



### SMARTPLAN SHOP PACKAGE POLICY

Please fill this form in **Block Letters** and **Tick the Boxes**  where appropriate .....

(Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.)

#### INTERMEDIARY DETAILS

Intermediary/Sales Officer Name  Code

Branch Name  Code

Sales Manager's Name  Code

Initiative Name  Code

Rural Indicator  Yes  No Business Indicator

#### PROPOSER'S DETAILS

Insured / Business Name Mr./Mrs./Ms./Dr./M/s.

Address for Correspondence

Pin code  State

Contact Nos. Mobile No.  Office +91

Residence +91  E-mail ID

Contact Person Mr./Mrs./Ms./Dr./M/s.   
(Name and Designation)

Description of Business / Trade

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## FINANCIER'S DETAILS (IF APPLICABLE)

A Name of Financier

Address of Financier   
  
 Pin code

B. Name of Financier

Address of Financier   
  
 Pin code

Period of Insurance From ||||| To |||||

## RISK LOCATION DETAILS

Risk Location Address   
  
 District

Pin Code  State

(Please attach additional sheet in case more locations are to be insured)

### Risk Location

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Building of standard Construction                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Owned Premises  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Rented Premises   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Premises / Contents in Basement                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Premises in low lying / flood / natural catastrophe prone areas | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Distance from nearest water body less than 750 metres           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Section I – Standard Fire & Special Perils

Coverage Details			
Covers to be Excluded	Add on Covers	Fire Protection Systems	
Riot Strike and Malicious Damage <input style="float: right;" type="checkbox"/>	Terrorism <input style="float: right;" type="checkbox"/>	Hand Appliances & Trailer Pumps/ Fire Engines	<input type="checkbox"/>
Storm Tempest Flood <input style="float: right;" type="checkbox"/>	Loss of Rent <input style="float: right;" type="checkbox"/> Rent for Alternate Accomodation <input style="float: right;" type="checkbox"/>	Hand Appliances & Hydrant System	<input type="checkbox"/>
		Hand Appliances & independent Sprinkler / Fixed Water Spray System	<input type="checkbox"/>
		Hand Appliances + Hydrant System & independent Sprinkler/ Fixed Water Spray System	<input type="checkbox"/>



**Section III - Mechanical & Electrical Appliances**

(Limited to 100% of Sum Insured of Contents. Please fill this section if you have not opted to cover your mechanical and electrical appliances under Section II)

Risk Location No.	Description	Make	Model	Year of Mfg.	Identification No.	ISI / ISO Certified (Yes/No)	Under AMC / Warranty (Yes/No)	If under AMC, Mention expiry date	Sum Insured (in Rs.)

**Section IV – Electronic Appliances**

(Limited to 100% of Sum Insured of Contents. Please fill this section in case you have not opted to cover your electronic appliances under Section II)

Risk Location No.	Description	Make	Model	Year of Mfg.	Identification No.	ISI / ISO Certified (Yes/No)	Under AMC / Warranty (Yes/No)	If under AMC, Mention expiry date	Sum Insured (in Rs.)

**Section V – Burglary & Housebreaking**

(Limited to 100% of Sum Insured of Contents. Please do not fill this section in case you have opted for cover under Section II)

Risk Location No.	Sum Insured (in Rs.)					In case coverage on first loss basis is opted for please mention first loss percentage (25% to 50%)
	Furniture, Fixture, Fittings	Office Equipment	Electrical Fittings	Machinery Equipment	Other Assets (please Specify)	

Do you desire theft extension to this coverage section?  Yes  No

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**Section VI – Money Insurance**

**Money in Safe**

Rs. \_\_\_\_\_ (Limited to a maximum of 50% of Sum Insured for contents in Section I)

**Money in Transit**

Rs. \_\_\_\_\_ Single Carrying Limit (Limited to a maximum of 25% of Sum Insured for contents in Section I)

Rs. \_\_\_\_\_ Estimated Annual Turnover

Please give details of transit. \_\_\_\_\_

\_\_\_\_\_

Distance: Up to 5 Kms  Above 5 Kms and up to 10 Kms  Above 10 Kms

Do you have any Security Systems / Measures/ Alarm Systems?  Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**Section VII – Infidelity/Dishonesty of Employees**

SI No.	Name of Employee	Designation	Employed Since (Mention Years & Months)	Nature of duties	Limit of Liability (Rs.)

Do you require Floater Cover?  Yes  No

If yes, please mention limits of liability:

Per person Rs. \_\_\_\_\_

Per annum Rs. \_\_\_\_\_ (Limited to a maximum of 50% of Sum Insured for contents in Section I)

**Section VIII – Fixed Glass and Sanitary Fittings** (limited to a maximum of 50% of Sum Insured for contents in Section I)

SI No.	Dimensions / Measurement	Location	Sum Insured (Rs.)

**Section IX – Glow Sign /Neon Sign/Hoarding** (Limited to a maximum of 50% of Sum Insured for contents in Section I)

SI No.	Measurement	Location	Sum Insured (Rs.)

**Section X – Legal Liability**

a) Would you like to opt for cover against Liability under **Workmen's Compensation Act**?  Yes  No

If yes, please fill in the details in the following table:

SI No.	Nature of Job	No. of Employees	Average Monthly Wages	Total Annual Wages
1	Clerical Staff			
2	Sales Staff			
3	Others (Please specify)			
4				
5				
Total				

b) Would you like to opt for cover against **Legal Liability against Third Parties**?  Yes  No

If yes, please mention the limits of Liability.

Any One Accident Rs. \_\_\_\_\_

Any One Year Rs. \_\_\_\_\_ (Limited to a maximum of 100% of Sum Insured for contents in Section I or Rs.5 Crore whichever is less)

c) Would you like to opt for **Tenant's Legal Liability** cover in case you are occupying rented premises?  Yes  No

If yes, please mention the limits of Liability.

Any One Accident Rs. \_\_\_\_\_ (Limited to a maximum of 10% of Sum Insured for contents in Section I or Rs.2 Crore whichever is less)

Any One Year Rs. \_\_\_\_\_ (Limited to a maximum of 100% of Sum Insured for contents in Section I or Rs. 5 Crore whichever is less)

**Section XI – Personal Accident**

Sl. No.	Name	Gender	Date of Birth	Nature of Duties	Annual Income (Rs.)	Capital Sum Insured (Rs.)	Benefit	Nominee's Name & Relationship with Insured Person

**Section XII – Baggage** (Please fill this section in case you are not opting to cover your Travel Baggage in Section II.)

Sl. No.	Name of Employee / Partner / Proprietor / Director	Description of Baggage	Sum Insured (Rs.)

**Existing Insurance and Claims Experience Details**

Sl. No.	Name & Address of Insurance Company	Sum Insured	Period of Insurance		Discount if any (%)	Claims Received / Receivable (Rs.)	Nature of Losses
			From	To			
			DD/MM/YY	DD/MM/YY			

No. of coverage sections have opted for \_\_\_\_\_

**DECLARATION**

I/We hereby declare that the statements, answers and particulars given by me / us in the proposal form are true to my / our best knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is been granted and that if, after the insurance is effected, it is found that any of the statements , answers or particulars are incorrect or untrue in any respect , the Company shall have no liability under this insurance.

I/ We agree and undertake to convey to Bharti AXA General Insurance Company Limited any additions / alterations carried out in the risk proposed for insurance after submission of this proposal form.

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

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

\_\_\_\_\_  
Signature

