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

Burglary Insurance Policy
Proposal Form No :
Sales Officer: I
Business Sector: Urban Rural Rural
1. CLIENT INFORMATION
Proposer's Name:
Proposer's Mailing Address: IIIIIIIIIIIII
City/Town: I
Pin Code: IIIII Phone number: IIIIIIIIII
Fax number: _ _ _ _ _ _ E-mail address: _ _ _ _ _ _ _ _ _
Proposer's trade or business: _ _ _ _ _ _ _ _ _
Industry Type:
Particulars of Work: Warehouse Godown Shop Office Any other
If any other, please specify : IIIIIIIIIIIII
Contact Person's Name:
Contact Person's Mailing Address: IIIIIIIIIIIII
1_
Hypothecating Bank Name: _ _ _ _ _ _ _ _ _
Hypothecating Bank Address: _ _ _ _ _ _ _ _ _
Note: Please use additional sheet if Multiple Hypothication details Paid up Capital (Incase of Customer Type is Corporate): I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_
Period of Insurance: From: I
Number of locations to be insured I I I I I I I I I I I I I I I I I I I
Locations and addresses of the locations to be insured (please leave a space after each part of address and attach separate sheet for multiple locations) _ _ _ _ _ _ _ _ _
1 <u> </u>
Is cover for stocks required on? Total Value First Loss Basis If cover is required on Total Value basis, state whether you wish to avail of monthly declaration facility? Yes No No Total Value state whether you wish to avail of monthly declaration facility?

First Loss sum insured in the following format:

If cover is required on First Loss basis, state the total value at risk and proposed

Total value at risk	First loss sum insured
(Rs.)	(Rs.)

Details of the property to be insured (attach separate sheet if necessary)

		,		
Sr. No	Description	Property stored in or kept at ¹	Total Value at Risk (Rs.)	
1	Stocks-in-trade	,	, ,	
2	Goods held by you in trust or on			
	commission for which you are			
	responsible			
3	Furniture, fixtures, fittings and			
	appliances in trade			
4	Coins and/or currency notes in Safe			
	or Strong room			
5	Property kept in open			
6	Others (please specify)			
The prem	nises containing the property to be ins	ured are used as:		
•				
Warehou		odown		
Shop		fice		
Any othe If any oth	r er, please specify: I I I I I			1 1 1
•		- · · · · · · · · · · · · · · · · · · ·		
what is ti	he material used for the construction o	ofvvalls		
Brick	W	ood		
Asbestos	Co	oncrete		
Aluminiu	m L Ar	ny other		
If any oth	er, please specify : II_I_III			lll
What is tl	he material used for the construction o	of Roof		
Wood	Co	oncrete		
Asbestos		uminium	7	
Tiles		ny other		
If any oth	er, please specify: IIIII	_!!!!	_ _ _	_
Please m	ention any special precautions you ha	ve adopted for safegua	arding your premises	
III		llll	_	!!!
Do you o	ccupy the premises at night?	Yes No	o 🗔	
,	., .		<u> </u>	
Did you e	employ an exclusive 24 hours watchm	an Yes No	n [
Dia you c	imploy an exclusive 24 hours waterin	uli 103 140		
nı ·	1 4 11 6	.1 1		
Please gi	ve details of openings in premises & h	low are they secured:		
Doors	Windows Skylights			
Whathar	any special safety devices installed, if	so details of the same		
**!!!!!!				
'll		!!!!		I
Are the v	aluables secured in safe(s) outside bu	siness hours? Yes	No No	
If yes, ple	ease provide the following details:			

Maker's	s Nar	ne: l	I_	l		_	_	ll	I	l	<u> </u>	_l	I	l	_l_	I			
Number of keys: III																			
Have you ever sustained any loss or damage by Burglary or Housebreaking (whether insured or not)? Yes No																			
If so, pl	If so, please give information in the following format (for the last three years)																		
	Year of loss Day (D)/ How access was obtained Amount of loss (Rs.) Night (N)																		
													-			\dashv			
l											1 1								
3. EXTI	ENSI	<u>ONS</u>																	
If you v	vant	to av	ail of	exte	nsions by pay	ment of	additional	premium,	plea	se	spe	cify	′ .						
Riot an or Dam		ike, N	/lalici	ous	Yes] No													
Theft																			
Terrori	sm				Yes] No													
Is this	a sta	nd-a	lone	polic	cy? Ye] N	0 🗆												
If no pl	ease	indic	ate tl	he to	tal business po	otential	from the cl	ient in the	follo	wii	ng f	orn	nat.						
Nature	e of F	Policy	,		ate of renewa	1	Premium	Potential		Cla	ims								
If yes th	hen v	vhat l	busin	iess d	do we have fro	om this o	client												
Nature	e of F	Policy	•	Р	remium		Claims												
Note: F	Please	e use	addi	tiona	l sheets if spa	ce is no	t sufficient	to complet	te de	etai	ls								
	<u>ST</u>	ATU	TOR'	<u>Y WA</u>	RNING PROH	BITION	OF REBAT	ES (Under	Sec	<u>tio</u>	<u>141</u>	of	Insu	<u>uran</u>	ce	Act	<u> 1938</u>	3)	
out reb nor	or real	enew of the I any	or co who pers	ontino le or on ta	or offer to alloue an insurance part of the continuity of the continuity or reportance with the continuity of the contin	ce in resommissinewing	spect of an ion payable or continu	y kind of ris e or any re ing a polic	sk re bate y ac	elati e of cep	ing f the ot a	to I e pi ny i	ives rem reba	or pium ate, o	pro sh exc	pert own	y, in on t	India the p	a, any oolicy,
					efault in comp ve hundred ru		vith the pro	ovisions of	this	se	ectic	n s	shall	l be	pu	ınish	nable	with	n fine,
Place:	ll_	I	_l	_		_l	Proposer's	Signature	:										
Date: I	I	l	<u> </u>	lI_	ll		Name: I	_ _	_l_	_l_	I_	I	I	I		<u> </u>	<u> </u>		

PAYMENT INFORMATION:
MODE OF PAYMENT: Cheque / DD / Saving Bank A/C
Cheque No: IIIII Demand Draft No: IIIII
Drawn On: IIIIIIIIII
Saving Bank A/C No: IIIIIIIIIII Amount In Figures: IIIIIIII
Amount In Words: I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_I_
Credit Card No: I I I I I I I I I I I I I Expiry Date : I I I I I I I I I I I I I I I I I I
Card Type: Visa Master Master
Bank Name : I_
Amount In Figures: I_I_I_I_I_I_I_I_I
Amount In Words:
(FOR OFFICE USE ONLY) VERTICAL INFORMATION.
1) Proposal Form No : IIIII
2) Agent Name : I_
3) MO Name: I I I I I I I I I I I I I I I I I I I
Received date & time by MO. Date: Time: