

PROPOSAL FORM FOR CORPORATE COVER POLICY

Proposal Form No: _____

Variant Name : _____

GUIDELINES FOR COMPLETION OF THE FORM

Please provide all required information fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. Insurance is a contract of utmost good faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the Proposal Form. If you think any fact is material, please disclose it. Please use additional sheets wherever space is not sufficient to fill up the details. Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the Proposal Form.

NOTE

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

SCOPE OF COVER

As detailed in the Annexure attached hereto.

SIGNIFICANT EXCLUSIONS

Please refer to the Policy document.

EXTENSIONS

In addition, certain optional extensions are available, the details of which are provided in the relevant sections of the Proposal Form.

NOTE

The foregoing is only an indication of the cover offered. For details please refer to the Policy.

Type of Individual : Salaried Self employed Professional

If entity, Type of entity : Partnership firm Company Others if other (please specify) _____

Annual Income : (In Rupees) : _____

Do you file income tax return ? Yes No Do you own a bank account ? Yes No

Date of Birth : ____/____/____ Country : _____ PAN Number : _____

Put a (✓) mark wherever applicable

CUSTOMER INFORMATION

Name of Proposer: _____ Date of Birth : ____/____/____

Proposer's Correspondence Address _____

City _____ State _____ Pin: _____

STD Code _____ Tel. _____ Fax. _____

Mobile No. _____ E-mail ID. _____

Insured's Property Address _____

Floor No: _____ Flat No: _____ City: _____

State : _____ Pin. _____

Mobile No. _____ E-mail ID. _____

Fax. _____ Nearest Landmark: _____

Insurance certificate in the name of : Proposer Premises name

Correspondence address (If different from above) Proposer's address Property address

If different from above:

Floor No: _____ Flat No: _____ City: _____

State : _____ Pin. _____

Mobile No. _____ E-mail ID. _____

Fax. _____ Nearest Landmark: _____

Annual turnover (Rs.):

< 1,000,000 1,000,001 – 10,000,000 10,000,001 – 100,000,000 100,000,001 – 500,000,000 > 500,000,001

Network of the firm (Rs.):

< 10,000,000 10,000,001 – 25,000,000 10,000,001 – 100,000,000 > 25,000,000

PREMISES DETAILS

Put a (✓) mark wherever applicable

Age of building: _____ years Total built-up area : _____ sq. ft.

Type of Construction: Framed Load-bearing Kutcha

Distance from the oceanfront : < 500 ft. >500 ft. If < 500 ft., is there an embankment Yes No

No. of floors in the building :

Property located on which floor (Use B for Basement, '0' for G.F., '1' for 1st floor and so on.)

Ownership of property Self owned Rented / Company provided Other _____

Occupied by Proposer Tenant Vacant

Name and address of Financier (if a bank or financial institution):

(Please note that the Agreed Bank Clause Endorsement is applicable for financed dwellings)

INSURANCE DETAILS

Period of Insurance: From To Midnight of

Insurance cover opted for _____ as specified in the Annexure attached hereto.

Details of the Items included, which are valued at more than Rs. 10,000

S. No.	Description (including the Sr. No if applicable)	Year of Manufacture	Make and Model	Value in Rs.	Serial / Invoice No
1					
2					
3					
4					
5					

(+ If space provided here is insufficient, please use a separate sheet to provide data in same format)

Name of the immediate nominee¹ :

Address :

City : State : Pincode :

STD Code | Tel. | Fax.

Mobile No. E-mail ID.

Relationship with the proposer :

PREVIOUS INSURANCE DETAILS

Name & Address of Previous Insurer	Policy Numbers	Insurance From	Insurance To	Claims History (for the past 3 yrs.)		
				Year	No. of Claims	Amount

MODE OF PAYMENT

Cheque No. : Dated : Drawn on :

DD No. : Dated : Drawn on :

ENDORSEMENTS / EXCLUSIONS

¹(Note: For the purpose of Personal Accident coverage of the policy, and in the unfortunate event of death, a nominee should be named. The claim amount, if payable, would be paid to such nominee)

If you want to avail of extension of the Policy by payment of additional premium, please specify: _____

Earthquake Cover Yes No Terrorism Damage Cover Yes No Others _____

ANY ADDITIONAL INFORMATION RELEVANT TO THE POLICY APPLIED FOR _____

ICICI BANK RELATIONSHIP DETAILSI have an existing relationship with ICICI Bank : Yes No Bank Loans Bonds Credit Card Insurance**DECLARATION**

I/We declare that the quality of construction of the building is satisfactory.

I/We agree that the Company may at any time during the validity of the Policy or at the time of processing any claim under this Policy, if any, in its sole discretion, require me/us to provide proof, documented or otherwise, that insurable interest proportionate to my/our status as declared under the Section "Property Details of this proposal exists, and that I/We shall promptly comply with such requirement of the Company at all such times.

I/We authorise the Company and all other group companies of ICICI Bank Group and their agents to exchange, share or part with all the information relating to my personal and financial details and information to other ICICI Bank Group companies/ Banks/ Financial Institutions/ Credit Bureau/ Agencies/ Statutory Bodies as may be required and I/We will not hold the Company and all other group companies of ICICI Bank Group and their agents liable for use of this information.

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal, declarations and Annexure hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

Place: _____

Proposer's Signature/Seal/Stamp _____

Date: ___/___/___

**STATUTORY WARNING 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 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 five hundred rupees.

Referred by : _____ Agent Code : _____ Agent Name : _____

Sector : Urban Rural Social**Receipt**

Proposal Form No. |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Date: |__|__|/|__|__|/|__|__|__|__|

Corporate Cover

Received with thanks from Mr./Ms. _____

The sum of Rs. _____ only vide Cheque/ DD no. _____

Date: |__|__|/|__|__|/|__|__|__|__|

drawn on _____

Agent's Name: _____

Agent's Signature: _____

NOTE:

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

Insurance is the Subject matter of the Solicitation

Annexure to Proposal Form No.: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

This Annexure, in the form and manner as may be amended by the Company from time to time, shall constitute an integral and inseparable part of, and shall always be read together with the Proposal Form.

Please select the covers you need and write the amount to be covered in the Sum Insured column.

COVERAGE OFFERED UNDER CORPORATE COVER

The cover Fire and Special Perils is compulsory coverage that needs to be necessarily opted by the proposer.

	(✓) mark wherever applicable	Coverage	Sum insured (Rs.)	Deductible Excess (Rs.)
I a		Standard Fire & Special Perils –Building ²		
I b		Standard Fire & Special Perils –Contents ³		
II		Burglary		
III		Cash in Safe ⁴		
IV		Cash in Transit		
V		Glass Breakage		
VI		Professional Indemnity		
VII		Cheque Forgery		
VIII		Employer's Liability		
IX		Mediclaime		
X		Personal Accident		
XI		Public Liability		
XII		Fidelity		
XIII		All Risk-Functional Equipment		
		Computers & Peripherals		
		Office Automation equipment		
XIV		All Risk-Non-Functional Items		
		Lap Top Computers		
		Mobile Phone		
XV		Tenants legal liability		
XVI		Endorsements		
		Earth quake		
		Escalation		
		Terrorism		
		Additional rent for Alternative Accommodation		
		Loss of Rent		

- 2 The Sum Insured would comprise of construction cost of the premise (if self owned)
- 3 The Sum Insured would comprise of
- sum of the average stock at your premises
 - furniture, fixtures and other equipment at your premises (like computers, printers, etc)
- 4 Cash Includes Currency Notes and Coins

Name : _____

Proposer's Signature : _____



Mailing Address: ICICI Lombard General Insurance Company Limited, Interface Building No.11, 401/402 4th Floor, New Link Road Malad (W), Mumbai - 400064.
Corporate Address : ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.
Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com
 Now One Number for all your Insurance needs 1800 2666 (Toll Free also accessible from your mobile)
 ICICI Lombard General Insurance Company Limited. Insurance is the subject matter of the solicitation. IRDA Reg. No. 115. Misc 16.