

My Business My Choice Office



WITH YOU ALWAYS

Note: 1) Policy wordings are available on request. 2) Please complete all sections in capitals and tick boxes wherever applicable. 3) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract VOID. 4) Attach separate sheets if space given is insufficient.

Insured / Business Name											
Contact Person											
Address for Correspondence											
Tel: _____										Fax: _____	
Description of Business										Period of Insurance	
Bank/Financing Institution										From: ____: ____ hrs	
Paid-up Capital <input type="checkbox"/> < 15 Cr <input type="checkbox"/> > 15 Cr										To: (midnight)	

Risk Location (L) & Details: (RCC / Brick Work structure aged < 30 yrs only is covered. Kutcha / Temporary structure, Basements not covered)

L	RISK LOCATION					Occupancy*	Location**	Age of Structure (Yrs)	EO Zone	SIC Code	HG Code
	D.No.	Street	Village / City	District / State	PIN						
1											
2											
3											

*Occupancy: Residential (R) / Office (O) / Shop (S) / Godown (G) / Mfg . Unit (MU) / Others - Specify **Location: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H) / Dwelling in Mfg . Unit (DMU)

STANDARD COVER : FIRE & SPECIAL PERILS

<input type="checkbox"/> to Exclude Covers		<input type="checkbox"/> to Include Add-on Covers		<input type="checkbox"/> Fire Extinguishing Appliances Installed		<input type="checkbox"/> Voluntary Deductible Desired	
<input type="checkbox"/> Riot Strike & Malicious Damage	<input type="checkbox"/> Earthquake (Fire and shock)	<input type="checkbox"/> Terrorism damage		I confirm FEA is maintained in efficient working condition.(Attached certificate of approved agency of TAC)		<input type="checkbox"/> AOG 10 lakhs / Others 5 lakhs	
<input type="checkbox"/> Storm Tempest Flood & Inundation	Other Add-on Covers: 1) Omission to Insure additions etc., 2) Spoilage Material Damage Cover, 3) Start-up Expenses, Architects, Engineers etc., Fees, 4) Leakage & Contamination Cover, 5) Spontaneous Combustion, 6) Temporary Removal of Stocks, 7) Deterioration of Stocks due to power failure, 8) Deterioration of stocks due to change in temperature, 9) Removal of Debris, 10) Forest Fire, 11) Impact Damage by own Vehicle 12) Loss of Rent 13) Adtl. Rent for alternate accommodation.		<input type="checkbox"/> Hand appliance & Trailer pump/ Fire engine		<input type="checkbox"/> Hand appliance & Hydrant system		<input type="checkbox"/> AOG 20 lakhs / Others 10 lakhs
			<input type="checkbox"/> Hand appliance & Independent sprinkler / Fixed water spray		<input type="checkbox"/> Hand appliance + Hydrant & Independent sprinkler/ Fixed water spray		<input type="checkbox"/> AOG 30 lakhs / Others 15 lakhs
							<input type="checkbox"/> AOG 60 lakhs / Others 30 lakhs
							<input type="checkbox"/> AOG 100 lakhs / Others 50 lakhs

Enter Sum Insured Particulars per Location(L). (Inadequate Sum Insured will attract provisions of Under Insurance clause).

	L	Building (with P&F)	Plinth & Foundation (separate SI)	Compound Wall	Sum Insured Total	Basic Fire (1)	Discounts		Exclusions		Discounts		Add on Covers		Rate %	Premium
							(1.1)Age < -5 yr.	(1.2) Const. Type AA or A+	RSMD(2)	STFI (3)	FEA (4), % (1-2-3)	VD (5), % (1-2-3-4)	EQ	Terrorism		
BUILDING	1															
	2															
	3															
CONTENTS	L	Furniture & Fixture / Off. Equipment	Electrical Fittings	Plant & Machinery / Equipment	Sum Insured Total	<input type="checkbox"/> for Reinstatement Value Policy(Bldg. & Contents only) Not for Stocks										
	1															
	2															
STOCKS	L	Stock in Process / Finished	Stock in Godown	Stock in Open	Sum Insured Total											
	1															
	2															
TOTAL																

Note: Stocks-in-open cannot be covered unless approved by Office

OPTIONAL COVERS (Select minimum 2 covers)

BURGLARY	L	Furniture & Fixture / Office Equipment	Plant & Machinery / Equipment	Stocks	Others - specify	Sum Insured	First Loss (50%)	First Loss Sum Insured	Rate %	Premium
2										
3										
Covers Theft by visible and forcible means only. Do you have dedicated security arrangement round the clock? <input type="checkbox"/> YES <input type="checkbox"/> NO										
Are the insured premises protected with <input type="checkbox"/> Solid Doors / Gates / Grills/ Rolling Shutters / Glass Door <input type="checkbox"/> Burglary Alarm system										
TOTAL										

PORTABLE EQUIPMENT	L	Portable Equipment# Details	Make	Model	Year of Mfg.	Serial No. For Identification	AMC	Sum Insured*	Rate %	Premium
2										
3										
* Basis of SI should be new replacement value of same make / model. # Mobile Phones/PDA's are excluded.										
TOTAL										

ELECTRONIC EQPT/ MACHINERY BREAKDOWN	L	Electronic Eqpt/ Machinery Breakdown	Equipment Details (Name & Capacity)	Make	Year of Mfg.	Serial No. For Identification	AMC	Sum Insured* (Reinstatement Value)	Rate %	Premium
2		EEI / MB								
3		EEI / MB								
Covers Electronic Equipment (upto 7 yrs) / Machinery Breakdown (upto 7 yrs)										
* Basis of SI should be new replacement value of same make / model.										
TOTAL										

MONEY	<input type="checkbox"/> Money in Safe (Max. 3 Lacs) (Rs.)	<input type="checkbox"/> Money in Transit				<input type="checkbox"/> Annual Carrying	<input type="checkbox"/> First Loss Limit per Transit (Max. 1 lac (Rs.))	Rate ‰	Premium
		From	To	Approx Annual Carrying (Rs.)	Limit per Transit (Max. 3 Lacs) (Rs.)				
	1		Office	Bank & Back					
	2		Office	Bank & Back					
3		Office	Bank & Back						
Covers Money / Monetary Instruments (Indian currency) belonging to your business while in Transit or in Safe. Choose either Money in Transit on Annual basis or First Loss basis.							TOTAL		

PLATE GLASS/ NEON SIGN	L	Description	Site Location	No's	* Dimensions (L x B)	Sum Insured	Rate ‰	Premium
	1	Plate Glass / Neon Sign			X			
	2	Plate Glass / Neon Sign			X			
	3	Plate Glass / Neon Sign			X			
Covers All Plate Glass and Neon Signs secured & fixed within the stated premises only. * For ornamented / curved / glazed / etched glass and cover for specific items, give item wise dimensions.						TOTAL		

WORKMEN'S COMPENSATION	Nature of Work	Work Place (office / Godown etc.)	No. of Employees (Permanent)	Total Annual Wages / Salaries	Contract Workers (attach details)	Sum Insured	Rate ‰	Premium
	Covers permanent employees on Un-Named (Designation/ Nature of occupation) & Total Annual Wages basis. Contractual employees are covered on Named & Total Annual Wages basis.						TOTAL	

PERSONAL ACCIDENT	Name	Age	Occupation	Any Infirmary / Disability	Nominee Name	Relation	Category I/II/III	Benefit Table A/B/C/D	Capital Sum Insured (Rs)	Rate ‰	Premium
	1. Covers only persons in the Age Group 18 to 65 years. 2. Death, permanent disability, partial disability & temporary total disability covers are available. Temporary total disability is available only for class I & II employees.									TOTAL	

PUBLIC LIABILITY	Liability Type	Paid up capital (Rs.)	Annual Turnover (Rs.)	Any One Accident Limit (Rs.)	Any One Year Aggregate (Rs.)	Rate ‰	Premium
	Non-Industrial						

BAGGAGE	Sum Insured	Rate ‰	Premium
	Covers accompanied Baggage connected with business/personal effects of the Insured / Partner / Employees carried during Travel anywhere in India.		

FIDELITY	Permanent Employees	Designation	Department	Any One Event Limit	Any One Year Aggregate Limit	Rate ‰	Premium
	Un-named						
	Named						

PAST 3 LOSS RECORD	Details	Location	Year of Loss	Cause of Loss	Loss Amount
	<input type="checkbox"/> No Claims <input type="checkbox"/> Yes, please furnish details				

Assignment for Personal Accident Insurance

I / We hereby assign the money payable by Tata-AIG General Insurance Co. Ltd, in the event of my death to the nominee named above and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

Declaration by Proposer

I / We hereby declare that the statements made by me / us herein and in the attachments hereto are true to the best of my knowledge and belief and I / We hereby agree that this Proposal shall form the basis of the insurance contract between me / us and Tata AIG General Insurance Company Ltd. (referred to as the Company). I / We further confirm that if any additions or alterations are carried out in the risk proposed for insurance herein after the submission of this proposal then particulars of such shall be forthwith conveyed to the Company. I / We further agree that the submission of this Proposal to the Company and its receipt thereof shall not constitute an acceptance of risk by the Company.

Date:

Place:

Producer's name : _____ Producers code

--	--	--	--	--	--	--	--	--	--	--	--

Signature of Proposer

Cheque/Card No:		A) TOTAL PREMIUM (All Coverage Sections):	
Date:	D D M M Y Y Valid upto: M M Y Y	B) Service Tax: ()	
Bank:		A + B) Total Amount Payable:	

IMPORTANT

Prohibition of Rebates (Section 41 of the Insurance Act'1938)

1. No person shall allow or offer to allow either directly or indirectly as inducement to any Person to take 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 such a 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 provision of this section shall be punishable with fine which may extend to five hundred rupees only.