

INDUSTRIAL ALL RISK INSURANCE POLICY PROPOSAL FORM

Name of the Proposer			
Present Address of the			
Permanent Address of the			
Name of Person to whom the policy has to be dispatched			
	Mobile No.		Email ID
Agent /Broker Name			Agent /Broker
Period of Insurance	From dd/ mm/ yy)		To (dd/ mm/ yy)
Occupation/ Business			
Bank Account Details	<p>Account No.</p> <p>Account Type: Savings/Current</p> <p>Name of the Bank & Branch:</p> <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>		

Nomination:
In case of More than 1
Nominee, please attach a
separate annexure
mentioning all the details of
nominees with their share in
%

NOMINEE DETAILS	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee
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				

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

Bank account details of the nominee	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee
Account no.:				
Account Type (Saving/Current)				
Name of the Bank & Branch:				
MICR code(9 digit)				
IFSC code(11 character code):				

DETAILS OF APPOINTEE (Details to be filled only if nominee is a minor)

Appointee Name: _____

Relationship with Proposer: _____

Name of Financial Institution to be incorporated in the	
Paid Up Capital	

Details of the location to be covered under the policy							
Sr. No	Risk location Address	District	Pin Code	Occupancy		Construction of main blocks	
				Any Basement Exposure	Any stock Kept in Open	Wall	Roof
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Section I – Material Damage [Enter Sum Insured Details]								
Sr. No	Block No		Building (a)	Plinth & Foundatio n (b)	Machiner y (c)	Furniture/ Fixture/ Fittings (d)	Piping (e)	Total [(a) +(b)+ (c)+(d)+ (e)]
	Main	Communicati ng						
1								
2								
3								
4								
5								
TOTAL (A) :								

Sr. No	Block No		Cabling	Stock & Stock in process	Stock in Godown	Material in open/ Gas holders/ Tank Farms	Total
	Main	Communicating					

1							
2							
3							
4							
5							
TOTAL (B) :							
TOTAL SUM INSURED FOR MATERIAL DAMAGE SECTION = (A) +(B)							

Note: 1. Please state the Block Nos. communicating with the Block described.

2. Please provide the separate sheet with the details above if more than one location to be

Add On Cover Under the Material Damage Section			
Coverage	Sum Insured Rs.	Coverage	Sum Insured Rs.
Earthquake	On the policy sum	Terrorism	On the policy sum insured
Omission to Insure		Impact Damage	

Section II - Business Interruption		
A. Loss of Profit other than Machinery Loss of Profit		
Standing Charges	Rs.	
Net Profit	Rs.	
Gross Profit	Rs.	
Select the indemnity period required	<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> 15 Months <input type="checkbox"/> 18 Months <input type="checkbox"/> 24 Months	
Sr.	Standing Charges Covered under the	Add on cover
1		
2		
3		
4		
5		
6		
B. Machinery Loss of Profit (MLOP)		
Do you wish to opt for Machinery Loss of Profit cover? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Details of the Equipment to be covered under Machinery Loss of Profit:		

Sr. No.	Machine or Equipment to be Insured	Specification	Spare parts available	No. of shifts	Year of Manufacture	Whether indigenous or imported	Indemnity Period
1							
2							
3							
4							
5							
Note : For the coverage of MLOP detailed inspection to be carried out by us							

Are you aware of any defects in the machinery? ☐ Yes ☐ No

If yes, please state details. _____

State alternative means of working in the event of breakdown. _____

Do you wish to opt for Voluntary Deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes please provide the information	
I. Material Damage	5% of the claim amount subject to minimum of: <input type="checkbox"/> Rs. 10 lakhs <input type="checkbox"/> Rs. 15 lakhs <input type="checkbox"/> Rs. 20 lakhs <input type="checkbox"/> Rs. 25 lakhs
II. Business Interruption	<input type="checkbox"/> 7 days Gross Profit subject to minimum of Rs.10 lakhs <input type="checkbox"/> 14 days Gross Profit subject to minimum of Rs.15 lakhs <input type="checkbox"/> 21 days Gross Profit subject to minimum of Rs.20 lakhs <input type="checkbox"/> 28 days Gross Profit subject to minimum of Rs.25 lakhs <input type="checkbox"/> 35 days Gross Profit subject to minimum of Rs.30 lakhs

Premium Summary in Rs	
Premium	
Add: Terrorism Premium	
Add: Service Tax	
Add: Education Cess	
Add: Higher Education Cess	

Total Amount	
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Details of Sum Insured and Premium paid location wise for the past 5 years.			
Policy Period	Location	Sum Insured in	Premium in Lakhs

Past Loss Record		
Date of Loss	Incident & Cause	Improvement made after the loss

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.

SECTION 41 OF INSURANCE ACT, 1938 as amended from time to time

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 punishable with a fine which may extend to ten lakh rupees.