

RQBE SME BUSINESS 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.

1. Intermediary Name	
2. Intermediary Code	
3. Name of the Proposer	
4. Address of the Proposer	
5. Contact details:	Phone Number: Mobile No. Email id:
6. Name of the Insured (Policy to be issued in favor of)	
7. Do you wish to cover the interest of any financial institution? NB: If yes, give the names of all financial institutions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 1 – Fire and allied Perils	
8. 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)	
9. Pin code of the location of risk	

10. 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 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>	

11. Period of Insurance: Start Date (dd/mm/yyyy). Note: Please ensure that the policy date and time is on or after the date of payment of premium to us.	
12. Period of Insurance: End date (dd/mm/yyyy) 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.	

13. 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

14. Sum Insured						
Building (Other than plinth & foundation)-	Furniture & fixtures	Building (Plinth & Foundation)	Machinery (other than in open/basement)	Stocks (other than in open/basement)	Machinery/ Stocks in open/basement	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>						
<p>Basis of valuation: (Please state whether the SI (Other than stocks) represents Reinstatement Value or Market Value)</p>						
<p>Note: 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>						

* 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.

DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION

15. The Insured property is	
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 Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities located outside Industrial Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. 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.

17. 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

18. 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 Appliances is in force :
Yes/No

the

Fixed Water Spray System

Foam systems
Fire alarm systems
Gas flooding systems

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ 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
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A

F&F
and
other
equipm
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SSP**

Property
to be
insured
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Total

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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) On Floater Basis

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	Premiu m	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		
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).
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
30 Premium/losses details for last 3 years			
Year	Premium Paid	Losses incurred	
		Number of Claims	Amount of Claim

31 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

32 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

33 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.
34 Please state whether the location ground level is lower or higher than the surrounding road level.	<input type="checkbox"/> Lower <input type="checkbox"/> Higher	
35 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	
36 Whether insurance was declined by any other Company or imposed any Special Conditions (Give Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 - Consequential Loss (Fire) Insurance

Please specify following:

Annual Gross Profit –

Indemnity Period – 6 / 12 / 24 Months

RAHEJA QBE GENERAL INSURANCE COMPANY

Section 3 - Burglary Insurance

Sum Insured				
Furniture & fixtures	Machinery (other than in open/basement)	Stocks (other than in open/basement)	Machinery/ Stocks in open/ basement	Others

Section 4 - Money Insurance

Sum Insured	
Cash in Safe	
Annual Carrying Limit	
Single Carrying Limit	

Section 5 - Machinery Breakdown Insurance

Particulars	Sum Insured
Machinery	
Express Freight (Air Freight Excluded) , Holiday and Overtime Rates of Wages	
Air Freight	
Surrounding Property	
Third Party Liability	
Additional Custom Duty	

Please attach list of machinery with Individual Sum Insured, Make, Model, Sr. No. & Year of Mfg.

Section 6 - Electronic Equipment Insurance

Particulars	Sum Insured
Electronic Equipment	
Express Freight (Air Freight Excluded) , Holiday and Overtime Rates of Wages	
Air Freight	
Surrounding Property	
Third Party Liability	
Additional Custom Duty	

Please attach list of equipment with Individual Sum Insured, Make, Model, Sr. No. & Year of Mfg.

Section 7 - Fidelity

Sum Insured for the policy period	
No. of Employees	
Per Employee Limit	
Per Event Limit	

In case of unnamed policy – Please provide designations of the covered employees.

In case of named policy – Please provide full name of the covered employees.

Please attach a separate list if differential Sum Insured is required.

Section 8 - Plate Glass / Neon Sign / Glow Sign

Particulars	Sum Insured
Fixed Glass	
Neon Sign	

Please mention dimensions of the plate glass & description of the neon sign / glow sign

In case of multiple items – please attach a separate list with dimensions of the covered items.

Section 9 - All Risk (Portable Equipment)

Particulars	Sum Insured
Portable Electronic Equipment	

Please attach list of equipment with Individual Sum Insured, Make, Model, Sr. No. & Year of Mfg.

Section 10 - Baggage

Particulars	Sum Insured
Baggage	

Section 11 - Public Liability

Company incorporation date	
LOI required	
No of years in bussiness	
Bussiness description / Field to choose	
Number of locations	
Turnover	

Section 12 - Employee Compensation

Nature of work done by Employees	Declared number of Employees	Declared Wages during the Period of Insurance
Medical Extension	Per Person	

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

Declaration by Insured

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and Raheja QBE General Insurance Co. Ltd.

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.

CKYC Declaration

Enclosures for CKYC requirement:

Copy of GST

Copy of Pan Card

Copy of Certificate of Incorporation

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.

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

IF yes please give details

Politically Exposed Person (PEP) are individuals who are or have been entrusted with prominent public functions in foreign country e.g head 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 Proposer

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

- 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