



# UNITED INDIA INSURANCE Co. Ltd.

Regd. & Head Office : 25,WHITES ROAD, CHENNAI -600001.

## SHOPKEEPERS' INSURANCE PROPOSAL

AGENCY  
INSURED :

PERIOD OF INSURANCE FROM :

1. NAME OF PROPOSAL IN FULL
2. FULL BUSINESS (SHOP) ADDRESS
3. NATURE OF BUSINESS / TRADE

TO :

SECTION NO.	DESCRIPTION OF PROPERTY				SUM INSURED Rs.	RATES Per Mille	PREMIUM Rs.
I FIRE AND ALLIED PERILS	(A) BUILDING (OF CLASS-A CONSTRUCTION ONLY) SHOP OWNED BY INSURED SOLELY OCCUPIED/PARTIALLY OCCUPIED					2.25	
	(B) CONTENTS : (Excluding Money/Valuables) (1) Furniture Fixture Fittings (2) Stock in trade consisting of Note : Total Sum Insured under items A & B above should not exceed Rs.10.00,000/-					2.25	
II BURGLARY AND HOUSE BREAKING	CONTENTS : All contents in the shop Premises stated at the address above NOTE : Insurance on contents should be for value equivalent to the value mentioned under Item I (B) above.					2.50	
III MONEY INSURANCE	(A) In transit (Not exceeding Rs.50,000/- per any one carrying)					2.50	
	(B) In safe (2% of the sum insured under Section-I or Rs.20,000/- whichever is less).					2.50	
	(C) In till/counter (1% of the Sum Insured under Section-I or Rs.10,000/- whichever is less)					2.50	
IV	Make & Name of Manufacturer 1. 2. 3.	Year of Mfg.	Frame No.	Accessories attached if any		20.00	
V PLATE GLASS	DESCRIPTION OF PLATE GLASS INCLUSIVE DIMENSIONS (10% of the Sum Insured under Section-I or Rs.1,00,000/- whichever is less)					10.00	
VI NEON & GLOW SIGN (Incl. Theft of the whole sign)	Description	Year of Mfg.	Price Paid	Mfgr. By		10.00	
VII BAGGAGE INSURANCE	Carrying trade samples and/or personal effects of Insured/Partner (2% of the Sum Insured under Section-I or Rs.20,000/- whichever is less)					7.50	
VIII PERSONAL ACCIDENT	(Age Group between 16-65)		Details of Existing infirmity/ Disability	Occupation	Table of Benefits opted	Name of Assignee & Relationship	
	Name	Age					
NOTE : (i) for Table of Benefit see information sheet. (ii) for assignment of benefits in case of death (Please see below)							
IX FIDELITY GUARANTEE	(Excluding Salesmen & Commission Agent) Name 1. 2.			Designation	Salary (P.M.)	Amount of Guarantee	10.0
(10% of the Sum Insured under Section-I or Rs.1,00,000/- whichever is less)							

X PUBLIC LIABILITY	(A) Public Liability (5% of the Sum Insured under Section-I (1) or Rs.50,000/- whichever is less) Nature of work Monthly Wages (B) Workmen's Name of Employee Compensation Liability :			
XI BUSINESS INTERRUPTI ON	As mentioned under Section I	As is Section IB	As in Section IB	
TOTAL PREMIUM				Rs.
Less : Discount for covering more than 4 sections				%
NET PREMIUM				Rs.
				Rs.

- 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.

I/WE HEREBY DECLARE THAT THE PARTICULARS CONTAINED HEREIN ARE TRUE AND CORRECT AND THAT NO MATERIAL FACT HAS BEEN WITH HELD, MISSTATED OR MISREPRESENTED AND ALSO THAT THIS PROPOSAL-CUM-SCHEDULE FORMING PART OF THE COMPANY'S STANDARD POLICY SHALL BE BASIS OF CONTRACT BETWEEN ME/US AND THE INSURANCE COMPANY. I WE FURTHER DECLARE THAT THE SUM INSURED HEREIN REPRESENTS THE FULL VALUE OF THE PROPERTY DESCRIBED HEREIN.

I/We also declare that the aggregate value of the Building and contents/stock-in trade relevant to coverage of the cover dose not exceed Rs.10,00,000/- (Rupees ten lacs) whether insured under one or more policies or whether one, or more offices of the subsidiaries.

PLACE

DATE

Signature of Proposer

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ASSIGNMENT CLAUSE FOR PERSONAL ACCIDENT INSURANCE-SECTION VIII

I do hereby assign the money payable in the event of my death by The NEW INDIA ASSURANCE CO. LTD., to \_\_\_\_\_ (relation to the Insured) and I further declare that his/her receipt shall be sufficient discharge to the Company.

Dated this \_\_\_\_\_ day \_\_\_\_\_ 19 \_\_\_\_\_ at \_\_\_\_\_

Witness

1. Name
2. Address

Signature of the Proposer

(TO BE COMPLETED BY INSURANCE COMPANY'S)

SPECIAL CONDITION : INSURANCE COVER HEREIN APPLIES TO SECTION NOS \_\_\_\_\_ ABOVE For The NEW INDIA ASSURANCE CO. LTD.

OFFICIAL ADDRESS :

DATE :