

**CONSEQUENTIAL LOSS (FIRE) INSURANCE
PROPOSAL FORM**

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. Bank Account Details	Account No. Account Type: Savings/Current Name of the Bank & Branch: MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank): IFSC Code (11 character code appearing on your cheque leaf):																																												
8. Nomination:	<table border="1"> <thead> <tr> <th>NOMINEE DETAILS</th> <th>1st Nomi nee</th> <th>2nd Nomi nee</th> <th>3rd Nomi nee</th> <th>4th Nomi nee</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><u> </u> %</td> <td><u> </u> %</td> <td><u> </u> %</td> <td><u> </u> %</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> </tbody> </table>					NOMINEE DETAILS	1 st Nomi nee	2 nd Nomi nee	3 rd Nomi nee	4 th Nomi nee	Name of Nominee					Date of Birth of Nominee(In DD/MM/YYYY)					Percentage of Nomination	<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %	Relation with the Insured					Mobile No.					Email ID					Present Address				
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In case of More than 1 Nominee, please attach a separate annexure mentioning all the details of nominees with their share in %

	Permanent Address				
	<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>				
	Bank account details of the nominee	1st Nomin ee	2nd Nomin ee	3rd Nomin ee	4th Nomin ee
	Account no.:				
	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: _____</p> <p>Relationship with Proposer: _____</p>				
9. Paid up capital of the firm					
10. Name of the Insured (Policy to be issued in favor of)					
11. Do you wish to cover the interest of any financial institution? If yes, give the	<input type="checkbox"/> Yes <input type="checkbox"/> No				

names of all financial institutions.	
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12. Location details (Complete Address) of the risk to be insured.	Location 1	Location 2	Location 3
Note: - 1) 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 2) If space provided is insufficient attach separate sheet with location details			
13. District in which the risk is			
14. State in which the risk is			
15. Pin code of the location of risk			
16. Fire (Material Damage) Policy number under which each of these locations is covered? If not yet covered, please state whether a proposal for coverage has already been submitted.			
17. Is the Material Damage Fire Policy also to be covered (proposed to be covered) with Raheja QBE General Insurance Co Ltd? If answer is			

no, please state the name of the insurance company.			
<p>18. Risk Occupancy</p> <p>Note: Please describe the activities carried out in the premises. In case the risk is silent, Please clearly state as to from when it is silent and when 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>19. Period of Insurance Start Date:</p> <p>Note: Please ensure that the policy date and time is on or after the date of payment of premium to us.</p>	(dd/mm/yyyy)		
<p>20. Period of Insurance End Date:</p> <p>Note: Policy period should be for a maximum of one year. If</p>	(dd/mm/yyyy)		

<p>you choose a shorter period than one year, then our short period scales of premium computation shall be adopted.</p>	
<p>21. Indemnity Period Selected</p>	<p>Months</p>
<p>22. Do you wish to cover all perils covered /opted by you for coverage under the fire material damage policy?</p> <p>If not, please state as to which perils you would wish to opt out. Please note that if you would opt out of some perils, you could be eligible for discounts in premium</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>23. Financial Details</p>	
<p>(a) How long has the business been established?</p>	
<p>(b) When does your financial year end?</p>	
<p>(c) Who audits your accounts (please give the name of the auditor/auditing firm)?</p> <p>Note: Please enclose a copy of the latest available annual report.</p>	
<p>24. Sum Insured</p>	

Location No.	Net Profit in Rs (before providing for tax and development rebate).	Standing charges in Rs	Gross Profit in Rs (Net Profit Plus Standing Charges)	Name the standing charges which you would wish to cover.*	Lay off and retrenchment Compensation payable under the Industrial Disputes act 1947 as amended up to date with/without notice wages liability.(in Rs)
Location 1					
Location 2					
Location 3					
Total**					

Note: * In case you wish to cover all your standing charges, please just state "All Standing Charges". If you wish to cover only a few selected standing charges, please mention each of them. However, if you have a net loss (instead of net profit), you will have no option to specify the standing charges, that is, you will have to cover all the standing charges.

** If you wish to cover Net Profit and Standing Charges across all locations under a single value, please leave the location wise cells blank. In such case, please fill in the values under the Column-Total. However, if you wish to have separate sum insured's for each of the locations; please state the location wise net profit and standing charges values in the appropriate cells. It may be noted that in either of the above cases, material damage in one location leading to a loss of profits in some other location doesn't stand automatically covered. In case you believe that there is an interdependency between your various locations wherein, a material damage in one location will lead to a loss of profits for some other location, please give details in the below mentioned question.

25. Interdependency

(a) Do you have interdependency between various locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If the answer to above question is yes, then, do you wish to cover the	<input type="checkbox"/> Yes <input type="checkbox"/> No

interdependency by payment of additional premium?			
26. Do you wish to opt for Turnover basis or Output basis? If on Output basis, please tell us (a) The nature of Output(that is description of commodity produced) (b) The unit of production (unit of weight used)		<input type="checkbox"/> Turnover basis <input type="checkbox"/> Output basis	
27. Additional Perils to be covered/Extensions to policy			
	Do you wish to cover the same by payment of additional Premium	Sum Insured	Remarks
Losses due to accidental failure of Public electricity/ gas/ water supply (Please clearly understand the coverage, limitations and price before opting for this extension).	<input type="checkbox"/> Yes <input type="checkbox"/> No		If your answer is yes, further questions will be put forth by us to enable us understand your requirements and appropriately price this extension.
Customers Extension	<input type="checkbox"/> Yes <input type="checkbox"/> No		If your answer is yes, further questions will be put forth by us to enable us understand your requirements and appropriately price this extension.
Suppliers Extension	<input type="checkbox"/> Yes <input type="checkbox"/> No		If your answer is yes, further questions will be put forth by us to enable us understand

			your requirements and appropriately price this extension.
Do you wish to cover Wages under “Dual Wages Basis”? Dual Wages basis means that you do not cover 100 % of your wages for the entire indemnity period. Instead, you cover 100 % of the wages for the initial part of the indemnity period and another selected percentage (say 10%) of the wages for the remaining part of the indemnity period.	<input type="checkbox"/> Yes <input type="checkbox"/> No		If your answer is yes, further questions will be put forth by us to enable us understand your requirements and appropriately price this extension.
Do you wish to cover the auditor's fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you wish to cover your property located at other situations?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If your answer is yes, further questions will be put forth by us to enable us understand your requirements and appropriately price this extension.
28. Premium/losses details for last 60 months.			
Year	Premium Paid	Losses incurred	
		Number of days of	Amount of

29. Do you wish to opt for Voluntary Deductible?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the answer above is yes, Please tick in one of the below mentioned slabs.			
<input type="checkbox"/> Slab 1 - 7 days gross profit subject to a minimum of Rs 10 Lakhs.			
<input type="checkbox"/> Slab 2 - 14 days gross profit subject to a minimum of Rs 20 Lakhs			
<input type="checkbox"/> Slab 3 - 21 days gross profit subject to a minimum of Rs 30 Lakhs			
<input type="checkbox"/> Slab 4 - 28 days gross profit subject to a minimum of Rs 35 Lakhs			
<input type="checkbox"/> Slab 5 - 35 days gross profit subject to a minimum of Rs 40 Lakhs			
<input type="checkbox"/> Slab 6 - 60 days gross profit subject to a minimum of Rs 45 Lakhs			

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



RAHEJA QBE GENERAL INSURANCE COMPANY

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 or 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 lakh rupees.