e.Any other equipment

27. Do you keep a stock of replacement spare parts for: (Give details)
    a.Compressors
    b.Driving motors
    c.Engines
    d Pumps etc.

28. a. Is the plant inspected and serviced regularly by a recognized firm of Refrigeration Machine specialists or by refrigeration plant engineer and if so, at what intervals?
    b. Is the plant under supervision of a qualified and experienced refrigeration engineer/mechanic?
    Give name, qualifications, experience of the engineer, mechanic-in-charge.
    c. Do you maintain a log book for the maintenance of plant and the conditions of temperature and humidity in the cold rooms? If so, give a specimen copy of the same ☐ Yes ☐ No

VIII. Burglary & Housebreaking Contents (Excluding money and valuables) Contents other than stock can be covered on RIV or MV Basis. Stock and Stock in Trade would be on MV basis. Please indicate the value of all content

Contents

a. Other than Stock & Stock in Trade — Rs.
b. Stock & Stock in Trade — Rs.

IX. Money Insurance

Please indicate the amount to be insured

a. In transit limit per carrying — Rs.
b. In safe — Rs.
c. In till — Rs.

X. Fixed Plate Glass and Sanitary Fittings (Items are required to be covered on RIV basis)

Sr. No.	Item	Sum Insured (Rs.)
Total		

XI. Neon Sign/Glow Sign/Hoarding (Items are required to be covered on RIV basis)

Sr. No.	Item	Sum Insured (Rs.)
Total		

XII. Accompanied Baggage

Sr. No.	Item	Sum Insured (Rs.)
Total		

XIII. Personal Accident

Sr. No.	Name	DOB	Designation	Table opted for	Capital Sum Insured (CSI) Rs.

Do you wish to cover reimbursement of medical expenses due to accident? ☐ Yes ☐ No

XIV. Fidelity of Employees

Sr. No.	Name	Designation	Limit of liability (Rs.)

XV. Liability

Towards third parties		Limit
a. Personal injury	AOA _____/AOY_____(Ratio)	AOA = Rs.
b. Property damage		AOA = Rs.

XVI. Workman Compensation

Designation	No of workers	Nature of work/duties	Estimated wages (Rs.) Monthly/Annual

9. Please indicate if any claim has been reported in the past under any sections enumerated above? If so, give details of the same. Attach a separate sheet, if necessary

Date of occurrence	Details of loss	Amount of loss (Rs)	Name of the Insurance Company

10. Give details of previous insurance, if any
    a. Policy No.:
    b. Company:
    c. Expiry date: d d m m y y y y
11. Give details of other existing insurance if any
12. Any other information relevant to this insurance
13. Has any insurer refused insurance coverage for this property

Declaration by Insured

I/We hereby declare that the statements, answers and particulars given by me/us in this proposal form are true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which this insurance is being 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 Reliance General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

Place: _____ Date: _____

Signature of Proposer

Prohibition of rebates - Section 41 of The 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 or 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.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 500/-

RGI/MCOMM-38/PFV/Ver. 1.3/051011

RELIANCE General Insurance

Helpline 1800 3002 8282 (toll free)
022 3989 8282 (charges apply)
Claims 1800 103 1999 (toll free)
022 4111 2600 (charges apply)
www.reliancegeneral.co.in

Proposal Form for Reliance Hotel & Restaurant Package Policy

The property proposed for insurance is not covered until the proposal is accepted and premium received.

Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name _____ Code _____
Branch Name _____ Code _____
Sales Manager Name _____ Code _____

Proposer's Details (To be filled in BLOCK LETTERS)

1. Proposer's Full Name ☐ Mr. ☐ Ms. ☐ Mrs. _____
2a. Address of the Proposer
    Flat Building _____ Road/Street/Sector _____
    Area _____
    Taluka/Village/District/City _____ Pin Code _____ State _____
    Country _____ Phone _____
    Mobile _____ Email _____
    Fax _____
2b. Address of the Hotel and Restaurant to be insured
    Flat Building _____ Road/Street/Sector _____
    Area _____
    Taluka/Village/District/City _____ Pin Code _____ State _____
    Country _____ Phone _____
    Mobile _____ Email _____
    Fax _____
3. Period of Insurance From d d m m y y y y To d d m m y y y y
4. Description of Business _____
5. Financial Interest if any _____
6. Whether the premises owned or rented ☐ Owned ☐ Rented
    a. Do you wish to cover the building under Section I? ☐ Yes ☐ No
    b. Do you wish to cover plinth & foundation also? ☐ Yes ☐ No
    d. Please state the basis of valuation opted for under Section I - whether on Reinstatement Value (RIV) basis or Market Value (MV) basis ☐ RIV ☐ MV
    Please note that Stock and Stock in Trade under contract would be on MV basis
7. Please fill up the detail for the Section opted by you in the format hereinbelow (Please note that section I(B) is compulsory)7
    Details/type of construction at premises (Please attach separate sheet if required) _____
8. Please fill up the details for the Sections opted by you in the format herein below (Please note that Section I (2) is compulsory)
I. Building/Content (Excluding Money and Valuables)

	Sum Insured
1. Building	
a. Superstructure	Rs.
b. Plinth & foundation	Rs.
2. Contents	
a. Other than stock & stock in trade	Rs.
b. Stock & stock in trade	Rs.
3. Do you require Terrorism cover ?	☐ Yes ☐ No

Reliance General Insurance Co. Ltd. Registered Office 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001

Downloaded from www.insureatclick.com - Broker : Loyal Insurance Brokers Ltd.

Downloaded from www.insureatclick.com - Broker : Loyal Insurance Brokers Ltd.

If Terrorism Cover is required then kindly advise

a. Whether the risk was insured against terrorism in the previous year/s? ☐ Yes ☐ No

b. If yes, whether premium was paid as per the terms of the Indian Market Terrorism Risk Insurance Pool or as per the terms quoted by other reinsurers?

II. Alternate accommodation

Do you wish to cover alternate accommodation due to loss or damage caused to the insured premises by perils covered under section I ☐ Yes ☐ No

If yes please specify the sum insured Rs.

III. Business Interruption (Fire)-on difference basis

Total sum insured amount to be insured on: **Sum Assured**

a. Gross Profit (Net Profit plus Standing Charges) Rs.

b. Wages

i. On weeks basis Rs.

ii. On dual basis Rs.

Does the Proposer wish to include fees payable to Auditors for certifying particulars required in connection with claim? If so,

Please state the amount Rs.

Does the Proposer require the following extensions?

a. Property at other situations ☐ Yes ☐ No

b. Electricity, gas works or water works ☐ Yes ☐ No

c. Supplier's premises ☐ Yes ☐ No

If so, give details

Period of Indemnity: From d d m m y y y y To d d m m y y y y [_____ Month(s)]

Sr. No.	Description	Make & Model	Year of Mfd.	Identification No.	Sum Insured (Rs)
Total					

V. Reinstatement of Data

Do you wish to cover

(i) cost of Reinstating Data on data carrying material ☐ Yes ☐ No

(ii) programs ☐ Yes ☐ No

(please specify the details of program to be covered)

If yes, please specify the sum insured Rs.

Please provide following details

EDP System-

1. If the system is rented, state monthly rent
2. Date of start of operation
3. Operational hours per day in shifts
4. Name and address of manufacturer and/or lessor

5. What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system (Please furnish copy of lease contract if available)

Housing of the EDP System -

1. Central Unit ☐ Basement ☐ Ground/ ____floor
2. Peripheral Unit ☐ Basement ☐ Ground/ ____floor
3. Total Value Basement Rs. / Ground Rs. / Floor Rs.
4. Is Installation in accordance with the manufacturer's recommendations ☐ Yes ☐ No

5. Manner in which the EDP system has been installed ☐ on Vibration Observer ☐ on Rollers ☐ Rigid Anchoring ☐ without Anchoring

Air-conditioning Plant-

1. Maintenance — As Prescribed by Manufacturer
2. Loss prevention — As Prescribed by manufacturer
3. Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails? ☐ Yes ☐ No
4. Is the air-conditioning plant also equipped with an independent signaling device in the case of disturbance or failure (Are adequate loss prevention measures initiated immediately, even if the above protective devices are activated outside operational hours) ☐ Yes ☐ No

External Data Media-

1. Storage ☐ Wooden shelves ☐ Steel cabinet ☐ In fire-proof cabinets ☐ Together with EDP system
2. Air-conditioning ☐ Yes ☐ No
3. If not, how is air conditioning effected?
4. Risk aggravating circumstances as in the storage rooms- ☐ Steam & water lines ☐ Vibrations ☐ Atmosphere

VI. Portable and mobile equipment (Items are required to be covered on RIV basis)

Sr. No.	Description	Make & Model	Year of Mfd.	Identification No.	Sum Insured (Rs.)
Total					

VII. Machinery Breakdown (Items are required to be covered on CNRV basis)

Sr. No.	Description	Make & Model	Year of Mfd.	Identification No.	Sum Insured (Rs.)
Total					

Extension- Deterioration/Contamination/Putrefaction of Stock in Refrigeration Machinery

	Description	Particulars
1.	Is Refrigeration Machinery installed in the insured premises owned by you or taken on lease?	☐ Owned ☐ On lease
2.	Has this machinery covered under Machinery Breakdown Section?	☐ Yes ☐ No
3.	Have you suffered any losses due to deterioration in the past?	☐ Yes ☐ No
	If yes give details of cause and amount	
4.	Was the plant insured for machinery breakdown and deterioration of stocks previously?	☐ Yes ☐ No
	If so, please give name of Insurance Company and period of Insurance	
5.	Was the Insurance at any time declined by any Company?	☐ Yes ☐ No
	If so, by whom and for what reason	
6.	What would be the maximum stock of goods stored by you at any time during the season?	
7.	State the price per quintal at which you wish to insure the stock (this price should include storage charges)	
	Please specify the Sum Insured	Rs.
8.	Do you maintain any stock register? If so, please attach a specimen copy with this form	☐ Yes ☐ No
9.	Give details of Refrigeration Machine room number, size, design, and storage capacity	
10.	By whom the Refrigeration Machinery is designed? Give the name of the designer/firm/engineer	
11.	a.Indicate the type of insulation used in the refrigeration chambers	
	b.Give cross-sectional sketch of insulation of all sides	

c.When was the present insulation done and by whom?

d.When the present insulation was last replaced?

12. Give the design and type of materials used for storage racks and the name of firm/engineers who designed, constructed them
13. a.What goods do you store?
    b.Do you accept stocks of high yielding variety? ☐ Yes ☐ No
    c.Do you ascertain that the stocks offered for storage are free from disease? ☐ Yes ☐ No
    d.How do you store the goods? In bags, containers or loose?
    e.Do you sort out bad stocks before storage? ☐ Yes ☐ No
    f. Do you check for spoilage of stored goods and arrange for their removal? ☐ Yes ☐ No
    g.What time will be required to remove the stocks in case of breakdown?
    h.In the event of loss, is there any possibility of storing the goods in your charge elsewhere? If so, give full name & address.
    i. Are you authorized to dispose off the goods stored to avoid or minimize losses due to deterioration etc.? ☐ Yes ☐ No
14. a.What conditions of temperature (indicate in degree C or F) and relative humidity do you maintain in the Refrigeration Machine for different goods stored
    b.How do you ensure proper circulation of cold air or proper conditions of temperature and humidity in the cold rooms?
    c.How do you ensure the proper loading of cold rooms within the designed capacity?
    d.At what intervals are the temperature and humidity checked?
    e.Is the Refrigeration Machinery equipped with automatic control system? If so, what is the type of control? ☐ Yes ☐ No
15. What is your main source of electric supply? Your own generation or from public grid
16. State input voltage if power is obtained from the Public grid. If a transformer is required for the input voltage is it located in your premises and are you the owner?
17. Has the power supply been interrupted at any time during the last three years? If so, state number and duration of interruptions ☐ Yes ☐ No
18. Do you have stand by arrangement in the event of failure of main source of electric supply? If so, give details
19. After how many hours (24, 48, 72 or more) do you expect the stored goods to deteriorate due to a rise or fall in temperature in consequence of machinery breakdown and/or failure of power supply?
20. By whom the machinery has been Manufactured/Supplied/Erected?
    Give the name of firm/engineers
21. Give details of :
    a.Refrigerating compressors, number, make capacity in tons, bore, stroke, R.P.M.
    b.Are the compressors driven by electric motors or diesel engines? Give details of driving motor or diesel engine, i.e. H.P. Serial Number, make, bore, stroke, R.P.M., type and voltage
22. Are there several independent refrigerating systems and if so, is it possible to switch from one to another
23. Give the number and type of condenser stands
24. State the refrigerant used
25. Give details of circulating water pumps:
    a.Capacity in gallons per minute and head in ft/meter
    b. H.P., R.P.M., type and voltage of driving motors
26. Give the number of stand by spare units:
    a.Compressors under loading conditions
    b.Compressors under normal conditions
    c.Circulating water pumping sets
    d.Electric motors for diffusers