

Please fill in the details of the relevant sections opted.

Section I- Standard Fire and Special perils

Details of the Sum Insured :

Building Description	Building Including Plinth		Machinery & Accessories	Furnitures, Fixtures & Office equipments	Others (Please specify)	Total
	Super Structure	Plinth & Foundation				

Do you have a lightening arrestor for the building? Yes No

Do you have any of the following fire extinguishing appliances installed in the property?

Portable Extinguishers Fire Alarm System Hydrant System Sprinklers System Foam System Smoke Detector

Extensions Required : _____

Section II- Electronic Equipments Cover:

A. LIST OF EQUIPMENTS

Sr. No.	Quantity	Description of Items	Serial No./ Identification No	Year of Manufacture	Sum Insured (Rs.)	Voluntary Deductible (If any)

In case of computers, the term equipment shall include the entire computer system comprising of CPU, Key boards, Monitors, Printers, Stabilisers, UPS, System Software etc.

Are all the Equipments mentioned in this section covered in Section I: Standard Fire and Special Perils Yes No

SECTION 2 - EXTERNAL DATA MEDIA

	Sum Insured
i) Data Media (type and quantity)	
ii) Expenses for Reconstruction and rerecording of information.	
TOTAL SUM INSURED . . .	

Is there a Valid Maintenance Contract in force Yes No

If yes, whether the contract is with the Manufacturer With External Agency

(a) In case of Maintenance Contract, please furnish a copy of the Valid Maintenance Contract.

(b) In case of in-house maintenance agreement, please provide the following

(i) No. of Staff Involved: _____

(ii) Is the Staff Dedicated for the Maintenance of the Equipment: Yes No

(iii) Are the Staff qualified to maintain the equipment: Yes No

Section III- Machinery Breakdown:

Details of the Machinery Proposed to be covered

Sr. No	Quantity (Nos.)	Description, Type, Model, Capacity of Machine / Serial No / HP / KVA, Volts, Amps, RPM	Maker's Name & Country of origin	Standby(S) / Portable(P) / Open(O)	Year of manufacture	Sum Insured (Rs.)

Separate value for foundations, masonry and brickwork or oil in transformers and other electrical equipments are to be specified if cover is required

(i) Are periodical regular inspections of the machinery carried out? Yes No

If so, by whom are the inspections carried out: _____ What is the interval between inspections? _____

(ii) Is there a logbook maintained for the Inspection of machinery? Yes No

Section IV- All Risks:

Please provide the description of the equipments to be covered

S. No.	Type of Equipment	Serial Number	Make, Model	Year of Manufacture	Sum Insured (Rs.)

Extensions Required : _____

Section V- Burglary

Locations and addresses of the locations to be insured (if more locations, please attach as an annexure)

1. _____
2. _____

Is cover for stocks required on? Total Value First Loss Basis If cover is required on First Loss basis, state the total value at risk and proposed

First Loss sum insured in the following format:

Total Sum Insured (Rs.)	First loss sum insured (Rs.)

Are the premises guarded by exclusive 24 hours watchman Yes No

Whether any special safety devices installed, if so details of the same _____

Extensions Required: Theft Yes No Others _____

Section VI: Fidelity Guarantee

What is the basis of insurance? Named Designation Floater

Please provide details of the employees to be guaranteed in the following format:

Names/ Designations	Class* (I/ II/ III)	Since when in service (DDMMYYYY)	Place of employment	Total remuneration (annual) (Rs.)	Amount to be insured (Rs.)	Any security taken
Total						

*Risk Category I. Managers, Executives, Officers and Clerks including cashiers II. Cash Collectors and travelers III. Office boys, peons

Note: Please provide names or specific designation for identification purposes.

Please provide the estimate of maximum amount held by any employee on your behalf in the following format:

Description	Amount (Rs.)	Period held (days)
Money		
Stocks		

Section VII- Group Personal Accident

Number of persons to be insured _____ Total Capital Sum Insured Rs. _____

Please provide the list of persons to be insured:

Name of the Insured person	Place of Employment	Name of the Nominee	Relationship of Nominee with the Insured person	Address of the Nominee	Capital Sum Insured (Rs.)

A – Accidental Death

B – Accidental Death + loss of limb+ loss of eyes+ Permanent Total Disablement

C -- Accidental Death + loss of limb+ loss of eyes+ Permanent Total Disablement + Permanent Partial Disablement

Section VIII- Critical Illness

Number of persons to be insured:

Please provide the list of persons to be insured in the following format

Name of the employee	Date of Birth	Age	Gender	Sum Insured (Rs.)	Specify existing diseases, if any

Note: Please provide information on additional sheets if space is not sufficient to complete details.

Do all the members proposed to be insured form part of one Group or Association or Corporate body? Yes No

Kindly provide the particulars for the past 3 policy periods or less period, for which policy availed, in the following format.

Policy Period From -To	Name & Address of the Insurer	Policy Number	Total Premium (Rs.)	Total amount of claims (Rs.) (Paid + Outstanding)

Any Additional information relevant to the policy applied for

Section IX- Money

(i) : Cash in safe

Item II	Description of Cash	Maximum amount of money held at one time (in Rs.)
(a)	Cash whilst on the Proposer's premises during the business hours or whilst secured in locked safe(s) or in strong room on the Proposer's premises as specified in the schedule outside business hours, against risks of burglary, house breaking, dacoity, robbery and hold up.	
(b)	Money in counter / in specified premises during business hours against the risk of hold-up	

Are the premises guarded round the clock? Yes|__| No |__|

(ii) : Cash in Transit

Item I	Description of Money	Transit		Limit of any one loss (AOL) (Rs.)
		From	To	
(a)	Money in transit, from the bank to specified premises.			
(b)	Money in transit from the specified premises to the bank for remittance			

What is the Estimated Annual amount of money in Transit (EAT)? _____

How is the money carried (i.e. whether in bags, trunks etc.)? _____

What is the designation of the employee handling money? _____

No. of security personnel involved in the transit _____

Time taken in transit _____ Hr _____ Min

Extension Required : _____

Section X- Public Liability (Non- Industrial Risks) :

Please provide the following details of lifts, escalators etc (attach separate sheet if required)

Sr. No.	Make	Capacity

(I) Are the premises or equipment or machinery in sound condition of operation and will they be maintained so? Yes|__| No |__|

Do you have maintenance schedule? If yes, please state the maintenance frequency per Year

(ii) Please provide details of the surrounding areas/property in the following format : |__|_|_|_|_|

Direction	Description of surrounding property	Occupancy Details
East		
West		
North		
South		

(iii) Do you handle or use or store gases or hazardous or toxic or radioactive materials and/or equipment in the premises? Yes |__| No |__|

If yes, please give details of maximum capacity stored or used or handled at a time. |__|_|_|_|_| Tonnes

Please specify the name of above material stored _____

Please specify safety appliance if any _____

Please, state the retroactive date, i.e. the date from which policy was first incepted and continuously kept in force: |__|_|_|_|_|_|_|_|_|

(iv) Please indicate the limits of Indemnities during the period of Insurance in the following format

Year	Limit of Indemnity

(v) Please indicate the amount of indemnity required: Any One Accident (AOA) (Rs.)

(vi) Please specify the ratio of limit of indemnity for any one accident (AOA) and Any One Year (AOY) 1:1 |__| 1:2 |__| 1:3 |__| 1:4 |__|

(vii) Other facilities: (Please specify)

Extensions Required : _____

PREVIOUS POLICIES AND CLAIMS DETAILS

Please provide details of past insurance with respect to the property proposed to be covered and the claims details thereof :

S. No	Section	Name of Previous Insurer	Policy Numbers	Insurance		Claims History (for the past 3 yrs.			
				From	To	No. of claims	Premium paid	Claim Amount	Remarks (if any)
1	Standard Fire and Special Perils								
2	Electronic Equipment								
3	Machinery Breakdown								
4	All Risks								
5	Burglary								
6	Fidelity Guarantee								
7	Group Personal Accident								
8	Critical Illness								
9	Money								
10	Public Liability (Non-Industrial Risks)								
11	Employer's Liability (Workmen's Compensation)								
12	Group Health/ Group Health (Floater)								
13	Plate Glass								

MODE OF PAYMENT

Cheque/DD No.: _____ Dated ___/___/____ Drawn on _____ Amount _____

ANY ADDITIONAL INFORMATION RELEVANT TO THE POLICY APPLIED FOR _____

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 authorize the Company and their agents to exchange, share or part with all the information relating to my/ our personal and financial details with Government bodies / Regulatory Authorities/ Statutory bodies, or under court orders as may be required and I/ we will not hold the Company and its agents liable for use of this information.

I/We authorize the Company and their agents to exchange, share or part with all the information relating to my/ our personal and financial details and information with other ICICI Bank Group companies/ Banks/ Financial Institutions/ as may be required and I/ we will not hold the Company or any other group companies of ICICI Bank Group and their agents liable for use of this information. (Please tick "Yes" or "No" as applicable)

Yes No

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 (if any) shall be the basis of contract between me/us and the Company and I/We agree to accept the Policy subject to the conditions prescribed by the Company under intimation to me/us.

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

Place: _____

Date: ___/___/____

Proposer's Signature/Seal/Stamp

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



Mailing Address :

ICICI Lombard General Insurance Company Limited, 4th, Floor, Interface -11, Office No. 401 & 402,
New Linking Road, Malad (W), Mumbai - 400 064.

Corporate Office :

ICICI Lombard General Insurance Company Limited, Zenith House, Keshavrao Khadye Marg, Opp. Race Course, Mahalaxmi, Mumbai - 400 034.
e-mail: info@icicilombard.com

Insurance is the subject matter of the solicitation. IRDA Reg. No. 115, Misc 103