

STANDARD FIRE & SPECIAL PERILS INSURANCE POLICY

PROPOSAL FORM

This is your proposal for insurance. It will be the basis of the insurance policy that Raheja QBE General Insurance Company Limited (hereinafter Raheja QBE) may issue to you. You are obliged to answer all the questions in this proposal form in order to provide Raheja QBE with a full and frank disclosure of any and all facts that are material to Raheja QBE's decision to grant a policy or the terms upon which it should be granted. It is therefore important that you answer fully and accurately all of the questions contained in this proposal and you inform Raheja QBE in writing if there is a change in the information provided in this proposal between now and the date the Policy is granted.

Your failure to comply with the obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent

Raheja QBE is under no obligation to accept any proposal for insurance. If Raheja QBE accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

1. Intermediary Name	
2. Intermediary Code	
3. Name of the Proposer	
4. Present Address of the Proposer	
5. Permanent Address of the Proposer	
6. Contact details:	Phone Number: Mobile No. Email id:
7. Paid up capital of the firm	
8. Name of the Insured (Policy to be issued in favor of)	
9. Bank Account Details	Account No. Account Type: Savings/Current Name of the Bank & Branch:

	<p>MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank):</p> <p>IFSC Code (11 character code appearing on your cheque leaf):</p>																																																							
10. Nomination:	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 60%;">NOMINEE DETAILS</th><th style="width: 10%;">1st Nomin ee</th><th style="width: 10%;">2nd Nomin ee</th><th style="width: 10%;">3rd Nomin ee</th><th style="width: 10%;">4th Nomin ee</th></tr> </thead> <tbody> <tr> <td>Name of Nominee</td><td></td><td></td><td></td><td></td></tr> <tr> <td>Date of Birth of Nominee(In DD/MM/YYYY)</td><td></td><td></td><td></td><td></td></tr> <tr> <td>Percentage of Nomination</td><td style="text-align: center;">_____ %</td><td style="text-align: center;">_____ %</td><td style="text-align: center;">_____ %</td><td style="text-align: center;">_____ %</td></tr> <tr> <td>Relation with the Insured</td><td></td><td></td><td></td><td></td></tr> <tr> <td>Mobile No.</td><td></td><td></td><td></td><td></td></tr> <tr> <td>Email ID</td><td></td><td></td><td></td><td></td></tr> <tr> <td>Present Address</td><td></td><td></td><td></td><td></td></tr> <tr> <td>Permanent Address</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>In the event of death of the Proposer, any payment due under the Policy shall become payable to the nominee, as per the 'Nomination' clause defined by the IRDAI and the receipt of the proceeds by such nominee would be sufficient discharge to the Company. For all other persons covered under the Policy, the Proposer will be the nominee</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 55%;">Bank account details of the nominee</th><th style="width: 10%;">1st Nomine e</th><th style="width: 10%;">2nd Nomine e</th><th style="width: 10%;">3rd Nomine e</th><th style="width: 10%;">4th Nomine e</th></tr> </thead> <tbody> <tr> <td>Account no.:</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	NOMINEE DETAILS	1 st Nomin ee	2 nd Nomin ee	3 rd Nomin ee	4 th Nomin ee	Name of Nominee					Date of Birth of Nominee(In DD/MM/YYYY)					Percentage of Nomination	_____ %	_____ %	_____ %	_____ %	Relation with the Insured					Mobile No.					Email ID					Present Address					Permanent Address					Bank account details of the nominee	1 st Nomine e	2 nd Nomine e	3 rd Nomine e	4 th Nomine e	Account no.:				
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	Account Type (Saving/Current)				
	Name of the Bank & Branch:				
	MICR code(9 digit)				
	IFSC code(11 character code):				
<p>DETAILS OF APPOINTEE (Details to be filled only if nominee is a minor)</p> <p>Appointee Name: _____ Relationship with Proposer: _____</p>					
<p>11. Do you wish to cover the interest of any financial institution? NB: If yes, give the names of all financial institutions.</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>12. Location details (Complete Address of the risk to be insured.) Note: In case of any change in location, please inform the same to the insurance company immediately. Unless the change is intimated and the same is agreed upon by the insurer by means of an endorsement the policy will not be valid)</p>					
13. District in which the risk is located					
14. State in which the risk is located					
15. Pin code of the location of risk					
16. Risk Occupancy *					

<p>* Note: Please describe the activities carried out in the premises. In case the risk is silent, please clearly state as to from which date it is silent and till when it is expected to re-start its operations. In case of a silent factory, please also state whether the power supply has been cut off or not and whether the risk is free from all storages. In case the risk is a shop, please state the names of major class of goods stored in the shop. In case of Warehouse (Godown), please state the names of major goods stored in the premises. In case of a manufacturing premises, please state the name of raw materials, the process involved and the name of finished goods.</p>	

<p>17. Period of Insurance: Start Date (dd/mm/yyyy).</p> <p>Note: Please ensure that the policy date and time is on or after the date of payment of premium to us.</p>	
<p>18. Period of Insurance: End date (dd/mm/yyyy)</p> <p>Note: Policy period should be for a maximum of one year. If you choose a shorter period than one year, then our short period scales of premium computation shall be adopted.</p>	

19. Do you wish to delete any of the following perils from coverage and avail discounts in premium?	Please tick the correct option
Flood, Storm, Cyclone, Inundation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riot, Strike & Malicious Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Sum Insured						
Building (Other than Plinth & Foundation)	Furniture & fixtures	Building (Plinth & Foundation)	Machinery (other than in premises)	Stocks (other than in premises)	Machinery/ Stocks in premises	Others
<p>Note: In case of more than one location please attach a separate sheet with the Sum Insured details as above with the location address</p>						

Remarks (State clearly in case you need the cover for Plinth and Foundation only against Earthquake)
Basis of valuation: (Please state whether the SI (Other than stocks) represents Reinstatement Value or Market Value)
<p>Note: You have an option to insure the Building (Plinth and Foundation) values only against the risk of “Earthquake”. If you want to do so, please state it in the remarks field. If no request is made by you, we shall assume that you intend to cover the Building (Plinth and Foundation) against all the perils covered under the fire and special perils policy.</p> <p>Values given above should include the values of all assets (belonging to you) lying within the premises. This should include such assets as Compound walls/fence/entrance gates/etc.</p> <p>If any machinery/equipment/Stocks are lying in open or in basement, please mention the same as a separate item. Otherwise, these machinery/equipment/stocks would not stand covered under the policy.</p> <p>* The sum insured of all items above (other than those of stock) can be either “RIV (Reinstatement Value)” -that is new replacement value or “MV (market value) – that is new replacement value less depreciation. For stocks, the sum insured should represent the market value.</p>

DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION		
21. The Insured property is		
Residence, Office, Shops, Hotels etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Industrial/Manufacturing risks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Storages outside industrial risks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tanks / Gas Holders outside Industrial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilities located outside Industrial Manufacturing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. If used as Shop please declare whether the goods handled are as per the following list. If yes, whether the stock value will exceed 5% of shops value		

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 Deg.C (Closed Cup test), 12.Paints with inflammable base having flash point below 32

Deg.C (Closed Cup test) - Other than in sealed tins or drums, 13.Varnishes having a Flash point below 32 Deg.C (Closed Cup test) - Other than in sealed tins or drums,14.Disinfectant liquids and liquid insecticides - Other than in sealed tins or drums,15.Vegetable fibres of any kind including Rayon Fibre.

23. If used as Shop please declare whether the goods handled are as per the following list. If yes, whether the stock value will exceed 5% of shops value
24. If used as an Industrial Manufacturing unit give products manufactured at the location proposed. (detailed block plan showing various facilities to be enclosed)
- 22) If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?

23) Fire Protection devices installed

Please Tick the
correct answer in the
box below

a) List out the various blocks and indicate the type of protection provided for each block.	Portable Extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Small bore hose reels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Trailer Pumps/Fire engines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hydrant System	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sprinkler System	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Indicate whether Annual Maintenance contract for the Appliances is in force : Yes/No	Fixed Water Spray System	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Foam systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fire alarm systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Gas flooding systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No

24) The basis proposed for insurance
(Bldg/ machinery/ FFF)

Market Value basis

☐ Yes ☐ No

Reinstatement Value Basis

☐ Yes ☐ No

Whether escalation clause is required

☐ Yes ☐ No

24) a) Construction Details

Please state material used

i) Walls _____
ii) Floor _____
iii) Roof _____

b) Height of Building

_____ Meters

c) Age of Building

Less than 5 years ☐ 10-20 years

☐

5-10 years ☐ above 20 years

☐

Note: Buildings having walls and/ or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt cloth/canvas/tarpaulin and the like are treated as "Kutchha" construction.

25) Building wise values (Please include the kutchha buildings also in this list and give individual values against such buildings)

Description Of Block	Amount in Rs								
	Building including plinth	M & A	F&F and other equipments	SSP**	Property to be insured separately	Total	AGE (YRS)	HT (MTS)	CONSTRUCTION

Total

** Indicates those stocks which are covered on normal basis and do not fall under Serial No.23 A,B, C and D below

26) Special Coverage for Stocks only

Please Tick in the box below and give the amount to be insured against each

A) <i>On Floater Basis</i> Stocks at <u>various locations</u> (warehouses / godowns and /or open etc.,) can be covered on floater basis for a single Sum Insured.		
	Tick	Amount Rs.
Floater Basis		

B) On Declaration Basis

Stocks which fluctuate in value can be covered on (monthly) declaration basis.

Tick

Amount Rs.

Declaration Basis

Note:

1.Minimum Sum Insured is Rs.1 Crore, and policy not issued on short period basis

2.Stocks in process & 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.

Tick

Amount Rs.

Floater Declaration Basis

Note:

1.Minimum Sum Insured is Rs. 2 Crore

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

D) Stocks stored in open

Locations

Amount Rs.

1. Stocks in open (located outside the factory compound)

27) Total Sum Insured (as per relevant serial numbers shown against each)								
	Clause/ Peril code	Risk code	Rate code	Rate	Sum Insured	Premi um	Risk Code	Rate code
(Plinth & Foundation)								
Architects & Engineers Fees								

28 Construction Details				
Walls(Brick/ RCC/ Concrete Blocks/ Stone/ AC Sheet/ Open Sided)	Roof (RCC/AC Sheet/ Tiles/ Thatched/ Open)	Age of the buildings	Height of the building	Number of storeys

Note: If there are many blocks with mixed construction, please mention the construction details of the blocks with majority of the Sum Insured.

29 Additional Perils to be covered	Do you wish to cover the same?	Sum Insured	Remarks
Earthquake	<input type="checkbox"/> Yes <input type="checkbox"/> No		The sum insured as already described above will be considered. Separate values need not be given here.
Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No		
STFI	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Impact Damage due to Insured's own Rail/Road Vehicles, Fork lifts, Cranes, Stackers and the like and articles dropped there from	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spontaneous Combustion	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please name the commodity (ies) to be covered and give the sum insured of the commodity

			to be covered under the “Sum Insured” column.
			Name of commodity to be covered for spontaneous combustion:
Spoilage Material Damage cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		Please name the block(s) which you want to be covered for Spoilage material damage cover. Under the column of sum insured, please mention the sum insured of all stocks, machinery, equipment and containers in these block(s).
			Name of the block(s)
Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please mention the Sum Insured of the stock lying in the cold storage premises under the “Sum Insured” column.
Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured’s premises due to operation of insured peril	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Molten material damage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Forest Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Leakage and Contamination cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		

30 Additional Coverage's/ Clauses Opted	Do you wish to opt for these coverage?	Sum Insured	Remarks
Architects, Surveyors and Consulting engineer's fees. (In excess of 3 % of claim amount).	<input type="checkbox"/> Yes <input type="checkbox"/> No		It needs to be ensured that the sum insured selected shall be less than or equal to 7.5 % of the total sum insured under the policy.
Removal of Debris (in excess of 1 % of the claim amount).	<input type="checkbox"/> Yes <input type="checkbox"/> No		It needs to be ensured that the sum insured selected shall be less than or equal to 10 % of the total sum insured under the policy.
Start Up Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss of rent	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes State period of cover required _____months	
Rent for alternative accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes State period of cover required _____months	
Temporary removal of Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No		The sum insured as already described above will be considered. Separate values need not be given here.
Omission to insure additions/alterations	<input type="checkbox"/> Yes <input type="checkbox"/> No		5 % of the sum insured (other than stocks) as already described above will be considered. Separate values need not be given here.
Additional expenses under local authorities clause	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Escalation Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please state the percentage of escalation opted for (maximum percentage that

			can be opted for being 25 %). This clause is not applicable for stocks.
			Percentage Escalation opted for:
Declaration Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No		This is applicable only for coverage of stocks (other than stocks in process or for retail stocks).
Accidental Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, the maximum sum insured that can be availed is INR _____.
Brand or Trade Marks	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sum Insured _____
Claims Preparations Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sum Insured _____
New Acquisitions	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sum Insured _____
Firefighting expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sum Insured _____
Preparation of Lost records	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sum Insured _____
Floater Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If your above answer is yes, please mention the block(s) – clearly stating at which location and give separate sum insured for each of the blocks. Please ensure that this sum insured is not appearing in the Stocks sum insured mentioned earlier.			
Block Description	Location	Sum Insured	Remarks

31 Premium/losses details for last 3 years			
Year	Premium Paid	Losses incurred	
		Number of Claims	Amount of Claim
32 Do you wish to opt for Voluntary		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the answer above is yes, Please tick in one of the below mentioned slabs.	Act of God Perils: 5 % of the claim amount subject to a minimum of Rs in lakhs		Other Perils in Rs in lakhs.
Slab 1	10		5
Slab 2	20		10
Slab 3	30		15
Slab 4	60		30
Slab 5	100		50
Slab 6	500		100
Slab 7	1000		500
Slab 8	2000		1000
Slab 9	4000		2000

33 Fire Protection Equipment/ Systems available at the risk			
Portable Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Small bore hose reels	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trailer Pumps/Fire engines	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hydrant System	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fixed Water Spray System	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Foam systems	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire alarm systems	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gas flooding systems	<input type="checkbox"/> Yes <input type="checkbox"/> No		

34 How far is the public fire brigade from the insured location?	Distance in KM	Is there a railway crossing in between the public fire station and the insured location?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

35 Please state the plinth height of the building compared to the ground level	Plinth level in feet	Remarks
		If there are more than one blocks, please mention the details of the building with the least plinth level.
36 Please state whether the location ground level is lower or higher than the surrounding road level.	<input type="checkbox"/> Lower <input type="checkbox"/> Higher	
37 Whether you have insured the same property with any other insurance company with the same type of coverage. (Give Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
38 Whether insurance was declined by any other Company or imposed any Special Conditions (Give Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Important Notice: The property proposed for insurance is not covered until the proposal is accepted and premium paid

DECLARATION FOR COMPLIANCE WITH ANTI MONEY LAUNDERING REGULATIONS

I hereby declare and warrant that to the best of my knowledge and belief the answers given above, documents or papers submitted, are complete in all respects and represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers shall form the basis of the contract proposed between me and Raheja QBE. I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract

proposed between me and the Company.

Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*? YES / NO

If yes, please give details:..... *Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate.

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Raheja QBE GIC Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers give by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof. I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer _____

Name of Witness _____

Signature of Proposer _____

Signature of Witness _____

Date: _____

Place: _____

Relationship with

Proposer: _____

Address of

Witness: _____

Signature(s): _____ Date: _____

Title: _____

A policyholder or prospect, who is a person with disability, may duly authorize a representative to give declaration on his/her behalf.

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

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 prospectus 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 to Ten Lac rupees
3. Insurance is the subject matter of the solicitation