



UNITED INDIA INSURANCE COMPANY LIMITED

Head Office: 24, WHITES ROAD, CHENNAI - 600014

PROPOSAL FORM FOR LIQUIFIED PETROLEUM GAS DEALERS POLICY

- 1) Name of proposer in full :
(IN BLOCK LETTERS)
- 2) Address of the Business premises :
- 3) Period for which Insurance is Required : From _____ To _____
- 4) Have you previously held any insurance in respect of any of the risks proposed for insurance. If yes, give details. :
- 5) Have any insurance company ever
 - a) declined your proposal? :
 - b) Refused to renew or cancelled the policy? :
 - c) Imposed any special conditions/ Limitations.

SECTION I

FIRE AND ALLIED RISK (BUILDING & CONTENTS) INSURANCE

1. Nature of trade or business : _____
2. Property to be insured

	Sum to be Insured	Showroom Items	Godown Items
		2 to 7	2 to 7

 - i) Building . Godown/showroom i) Rs.
 - ii) Stock in trade including cylinders in Godown/Showroom ii) Rs.

iii) Furniture, fixture & fittings in Godown/ iii) Rs.
Showroom.

3. Construction : State materials used e.g. concrete or bricks, iron sheets or timber etc.
 - a) Walls
 - b) Roof
 - c) Floor
4. State whether premises solely occupied by the proposer. If not, give details of other Occupants and trade carried on
5. State whether the building is completely detached on all four sides, if not give particulars of how attached.
6. Have you insured your Building and contents/stock-in-trade elsewhere, if so, state i) name and place of issuing office ii) Policy No. iii) period iv) sum insured.
7. Addresses of Showroom and Godown

SECTION II

BURGLARY AND HOUSEBREAKING

			Showroom	Godown
1.	Property to be insured	Value	Items 1 to 4	item 1 to 4
			Sum Insured 25% of value	
	i) Stock in trade including cylinders In attached godown	i) Rs.		
	ii) Furniture, fixture and fittings	ii) Rs.		

N.B. : The Sum Insured is on First Loss Basis for an amount equivalent to 25% value to the Property at risk.

2. Are all doors protected by lock/locks?
 3. Are all windows protected by bars?
 4. Do you keep daily sales and purchases invoices and other books of accounts?
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SECTION III

GAS CYLINDERS IN TRANSIT

1. Maximum No. of cylinders carried at any one time.
2. Mode of carriage
3. Value of cylinders.
 - i) Gas filled cylinders
 - ii) Empty cylinders
4. Maximum distance between the Proposer's premises and the Customer's premises/house.
5. Are the cylinders carried during normal office hours or beyond office hours also. If they are carried beyond office hours also, please state upto what hours they are carried ?
6. Who authorizes issue of cylinders to customers?

SECTION IV CASH IN TRANSIT

1. How is money carried and between what hours? :
2. How many employees will carry money at a time? :
3. State per transit limit other than delivery boys. :
4. State per transit limit if delivery boys. :
5. Whether money collected are retained in the proposer's premises ? :
If so, where and what arrangements are made for their safety?
6. Insurance required for cash in safe /fixed cash box : Rs.
on counter : Rs.
7. Particulars of the safe
 - i) Measurement of safe/s
 - a) Height
 - b) Width
 - c) Depth
 - d) Weight
 - e) Makers Name

ii) Is it marked burglary resisting?

SECTION V FIDELITY GUARANTEE

Name of Employee	Designation & nature of duties	Total Monthly remuneration	Amt. of guarantee per employee Rs.
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1)

2)

3)

4)

1. How often & by whom are your cash and Bank balances agreed, entries in cash books verified with vouchers and stocks checked ?

2) Are the books audited by an independent auditor and if so, how often ?

3) Has/have the proposed employee/s been suspected of dishonesty in the past?

SECTION VI PEDAL CYCLE/ TRI CYCLE

Maker & Name of Manufacturer	Year of Mfg.	Frame No.	Accessories attached, if any	Estimated present value
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1)

2)

3)

SECTION VII PUBLIC LIABILITY INSURANCE

1. State the existing number of customers the proposer has and the number estimated to be included during the year.

2. Are the gas filled cylinders tested for leakage before delivery to customers ?

3. Whether the employees carrying cylinders are trained on safety methods for

installing gas cylinders.

4. Amount of indemnity desired | ANY ONE ACCIDENT RS. _____
ANY ONE YEAR RS. _____
ANNUAL SALES TURNOVER RS. _____

SECTION VIII
WORKMEN'S COMPENSATION

Name of Employee (s)	Nature of work	Monthly wages
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SECTION IX
PERSONAL ACCIDENT FOR
PROPRIETORS/PARTNERS/EMPLOYEES

Name	Age	Details of existing infirmity/ disability	Occupation	Table of Benefits	Name of Assignee and Relationship
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(For assignment of benefit please use prescribed form.)

SECTION X
P.A. BENEFIT TO CUSTOMERS

1. Are you interested in covering your customers for personal accident Risk YES/NO
 2. Please state how many customers you are servicing ?
 3. Please also state Number of cylinders sold domestic/industrial.
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SECTION XI
ACCIDENTAL BREAKAGE OF PLATE GLASS

1. Please give the details of glasses :

Sr.No.	Type (i.e. Plate/ Sheet/Plain etc.	No. of Squares	Size each square	Position where fixed	Estimated Replacement value
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2. Is any of the glasses proposed for Insurance scratched, damaged or Insecurely fixed ? If yes, give full Details.

SECTION XII
LOSS OF OR DAMAGE TO NEON SIGN / GLOW SIGNS

1. Please give the particulars of Signs :

Sr.no.	Description of Signs	Situation	Date when created	Date when last inspe- cted and by whom	Estimated replacement
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2. Are the signs in good state of repair and will be so maintained ? :

DECLARATION

I do hereby declare that all the information given and statements made above are true and complete and that I have withheld no information whatever regarding the insurance applied for therein. Further, I declare that the premises are in sound condition and in a good state of repair and they are not specifically exposed to the risk of fire, or theft. Further I also declare that the premises will not be left uninhabited for more than a continuous period of SEVEN days. I also declare that aggregate value of the Building and contents/stock in trade relevant to Section of the cover does not exceed Rs. whether insured under one or more policies or whether issued by one or more officers of the subsidiaries.

I further agree that this Declaration and the information given and statements made above by me or any one acting on my behalf, shall form the basis of the contract between me and the Company and I further agree to accept Indemnity subject to the conditions in and endorsed on the Company's Policy.

PLACE :

DATE :

PROPOSER'S SIGNATURE

- Note 1. The liability of the company does not commence until the proposal has been accepted by the Company and full premium paid.
2. If space is found insufficient, please attach separate sheets for details.
3. Insurance is the subject matter of solicitation.
4. Premium will be quoted on application.

PROHIBITION OF REBATE -- Section 41 of the Insurance Act 1938

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 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 rebates as may be allowed in accordance with the published prospectuses or tables of the Insurer.
Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Five Hundred Rupees.

FOR OFFICE USE -

MARKETING / DEVELOPMENT OFFICER'S REPORT

The Proposer is known to me/my agent / Broker for ___ years and I recommend acceptance of this proposal.

Name and Code No.

Signature of Dev. Officer / A/AO-D

ACCEPTED BY	DATE & TIME	RATE	REMARKS
CODES - OFFICE /DEV. OFFICER / AGENT /BROKER- COLLECTION / SCROLL NO		POLICY NO.	