


 Toll Free Number  
1800-209-5846 (1800-209-LTIN)

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### Proposal Form - my:business Commercial Establishment Insurance Package

GUIDELINES TO FILL THE FORM (Information given herein will be treated in strict confidence.)

1. Please fill the form in BLOCK LETTERS and leave one box blank between two words. All details marked with \* are mandatory.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (√) mark wherever applicable.
4. 'You/Your' wherever used in this proposal means the "Proposer" considered for this insurance.
5. Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form.
6. The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.
7. Information given herein will be treated in strict confidence.
8. Failure to disclose facts material to the assessment of the risk may render the Contract void.

**Note: The liability of the Company does not commence until this proposal has been accepted by the company and the premium paid.**

#### FOR OFFICE USE ONLY

Branch Code :

Intermediary Code\* :

Intermediary Location Code :

Intermediary Employee Code :

Intermediary Reference Code :

Sales Manager Code :

#### PROPOSER INFORMATION (Please enter details of the Customer)

Title\* (Pls. Tick):  Mr.  Ms.  Mrs. Gender:  Male  Female Date of Birth\*:

Name\*:

#### Correspondence Address :

Block/Flat No.\*:  Floor No.:  Building Name\*:

Street Name\*:  Locality:

Landmark\*:

City/Village\*:  Pincode\*:

Post Office:  PAN No.:

Mobile No.\*:  Landline\*:

Email ID:

Location of risk to be covered - Address same as above:  Yes  No If not, please provide below

Block/Flat No.\*:  Floor No.:  Building Name\*:

Street Name\*:  Locality:

Landmark\*:

City/Village\*:  Pincode\*:

Post Office:  Landline\*:

Official Email ID:

Brief Description of business : .....

Policy to be issued in favour of (list out all the parties who have insurable interest) including the Bank/financial institutions : .....

Period Of Insurance required : From:  To:

Please indicate the plan chosen : plan no.

Please indicate the optional sections chosen under the above plan :

Section Name	Sum Insured as per the plan chosen / opted under MB, EEI / Scheme opted under Hospital Cash & Group Health / All Risk Sum Insured opted with in limits as per the chosen plan

**GROUP 1 (Compulsory Sections)**

**SECTION 1: STANDARD FIRE & SPECIAL PERILS**

Brief description of Risk Occupancy : .....

.....

.....

Sum Insured - a) Contents(Machinery/Stocks/Others) as per Plan – ₹

b) Building (Sum Insured of Building would be restricted to ₹ 30 crs in any of the Plan) – ₹

Total Sum Insured (a + b) – ₹

A) Please tick if you are dealing with/storing any of the following commodities in your Premises.  Yes  No

If so please specify the items/commodities you are dealing with:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Celluloid Goods   | <input type="checkbox"/> Coir Loose   | <input type="checkbox"/> Crackers and Fire Works   |
| <input type="checkbox"/> Loose cotton  | <input type="checkbox"/> Explosives of any kind   | <input type="checkbox"/> Hay/Straw   |
| <input type="checkbox"/> Hemp  | <input type="checkbox"/> Jute Loose   | <input type="checkbox"/> Matches   |
| <input type="checkbox"/> Methylated Spirit   | <input type="checkbox"/> Nitro-Cellulose Plastics   | <input type="checkbox"/> Oils/Ether/Industrial Solvents and other inflammable liquids flashing at and below 32 degrees C (Closed Cup test) |
| <input type="checkbox"/> Paints with inflammable base having Flash point below 32 degrees C (Closed Cup test) Other than in sealed tins or drums | <input type="checkbox"/> Varnishes having Flash point below 32 degrees C (Closed Cup test) other than in sealed tins or drums | <input type="checkbox"/> Disinfectant liquids and liquid insecticides—other than in sealed tins or drums                                   |
| <input type="checkbox"/> Vegetable fibers of any kind including Rayon Fiber  | <input type="checkbox"/> Jewellery  |  |

(Note: Premises keeping the above items of value more than 5% of total Sum Insured cannot be covered.)

B) Is the proposal is in respect of coverage of standalone storage risk  Yes  No

(If yes, the standalone storage risk can not be covered under this Policy)

Do you have any stocks kept in open, if so will it exceed 5% of the total Sum Insured:  Yes  No

Does the Risk is situated in basement  Yes  No

Do you have any stocks kept in basement, if so will it exceed 5% of the Sum Insured:  Yes  No

(Note: Stocks in open/basement will not be covered if value exceeds 5% of the Sum Insured.)

Do you want Terrorism to be covered :  Yes  No

**SECTION 2: BURGLARY & HOUSEBREAKING**

Do you have minimum security arrangements at the premises as below:  Yes  No

(The minimum security arrangements required are - common night watchman, and rolling shutters and/or grills for doors and windows)

**SECTION 3: PUBLIC LIABILITY**

Has there been any incidence in the past at your premises giving rise to liability claims:  Yes  No

Retroactive Date :

Sales Turnover in the last financial year :

Estimated Sales Turnover during Policy Period : .....

**GROUP 2 (Optional Sections) – Mark tick for the Sections opted for**

**SECTION 4: MACHINERY BREAKDOWN (MB SI not to exceed Contents SI):**  Yes  No

Details of Machinery : All machinery (except more than 7 years old) are covered and to be declared compulsorily. Please provide list of all such machinery :

List of Machinery (with respective SI Value, Make, Model, Identification) Please mention capacity of DG sets.

(Note: DG sets more than 15kva cannot be covered even if less than 7 years old)

.....

.....

**SECTION 5: ELECTRONIC EQUIPMENT (EEI SI not to exceed Rs.10.0 cr):**  Yes  No

Details of Equipments : All equipments (except more than 5 years old) are covered and to be declared compulsorily. Please provide list of all such electronic equipments. List of equipment (with respective SI Value, Make, Model, etc.)

.....

.....

(Note: Cover excludes Laptops, Mobiles, Blackberries, I pads, Ipods, Note books, Camera, GPS devices and diagnostic medical equipments.)

**SECTION 6: PLATE GLASS**  Yes  No

Please mention if any ornamental plate glass is fixed in the premises :  Yes  No

(Note - ornamental plate glasses can not be covered under this Section.)

**SECTION 7: SIGNAGE**  Yes  No

Describe the type of signage to be covered:  Neon  Others

(Note - Only Neon Signs can be covered under this Section)

**SECTION 8: MONEY**  Yes  No

Please mention the maximum amount of cash carried at any one point of time : ₹

Please mention the maximum amount of cash stored in the premises at any point of time : ₹

Is the cash carried by authorized employees only :  Yes  No

(Note - Loss of Cash carried by authorized employees only is covered upto Sum Insured limit available under the chosen Plan)

**SECTION 9: BAGGAGE**  Yes  No

Whether business travel would involve overseas travel :  Yes  No

**SECTION 10: FIDELITY GUARANTEE**  Yes  No

Do you entrust cash to your authorized employees only  Yes  No

Please provide the list of employees to be covered .....

(Note - Loss due to infidelity of employees on rolls only is covered)

**SECTION 11: PERSONAL ACCIDENT COVER**  Yes  No

Please provide the list of employees to be covered.

Name	Age	Name of Nominee*	Relationship of Nominee*

**SECTION 12: HOSPITAL CASH BENEFIT**  Yes  No

Please provide list of employees to be covered under this Section

Please mention the Scheme Opted:  Scheme A - ₹ 250/- per day for a maximum of 30 days per policy period

Scheme B - ₹ 500/- per day for a maximum of 30 days per policy period

Scheme C - ₹ 1000/- per day for a maximum of 30 days per policy period

Name of the Employee	Age	Gender	Pre-existing disease/ illness/ condition (if any)	Nominee name & Relationship *

**SECTION 13: GROUP HEALTH COVER**  Yes  No

Please provide list of employees to be covered under this Section.

Please mention the Scheme Opted: Sum Insured  50,000/-  1,00,000/-

Name of the Person to be Insured	Location	Date of Birth	Gender	Designation Category / Position	Plan	Pre-existing Illness/disability/ Hospitalization (if any)	Sum Insured	Nominee name & Relationship*

**L&T Insurance** is the brand of L&T General Insurance Company Limited Registered Office: L&T House, N.M. Marg, Ballard Estate, Mumbai - 400001.

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P.T.O



**ACKNOWLEDGEMENT**

**my:business**

Received from Ms / Mrs / Mr \_\_\_\_\_

Branch Code: \_\_\_\_\_

a sum of ₹ \_\_\_\_\_ through Cash#/Cheque/DD \_\_\_\_\_

Intermediary Code\*: \_\_\_\_\_

against your proposal for my:business Commercial Establishment Insurance Package

Signature of L&T official / Intermediary: \_\_\_\_\_ Date:

Intermediary Location Code: \_\_\_\_\_

Neither the submission of a complete proposal for insurance nor does any payment for any policy sought oblige the Company to agree issue a policy, which decision is and always shall be in the Company's sole and absolute discretion.

If the Company accept's a proposal for insurance, it shall be subject to the policy terms and conditions and the Company shall have no liability to make any payment if premium is not received by the Company in full and in time, or is not realised.

If a proposal is not accepted, the Company will inform you and refund any payment received from you without interest.

Intermediary Employee Code: \_\_\_\_\_

Intermediary Reference Code: \_\_\_\_\_

Intermediary Contact Details: \_\_\_\_\_

L&T official / Intermediary Name: \_\_\_\_\_ Time: \_\_\_\_\_

\* Cash towards premium will be accepted only at our branch offices.

**GOOD HEALTH DECLARATION**

Are the employees proposed for insurance currently in good health and not undergoing any medication/ treatment?  Yes  No

If No Please give details: .....

Details of Pre-existing diseases/illness/conditions (if any) (please attach separate sheet if required) .....

**SECTION 14: ALL RISK COVER – Applicable for Plans 10 onwards, i.e. for Fire sum insured Rs.2.0 cr. and more**  Yes  No

Please provide details of laptops and projectors belonging to Owners, Promoters, Partners, MDs and Directors only, Sum Insured values may be provided within the limits applicable to the plan chosen.

**GENERAL INFORMATION**

**PAST INSURANCE** : Are you now or have you previously been insured for any of the coverage(s) you are applying?  Yes  No

Insurer	Sum Insured	Policy Number	Period of Insurance	Type of Cover

**PAST LOSS EXPERIENCE (3 YEAR RECORD)**

Details	Location	Year of Loss	Cause of loss	Loss Amount

Has the Insurance for Risks proposed to be insured been declined, cancelled, refused renewal or subjected to special terms or increase in premium by any other Insurance Company?  Yes  No If 'Yes', Please give details.....

(Note: Please attach additional sheets for any additional information to be provided.)

**DECLARATION BY THE PROPOSER**

I/We the undersigned hereby declare that the above statements and particulars are true and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

Place: ..... Date: .....

Signature of Proposer

**PROHIBITION OF REBATES - UNDER SECTION 41 OF INSURANCE ACT 1938**

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 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 in 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 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 five hundred rupees.

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