

**OFFICE PACKAGE INSURANCE POLICY - PROPOSAL FORM**

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. You are eligible for a discount of 10% in case you opt for coverage for 4 to 6 sections and 15% discount if opting for coverage for more than 6 sections.

<b>Name of the Proposer</b>					
<b>Communication Address of the Proposer</b>					
<b>Permanent Address</b>					
<b>Name of Person to whom the policy has to be dispatched</b>	<b>Telephone No.</b>		<b>Fax No.</b>		
	<b>E Mail ID</b>				
<b>Agent /Broker Name</b>			<b>Agent /Broker Code</b>		
<b>Period of Insurance</b>	<b>From</b>	____ hrs ____ / ____ / ____ (dd/mm/ yyyy)	<b>To midnight of</b>	____ / ____ / ____ (dd/mm/ yyyy)	
<b>Occupation/ Business Activity</b>					
<b>Bank Account Details</b>	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):				
<b>Nomination:</b>  <b>In case of More than 1 Nominee, please attach a separate annexure mentioning all the details of nominees with their share in %</b>	<b>NOMINEE DETAILS</b>	<b>1<sup>st</sup> Nominee</b>	<b>2<sup>nd</sup> Nominee</b>	<b>3<sup>rd</sup> Nominee</b>	<b>4<sup>th</sup> Nominee</b>
	<b>Name of Nominee</b>				
	<b>Date of Birth of Nominee(In DD/MM/YYYY)</b>				
	<b>Percentage of Nomination</b>	____%	____%	____%	____%

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 purposes covered under the Policy, the Proposer will be the nominee

Bank account details of the nominee	1st Nominee	2nd Nominee	3rd Nominee	4th 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: \_\_\_\_\_

<b>Name of Financial Institution to be incorporated in the policy</b>	
<b>Paid Up Capital</b>	

**Details of Locations to be covered under the policy**

Sr. No.	Risk location Address	District	Pin Code	Occupancy			Construct	
				Own/ Rented	Any Basement Exposure	Any stock Kept in Open	Wall	
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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		
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.					<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 - Fire & Allied Perils & Section II - Burglary & Robbery Insurance** *[Mention Sum Insured Details for each location]*

Sum Insured details for Section I - Fire & Allied Perils						Sum Insured details for Burglary & Robbery Policy				
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 & Robbery Insurance				
Plinth & Foundation										

<b>Plant &amp; Machinery</b>										
<b>Furniture/ Fixture/ Office equipment</b>										
<b>Stock</b>										
<b>Others</b>										
<b>Total</b>										
<b>Money In safe/Till</b>	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 - Fire Loss of Profit**

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 IV - Money In Transit**

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.					

**RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED**

**HEAD OFFICE - WING-A, 501-502, 5th Floor, Fulcrum, IA Project Rd, Sahar Village, Andheri East,  
Mumbai, Maharashtra 400059**

**UIN - IRDAN141RP0027V01200910**

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

Section VI, VII ,VIII – Electronic Equipment , Machinery Breakdown , All Risk Insurance								
Sr. No.	Coverage (EEI/ MBD/ All Risk)	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? ☐ Yes ☐ No

**Total Sum**

Section IX – Personal Accident						
Sr. No.	Employee Name	Nature of Work of the Employee	Place of Employment	Date of Birth	Nominee Name	Maximum Limit of Benefit
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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

<b>Section X –Fidelity Guarantee Insurance</b>				
<b>Sr No.</b>	<b>Name of Person /Position</b>	<b>Designation/ Duties</b>	<b>Limit of Liability</b>	<b>Any additional information</b>
1.				
2.				
3.				
4.				
5.				
<b>Section XI – Public Liability ( Non – Industrial)</b>				
<b>Any one Accident Limit Rs.</b>			<b>Any one Year Limit Rs</b>	
<b>Premium Summary (All amounts in Rs.)</b>				
<b>Total Premium</b>				
<b>Less: Sectional Discount</b>				
<b>Premium After Discount</b>				
<b>Add: Service Tax (as applicable)</b>				
<b>Total Amount</b>				
<b>Past Loss Record</b>				
<b>Date of Loss</b>	<b>Incident &amp; Cause</b>	<b>Loss Amount</b>	<b>Improvement Made after the Loss</b>	
<b>Declaration</b>				

**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: \_\_\_\_\_

**Date :**

**Place:** **Signature of Proposer :** \_\_\_\_\_

**Vernacular Declaration:**

Declaration in case the proposal is filled other than the Proposer/the proposer sign in vernacular language/proposer is illiterate (to be certified by someone other than agent/employee of the company)

**RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED**

**HEAD OFFICE - WING-A, 501-502, 5th Floor, Fulcrum, IA Project Rd, Sahar Village, Andheri East,  
Mumbai, Maharashtra 400059**

**UIN - IRDAN141RP0027V01200910**

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator: \_\_\_\_\_

Signature of the Translator: \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Name of the insured: \_\_\_\_\_

Signature of the insured: \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Premium Collection Particulars**

<b>Amount (Cheque/DD):</b>		<b>Cheque/DD No.</b>	
		:	
<b>Cheque/DD Date :</b>		<b>Place :</b>	

**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.