

Proposal Form

Important:

1. This Proposal is for covering an enterprise whose total value of Insurable Assets at a location exceeds ₹5 Crore but does not exceed ₹50 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 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 ID	
6. Contact Person details (Where Proposer is not an individual) a. Name 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	To <input type="text"/> From <input type="text"/>

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 • TATA AIG Bharat Laghu Udyam Suraksha UIN: IRDAN108RP0021V03202021

B. Business and Location of Business:

9.	Business of Proposer					
10.	Location of Risk/Business to be covered - Full postal address with PIN code.					
	Sr. 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.	The Insured Property is	Please Tick in the Space Below
	a. Offices, Shops, Hotels etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Industrial / Manufacturing Risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Storage Outside Industrial / Manufacturing Risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Tanks / Gas Holders Outside Industrial / Manufacturing Risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Utilities located outside Industrial / Manufacturing Risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f. Boundary Wall	<input type="checkbox"/> Yes <input type="checkbox"/> No
	g. Basement Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No
	h. Others (Please specify)	If, yes value stored Sum Insured: ₹ _____
12.	If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.	
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> <p>_____</p>
16.	Indicate whether AMC (Annual Maintenance Contract) for the Fire Protection Appliances is in force:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	<p>Construction Details:</p> <p>a. Please state material used:</p> <p>i. Walls</p> <p>ii. Floor</p> <p>iii. Roof</p> <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>	<p><input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca</p> <p><input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca</p> <p><input type="checkbox"/> Kutcha <input type="checkbox"/> Pucca</p>
	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"/>	
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 extent of the Damage. The Company's liability shall be based on the Contract Price.

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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. Standard Add-Ons:

I. Do You want to opt for Floater Cover?: Yes No
If yes, give details below:

23. Floater Cover (For stocks at various locations)	Location (Postal Address with PIN Code)	Sum Insured (In ₹)

i) Maximum value at any one location: ₹ _____
ii) Whether stocks stored in open:
 Yes No

II. Do You want to opt for Declaration Policy?: Yes No
If Yes, give details below:

24. Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹): _____
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F. Premium Details:

25. Mode of Payment	
Payment Details	
Amount (In ₹)	

G. Declaration by Insured:

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

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: _____

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.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

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: _____

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WITH YOU ALWAYS

TATA AIG Bharat Laghu Udyam Suraksha



GST Number	
GST Address	

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

Sources of Funds	<input type="checkbox"/> Salary	<input type="checkbox"/> Business	<input type="checkbox"/> Others (Please Specify) _____
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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:

- 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.
- 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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