

COMMERCIAL PACKAGE INSURANCE POLICY - PROPOSAL FORM

This is your proposal for insurance. It will be the basis of the insurance policy that 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.

Please note that coverage under Section I is mandatory while all other sections are optional. If the space provided is not sufficient please give us relevant information in a separate sheet and attach the same to this form.

Name of the Proposer								
Address of the Proposer								
Name of Person to whom the policy has to be dispatched		Telephone No.				Fax No.		
		E Mail ID						
Agent /Broker Name						Agent /Broker Code		
Period of Insurance		From	____ hrs ____ / ____ / ____ (dd/mm/ yyyy)			To midnight of	____ / ____ / ____ (dd/mm/ yyyy)	
Occupation/ Business Activity								
Name of Financial Institution to be incorporated in the policy								
Paid Up Capital								
Details of Locations to be covered under the policy								
Sr. No.	Risk location Address	District	Pin Code	Occupancy			Construction*	
				Own/ Rented	Any Basement Exposure	Any stock Kept in Open	Wall	Roof
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N		

2.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N		
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N		
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N		
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N		

*Construction : Wall & Roof: (A) Brick (B) Concrete (C) Steel (D) Wooden (E) Others

Section I - Fire & Special Perils & Section II - Burglary and Housebreaking [Mention Sum Insured Details for each location]

Sum Insured details for Section I - Fire & Special Perils						Sum Insured details for Burglary				
Assets	Location 1	Location 2	Location 3	Location 4	Location 5	Location 1	Location 2	Location 3	Location 4	Location 5
Building						Not to be covered under Section II – Burglary				
Plinth & Foundation										
Plant & Machinery										
Furniture/ Fixture/ Office equipment										
Stock										
Others										
Total										
Money In safe/Till	Not be covered under Section I - Fire & Allied Perils									

Note : 1.Sum insured is to be provided on the reinstatement value basis except for stock

First Loss Limit for Burglary cover: ☐ 10% ☐ 25% ☐ 50%

If Separate Sum Insured for Plinth & Foundation (P&F) not provided please tick mark ☐ Include P &F ☐ Exclude P &F

Details of Safe :

Add on Covers Under the Fire Section

Coverage	Location 1	Location 2	Location 3	Location 4	Location 5	Total Amount
Terrorism						
Loss of Rent						
Additional Rent						

Indemnity Period for (1) Loss of Rent (2) Additional Rent for Alternative accommodation Indemnity Period _____ Months

Section III – Money Insurance					
Sr. No.	Location	Transit Between		Limit of Liability (Rs.)	
		From	To	Maximum amount at any one time	Estimated Annual Transit
1.					
2.					
3.					
4.					
5.					

Section IV – Public Liability (Industrial)	
Any one Accident Limit Rs.	Any one Year Limit Rs

Section V – Consequential Loss (Fire and allied perils)		
Particulars	Amount In Rs	Select the indemnity period required
Net Profit		<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 12 Months
Standing Charges		<input type="checkbox"/> 15 Months <input type="checkbox"/> 18 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> 30 Months
Gross Profit		

Note: 1. In case of indemnity period more than 12 months Sum Insured will be in proportion to the period selected
2. Please attach a separate sheet for the standing charges covered under the policy

Section VI – Fidelity Guarantee Insurance				
Sr No.	Name of Person /Position	Designation/ Duties	Limit of Liability	Any additional information
1.				
2.				
3.				
4.				
5.				

Section VII - Plate Glass, Neon Sign and Glow Sign
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Sr. No.	Location	Type of Sign(Metal / Plastic/Glow sign/ Neon Sign)	Dimension of Plate Glass/ Neon Sign/Glow Sign	Sum Insured
1.				
2.				
3.				
4.				
5.				

Section VIII,X,XI – Electronic Equipment (Material Damage and Terrorism Damage), Machinery Breakdown, All Risk (Portable Equipment)

Sr. No.	Coverage (EEI/ MBD/Portable)	Location	Type of Equipment	Make	Identification /Serial no	Specification KVA/HP/Kg/cm2	Year of Manufacturing	Sum Insured
1.								
2.								
3.								
4.								
5.								

Is there any AMC for the Electronic Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No								Total Sum
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Section IX – Group Personal Accident

Sr. No.	Employee Name	Nature of Work of the Employee	Place of Employment	Date of Birth	Nominee Name	Capital Sum Insured
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Note : (If the space provided is not sufficient separate sheet to be attached)

Section XII – Workmen's Compensation

Number of Workers / Employees	Nature of Work	Monthly Wages

Past Loss Record

Date of Loss	Incident & Cause	Loss Amount	Improvement Made after the Loss

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Raheja QBE General Insurance Co. Ltd and I/We agree to accept a policy in the standard form of and, subject to the conditions prescribed by Raheja QBE General Insurance Co. Ltd. I /We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Date : _____ **Place:** _____ **Signature of Proposer :** _____

Premium Collection Particulars

Amount (Cheque/DD):		Cheque/DD No. :	
Cheque/DD Date :		Place :	

Section 41 of Insurance Act, 1938

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 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 punishable with fine, which may extend to Ten Lakh rupees

DECLARATION FOR COMPLIANCE WITH ANTI-MONEY LAUNDERING REGULATIONS

We _____ (Insured Named) hereby declare that the source of funds for the premium paid for obtaining this insurance cover is through legitimate funds from our Bank Account No. _____ with _____. (Name of the Bank) _____ (Bank Branch & IFSC Code).

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

.....
Place & Date

.....
Signature of the Insured

Please provide copy of a cancelled cheque if premium is paid through NEFT /ECS /RTGS

Please enclose one document of 'Proof of Identity' and one document as 'Proof of Address' with this application.

The following documents are accepted as:

Proof of Identity:	Proof of Address:
For Individuals	
1. Passport 2. PAN Card 3. Driver's License 4. Voter's Identity Card 5. Letter from Recognized Public Authority	1. Telephone/Mobile bill not older than six months on the date of commencement of insurance 2. Bank A/c Statement with Residential address not older than six months on the date of commencement 3. Electricity Bill 4. Ration Card 5. Valid Lease Agreement along with Rent Receipt for 3 Months preceding the date of commencement of risk 6. Employer's Certificate 7. Letter from Recognized Public Authority
For Companies	
1. Certificate of Incorporation and Memorandum and Articles of Association. 2. Resolution of the Board of Directors to open an account and identification of those who have authority to operate the account. 3. Power of Attorney granted to its managers, officers or employees to transact business on its behalf. 4. Copy of PAN allotment letter	
For Partnership Firms	
1. Registration Certificate 2. Partnership Deed 3. Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf. 4. An officially valid document identifying the partners and the persons holding the Power of Attorney and their address.	
For Trusts and Foundations	
1. Certificate of registration, if registered. 2. Power of Attorney granted to transact business on its behalf. 3. Any officially valid document to identify the trustees, settlers, beneficiaries and those holding Power of Attorney,	

founders/managers/directors and their address.

4. Resolution of the founding body of the foundation/trust/association.