

CONSEQUENTIAL LOSS (FIRE) POLICY

Proposal Form

The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Company and does not result in a concluded contract of insurance.

The liability of the Company does not commence until the proposal has been accepted by the Company and the premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest.

OFFICE DETAILS		
Name		Code
Branch		Code
Business Type Rural	Non-rural	Code
Intermediary		Code Code
PROPOSER DETAILS		
1. Name M/s		
Contact Person Mr/Ms (in case of Corporate)	S	
3. Communication	Plot No/Door No.	Building Name
(Postal Address)	Road	Area
	City	Pincode
	District	State
4. Contact Nos.	Mobile	Office
	Residence	E-mail Id
5. Policy Period	From D D M M Y Y Y Y	To D D M M Y Y Y Y
FINANCIAL INSTITUTION	DETAILS	
6. Name of Financier		
7. Address of Financier	Plot No/Door No.	Building Name
	Road	Area
	City	Pincode
	District	State
8. Name of Financier		
9. Address of Financier	Plot No/Door No.	Building Name
	Road	Area
	City	Pincode
	District	State
10. Co-Insurance Details		

Hand Appliances & Hydrant System & Independent Sprinkler/Fixed Water Spray System

RISK DETAILS																					
11. Description of Business/																					
Business Activity																					
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RISK LOCATION DETAILS																					
12. Risk Location Address	Plot No/Door No.							Ві	uildin	g No	ıme								\perp		
	Road							Aı	ea												
	City							Pi	ncod	е											
	District							St	ate										\perp		
13. Risk Location Address	Plot No/Door No.							Ві	uildin	g No	ıme								\perp		
	Road							Aı	ea												
	City							Pi	ncod	e											
	District							St	ate									\top	\top		
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CONSTRUCTION DETAILS																					
14. Risk Location	Type of Construction				Su	perior			Sto	anda	rd										
	Height of Building (i	n Metr	es)																		
	Number of Floors (e	x Base	ments)																	
	Number of Basemer	nts																			
	Age of Building																				
15. Risk Location	Type of Construction				Su	Superior			Standard												
	Height of Building (i	n Metr																			
	Number of Floors (e	x Base	ments)																	
	Number of Basemer	nts																			
	Age of Building																				
FIRE PROTECTION DETAIL	.5																				
16.		Risk L	ocatio	n l					_		1	Risk Lo	catio	n 2	1						_
Hand Appliances & Trailer F	Pumps/Fire Engines		<u> </u>		\perp			_	<u> </u>]					Ш		<u> </u>	<u></u>	<u> </u>	_
Hand Appliances & Hydran	t System						_		<u> </u>]					Щ	_	<u> </u>	<u></u>	<u> </u>	_
Hand Appliances & Indepen	ndent Sprinkle			Щ	\perp	Щ	_	_	<u> </u>							Ш		<u> </u>	<u>↓</u>		_
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Amount of Insurance														
TOTAL SUM INSURED														
18. Please mention the Basis of Indemnity Turnover Basis Output Basis Difference Basis														
Please specify the Indemnity Period in Months														
ADD ON PERILS														
Yes No														
Yes No														
Yes No														
Yes No														
Yes No														
Yes No														
Yes No														
Yes No														
Yes No														
Yes No														
Yes No														

CLAIMS EXPERIENCE DE	TAILS																													
26. Please give premium and	claims	deta	ils fo	or las	st 3	poli	су ре	erio	ds																					
Policy Period															Pre	miu	m Po	aid												
Incurred Claim (Paid + outstanding)																ture im/se		n												
Policy Period															Pre	miu	m Po	aid												
Incurred Claim (Paid + outstanding)												Nature of claim/section																		
Policy Period															Pre	miu	m Po	aid												
Incurred Claim (Paid + outstanding)																ture im/se		n												
PREMIUM PAYMENT DET	AILS																													
27. Kindly Select		Ch	eque)		DI) / F	0		c	ash																			
Cheque / DD / PO No.															Da	ted	D	D	М	Μ	Υ	Υ	Υ	Υ						
Bank Name																														
Premium Amount																														
In words																														
DECLARATION																														
I/We hereby declare that the st It is hereby understood and ag and that if, after the insurance shall have no liability under thi	reed to is effe	hat tl ected	he st , it is	tater	nen	ts, a	nsw	ers	and	part	iculo	ars p	rovic	led h	nerei	nabo	ove c	ire t	he b	asis	on	whic	h th	is in	sura	nce	is b	eing	grai	nted
I/We agree and undertake to a submission of this proposal for		to SI	BI G	ener	al Ir								iny a	dditi	ions/	alter	ation								ose	d fo	r ins	uran	ce c	ıfter
Place:						[Date	:: L	D	D I	V	Μ.	ĭ '	r 1	r Y			Si	gnat	ure	of P	ropo	ser							

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/-