alterations or Extensions	

Machinery Breakdown	Limit of Liability
<b>Total</b>	

Would You also like to opt for	
Coverages	Limit of Liability (In ₹) Wherever Applicable
Omission of Insurance Additions, Alterations or Extensions	
Express Freight	
Air Freight	
Owners Surrounding Property	
Third-Party Liability	
Additional Customs Duty	
Carding Machines in Textile Industry	
Dg Set Endorsement For 'Loss Minimisation'	
Furnace Endorsement	
Reduction Gear Box	
Patterns And Core-Boxes	
Expellers/Expellers Gears	
Plastic Extruders/Injection Molding Machines	
Alternate Working	
Stand-By Machinery	

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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	
Overhaul of Platen Presses	
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	Limit of Liability
<b>Total</b>	

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

Personal Accident	Name	Age	Nominee Name	Category I/II/III	Benefit Table A/B/C/D	Capital Limit of Liability
<b>Total</b>						

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**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
Covers accompanied baggage connected with business/personal effects of the Insured/Partner/Employees carried during travel	

Boiler & Pressure Plant Insurance	Limit of Liability
<b>Total</b>	

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

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### D. 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: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, Please Provide Additional Bank Details in Below Provided Space:			
Bank Account No.			
Branch Name & Address			
IFSC Code		MICR Code	

### 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.

### Declaration by Insured:

I/We hereby declare that the value of Insurable Assets is more than ₹5 Crore but less than ₹50 Crores 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 \_\_\_\_\_.

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.

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.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_

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### 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.

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) |  |

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**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:** \_\_\_\_\_

<b>GST Number</b>	_____
<b>GST Address</b>	_____

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

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

**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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