ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED.

Corporate Office: Zenith House, Keshavrao Khadye Marg, Mahalakshmi, Mumbai – 400 034

Tel: (+91 22) 2490 6999 Fax: (+91 22) 2492 7624

All Risks Insurance Policy

Proposal Form No:
Sales Officer: IIIIIIIIIIIII
1. CLIENT INFORMATION:
Insured Name: IIIIIIIIIIIII
Proposer's Name: _ _ _ _ _ _ _ _ _
Proposer's Address: (Corporate/ Registered Office)
City/Town: IIIIIIII State: IIIIIIIIIII
Pin Code: IIIII
Contact No: IIIIIIIII Mobile No: + 91 IIIIIIIII (With STD Code) Proposer's Trade Or Business: I I I I I I I I I I
Industry Type:
Particulars of Work: Warehouse Shop Office If any other, please specify: I I I I I I I I I I I I I I I I I I I
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Hypothecating Bank Name: IIIIIIIIIIIII
Hypothecating Bank Address: I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_
Note: Please use additional sheet if Multiple Hypothication details
CONTACT DETAILS Contact Person's Name: I
City / Town: IIIIIIII State:IIIIIIIIIII
Pin Code: IIIII
Contact No: IIIIIIIII Mobile No: IIIIIIIIII (With STD Code)
E-Mail ID: IIIIIIIIIIII

Paid up	Capital ((Incase of C	Sustomer Type	e is Corporate):	 	_ _ _ _	. _	_ _ _	_l
2. RISK DETAILS Property to be insured: Please provide the description of the property to be covered in the following format.									
Sr.	Sr. No. Full desc		cription of property		Sum Insured (Rs)				
Note:	Total								
	Insured	l should no	t be regarded	l as the agreed	l amount	payable in the	event	of total le	oss.
2. The property must be correctly described and should include Year of make, Model, Cost Price and Identification Number and be insured for its full market value to get adequate indemnity.									
3. If red	quired b	y the Insure	ed, items of v	alue exceedino	g Rs. 10,0	000 can be dec	lared i	ndividual	ly.
Please	Please specify the scope of cover for the policy Only in India: Yes — No —								
Is the p	Is the property currently insured against Fire, Theft or 'All Risk'? Yes — No —								
Have you suffered any loss or damage to any valuables in the past (whether insured or not)? Yes No No									
If yes, please give details in the following format (attach separate sheet if required):									
	Year	of loss	Descript	ion of loss		Amount of loss	s (Ks.)		
EXTEN	EXTENSION								
If you want to avail of the extension by payment of additional premium, please specify.									
Terrorism: Yes No No									
Do you wish to cover the risk of Electrical/ Mechanical Breakdown? Yes No									
If yes, please provide details in the following format.									
	Sr. No.	Full o	description of	property	Sum	Insured Rs.	\dashv		
							+		
	Total								
Is this a stand-alone policy? Yes No									
If no please indicate the total business potential from the client in the following format.									
Nature of Policy Date of renewal Premium Potential Claims									

If yes then what business do we have from this client

Received date & time by MO.

Nature of Policy	Premium	Claims

Note: Please use additional sheet, if space is not sufficient to complete details.

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. Proposer's Signature: Place: | | | | | | | | | | | | | | | Date: | | | | | | | | | PAYMENT INFORMATION: MODE OF PAYMENT: Cheque / DD / Saving Bank A/C Cheque No: I I I I I I I I Demand Draft No: | | | | | | | | Dated: Saving Bank A/C No: I I I I I I I I I I Amount In Figures: Rs. I I I I I I I I I I I I Amount In Words: I I I I I I I I I I I I I I I I I If by Credit Card: m m y y Card Type: Visa Master \Box Bank Name: I I I Amount In Figures: | | | | | | | | | | | | | | Amount In Words: I I (FOR OFFICE USE ONLY) VERTICAL INFORMATION

Date: | | | | | | | Time: | | | | | |