

Put a (✓) mark wherever applicable.

Important

1. This Policy is issued to You and covers Your Insured Property relating to Your Business as mentioned in the Policy Schedule where the total value at risk across all Insurable Asset classes at one location is exceeding ₹ 5 Crore (Rupees Five Crore) but not exceeding ₹ 50 Crore (Rupees Fifty Crore) at the policy Commencement Date. Applicable for Section A and E.
2. Read the prospectus/proposal form/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 and Code	
Intermediary/Agent Name & Code(if any)	

1. Proposer's Name

2. Address of Proposer

State
City

Tel.:(O)
Pin Code

Mobile:
Fax

E-mail

3. Period Of Insurance From To

4. Financial Institution Details

5. i) Business of the Proposer _____

ii) Years in operation _____

6. Nature of Business organization:

<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Private Limited Company
<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Proprietary Concern

7. Names of the Persons or parties to be named in the Policy as the Insured(s)

8. Is this same property insured with any other Insurance Company Yes No

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Proposal Form



(If YES, give details) _____

Insurance Company : _____

Nature of Coverage : _____

9. Has any Insurance Company in the past declined to offer insurance or imposed any Special Conditions Yes No

(If YES, give details) _____

Insurance Company : _____

Conditions imposed : _____

Premium / Claim details for the past 3 policy periods	Premium	Claims Paid	Claims Outstanding

Note : Details of loss incident (If any) during this period may be provided in additional sheets.

The liability of the insurer shall be limited to those Coverages and Extensions stated hereunder and indemnity under the insurance shall be limited in the annual aggregate to the maximum amounts of the Limit of Liability specified herein or in the attachment

Particulars of the Premises proposed for insurance

Sr. No.	Risk Location Address	PIN Code	Occupancy	Type of Construction	Age

Type of Construction : Cement walls & roof (A), Cement walls & metal roof (B), Fully steel (C), Cement wall & wooden tiled roof (D), Other (describe) (O) Occupancy: Residential (D) / Office (O) / Shops (S) / Standalone Warehouse (W)/ Manufacturing (M) - Give description of the Occupancy e.g. Shop Dealing in Garments, Manufacturing- metal pipes/ metal auto parts/ garments etc... (Multiple occupancy details may be given in separate rows 1-6 above)

Section A- TATA AIG BHARAT GRIHA RAKSHA

Risk Location	Home Building	Home Contents	F/F/F and other equipments	Valuable Contents	Total Sum Insured
1.					
2.					
3.					
4.					
5.					
Total					

Tata AIG General Insurance Company Limited

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Proposal Form



Section B- BURGLARY

Risk Location	F/F/F and other equipments	Office Equipment	F/F/F and other equipments	Plant/Machinery /Equipment	Stocks	First Loss Limit (%) Rs	Total Rs.
1.							
2.							
3.							
4.							
5.							
Total							

- How long have you been an occupant of premises? _____
 - Are you the sole occupant? _____
 - If not, who are other occupants? _____
- Have any premises occupied by you been entered by thieves? _____
 - If so, give full particulars stating when and how access was obtained and the extent of the loss. _____
 - What precautions have been adopted to prevent such a recurrence? _____

Section C : MONEY IN SAFE

Money Indian Currency / Monetary Instruments in Indian Currency belonging to the Business of the Proposer

Sr. No	Risk Location Address	Details of Safe	S.I of Safe in Rs.
1			
2			
3			
4			
5			

- State following particulars of safe/s and/or strong room in which money will be kept outside business hours _____
- Addresses of premises where safe is kept. _____
- Is it fixed to the walls or floor? _____
- By whom are the keys of the safe(s) and/or strong room held? _____
- Are all such keys removed from the premises outside business hours? _____
- Will the premises guarded whilst they are closed for business? If so, by whom? _____
- Have you ever sustained any loss of money whilst in transit or whilst on your premises? If so, give full particulars. _____

Section D- PUBLIC LIABILITY

Risk Location	Occupancy	Any One Accident	Annual Aggregate Limit

Public liability for Hotels, Cinema halls, Multiplexes, Auditoriums, Clubs, health clubs and manufacturing / storage / transportation risk should not be included in this form.

Full description of lifts, elevators, escalators etc (specify make and capacity)

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Proposal Form



Do you require extension coverage for lifts/escalators/ elevators

Yes No

SECTION E TATA AIG BHARAT LAGHU UDYAM SURAKSHA

No.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other	Raw Material	Stock in	Finished	Other Contents (Please Specify)	Total

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).

Standard add-ons

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

If yes, give details below:

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 (Strike off what is not applicable)

If Yes, give details below:

Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (`): _____
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Premium Details

Mode of Payment	
Payment Details	
Amount	

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013, Maharashtra, India
 24x7 Toll Free No: 1800 266 7780 | Email: customersupport@tataaig.com | Website: www.tataaig.com | IRDA of India Registration No: 108 |
 CIN:U85110MH2000PLC128425 | Business Guard_Udyam Package UIN: IRDAN108CP0008V01202122

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.”

PAN card number (Mandatory):

Bank Details

Name of the Account Holder:	<input type="text"/>										
Name of the Bank:	<input type="text"/>					Branch:	<input type="text"/>				
Type of Account:	<input type="checkbox"/> SB Account	<input type="checkbox"/> Current Account	Others (Please specify)			<input type="text"/>					
Account Number:	<input type="text"/>										
IFSC Code:	<input type="text"/>										

Declaration:

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer : _____

Name & Signature of agent/intermediary: _____ Code: _____

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

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 of the Proposer : _____ Name & Signature of agent/intermediary : _____

Agent Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized 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.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer)	Name of the specified Person and code
_____	_____
Place: _____	Date: _____ Signature of Agent: _____

Prohibition of Rebates - Section 41 of the 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 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 prospectus or tables of the insurer.
- 2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

PLACE : _____

DATE :

D	D	M		M	Y	Y	Y
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SIGNATURE OF PROPOSER

NAME & TITLE OF SIGNATORY