# PROPOSAL FORM FOR STANDARD FIRE AND SPECIAL PERILS INSURANCE POLICY

			Pro	pposal Form N	lo. :	
1. CLIENT INFORMATION :						
Proposer's Name :   _ _ _ _ _ _ _ .	_ _ _ _ _	-	_ _ _	_ _ _ _	_ _ _ _	- _ _ _
Proposer's Mailing Address :   _ _ _ _ _ .	_ _ _ _ _	_	_ _ _	_ _ _ _	_ _ _ _	- _ _
	_ _ _ _		_ _ _ _	_ _ _ _	_ _ _ _	.  _ _
City/Town :   _ _ _ _ _	State :   _ _ _ _	_ _ _ _ _	. _ _ _	_ _ _  F	Pin Code :   _	- _ _
Contact No:  _ _ _ _ _ _ _ _	_ _ _ F	ield for type of client	:    Individ	ual    Non-in	dividual    Go	overnment
Paid -up Captial :	_ _ _ _ _					
Sales Officer :    _ _ _ _ _ _ _	_ _ _ _	_ _ _ _ _	_ _ _ _	_	_ _ _	_ _ _
Broker / Agent Name :   _ _ _ _ _ _ .	_ _ _ _ _	-	_ _ _	_ _ _ _	_ _ _ _	_
Business Sector: Urban    Rural						
Type of Individual : Salaried    Self employed	Professional					
If entity, Type of entity : Partnership firm $ \_ $ Compa	any $ \_ $ Others if other (p	lease specify)				
Annual Income : (In Rupess) :   _ _ _ _ _ _	_ _ _ _ _	-	_ _ _ _	_ _ _ _	_ _ _ _	.
Do you file income tax return ? Yes    No	Do you own a b	ank account ? Yes	No			
Date of Birth :   _ /  _ /  _	Country:   _ _	_ _ _	PAN Numb	oer:   _ _	_ _ _ _	_ _
2. RISK DETAILS :						
Insured Name :				1 1 1 1		1 1 1 1 1
Address of the Risk Location:		-	 			-111 
		-	 			-111 
	State :		- 	 	 Pin Code :   _	·     
(In case of Multiple risk locations, please attach a s			-	·		-
Hypothecation Details (If any):	•					
Trypothecation betains (if arry) .						
<ol> <li>What is the description of the occupancy of you</li> <li>(a) Residence, offices, shops, cafe, hotel etc.</li> <li>If shop, then specify the goods dealt with</li> <li>(b) Industrial/manufacturing risk, Please spector</li> <li>(c) Storage outside industrial/manufacturing If yes, then it is a godown/warhouse    tank.</li> <li>(d) Are there utilities outside industrial/manufacturing</li> </ol>	ecify the process g risk    Yes   No	specify the goods sto		Also if it is wor	king Silent   `	
If yes, then please specify	- ' '					
<ol> <li>Please furnish the premium vis-a-vis claim de</li> </ol>			od.			
Policy Number Insurer	Policy Period	Description	Date of	Amount	Sum	Premium
		Of Property	Loss	of Loss	Insured (Rs.)	(Rs.)
3. (a) Year of construction of the Building	Тур	oe : RCC	else specify	/		
(b) Do you have a lightening arrester for yo	our building ?    Yes	No				
4. Name and address of the Nearest Fire Brigad	le					
		and distance				(km)
5. Would you like to delete any of the following	perils from the basic cov	ver?				
a) Flood, Cyclone, group of perils	Yes    No					
	Yes    No					
<ol><li>Do you have any of the following fire extingu</li></ol>		ed in the property?				
Portable extinguishers	Fire alarm syster					
Trailer Pumps / Fire engine	Hydrant system					
Smoke Detector  _	Sprinkler system	 				1

7	Fixed water spra Gas flooding sys Gas Leak Detector	tems or	_   _   _		or  _ ensing System  _			
7.	_	-	-		rd Codes ?    Ye	s    No		
8.	Please specify _ If you want add (i)	on covers by the e (fire and shock)     Yes on of stocks in covental power failure of changes in temption of insured penage by your own or insure addition surveyors and Covoval    Yes Rs.    expenses of rent us combustion	payment of addir      Yes	cional premium, p  No  ses    Yes ge at power statio out of loss or dam  Yes sles etc.    Yes s    No ers' fees    Ye	No In due to and insurance to the cold sto    No    No Is Rs.    _  _  (in excess  _   _   _  h amount)  _  Yes Rs.  _   _	ed peril    Yes   orage machinery(ies)	in the Insured's premises	s due toe No
	Leakage Co	over only  _  \	Yes Rs.    _	_ _ _ _ _	-     -	_   _  No		
	(xiii) Forest Fire	Yes Rs.	_ _ _	_ _ _ _	_ _ _	No		
	-		s Rs.  _ _ _		_ _ _ _ _	No		
9.	What is the basis							
10	Escalation Claus  Sum Insured De		_ _ _ _	_ _ _		_  No		
10.	Sum insured De	ians .		Ar	mount in Rs.			
	Description of	Duilding	including specify if	Machinery & Accessories	Furniture & Fixtures, office	Stock & stocks in progress	Other Property to be insured specifically	Total
	block/risk	plinth (	specify in tcha") Super		& other		(Compound, Wall,	
		plinth (	tcha")		& other		'	
		plinth ( "Kut Plinth	cha") Super		& other		(Compound, Wall,	
		plinth ( "Kut Plinth	cha") Super		& other		(Compound, Wall,	
		plinth ( "Kut Plinth	cha") Super		& other		(Compound, Wall,	
***D	block/risk	plinth ( "Kut Plinth Foundation	Super Structure		& other		(Compound, Wall,	
	block/risk Please specify the s	plinth ( "Kut Plinth Foundation	Super Structure	rthquake along w		Yes     No	(Compound, Wall,	
Wo	block/risk  Please specify the solute you like to cov	plinth ( "Kut Plinth Foundation tocks in open, if a er plinth and foun	Super Structure Structure		rith the building?	_  Yes  _  No	(Compound, Wall,	
Wo Are	block/risk  Please specify the soluld you like to coveryou covering good	plinth (: "Kut Plinth Foundation  tocks in open, if al er plinth and foun ds held in trust or	Super Structure  nydation only for Ea	_  Yes  _  No	rith the building?		(Compound, Wall,	
Wo Are For	block/risk  Please specify the solute to cover you covering good stock-coverage-you	plinth (in "Kut Plinth Foundation tocks in open, if all er plinth and foun disheld in trust or unwant to opt for E	Super Structure  Structure  ny dation only for Earlin commission?	Yes    No	rith the building?  _ er -declaration·····		(Compound, Wall, etc.)	
Wo Are For- 11.	Please specify the sould you like to coveryou covering goods.	plinth (in "Kuth" Plinth Foundation  tocks in open, if all the plinth and founds held in trust or unwant to opt for Et for voluntary decision.	Super Structure  Structure  dation only for Ea in commission?	Yes    No Floater · ····  floate pecify the amoun	rith the building?  _ er -declaration·····		(Compound, Wall, etc.)	
Wor Are For 11.	Please specify the sould you like to coveryou covering goods.	plinth (in "Kut" Plinth Foundation  tocks in open, if and er plinth and found the sheld in trust or the want to opt for End to overed under instance overed under instance in the sheld in the sheld in trust or the sheld i	Super Structure  Structure  dation only for Ea in commission?	Yes    No Floater · ····  floate pecify the amoun	rith the building? _ er-declaration·····		(Compound, Wall, etc.)	
Wor Are For 11.	Please specify the sould you like to coveryou covering good stock-goverage-you have these assets coverage assets coverage assets coverage.	plinth (in "Kut" Plinth Foundation  tocks in open, if and er plinth and found the sheld in trust or the want to opt for End to overed under instance overed under instance in the sheld in the sheld in trust or the sheld i	Super Structure  Structure  dation only for Ea in commission?	Yes    No Floater · ····  floate pecify the amoun	rith the building? _ er-declaration·····		(Compound, Wall, etc.)	

# SCOPE OF COVER

The Insurance Policy broadly covers losses due to fire, lightning, explosion and implosion, aircraft damage, riot, strike, malicious damage, storm, cyclone, typhoon, tempest, hurricane, tornado, hailstorm, flood and inundation, impact damage, subsidence and landslide/rockslide, bursting and/or overflowing of water tanks, apparatus and pipes, missile testing operations, leakage from automatic sprinkler installations and bush fire.

#### SIGNIFICANT EXCLUSIONS

Losses arising out of war and allied perils, theft, willful act or gross negligence, loss of earnings, loss to bullion, documents, currency etc. for an amount exceeding Rs. 10,000 unless expressly stated.

#### **DECLARATION BY PROPOSER**

I/We, the undersigned hereby declare that the above statements and particulars are true and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the Insurers immediately.

Place .   _   _   _   _   _   _   _   _   _
Date:   _ /  / _ _
Name:   _ _ _ _ _ _ _ _ _ _ _ _
Designation   _   _   _   _   _   _   _   _   _
PAYMENT INFORMATION
MODE OF PAYMENT :
Cheque /DD Cheque No.:   _ _ _ _ _ _  Demand Draft No.:   _ _ _ _ _ _
Drawn No.:
Bank A/C No.   _ _ _ _ _ _ _  Amount in Figures :   _ _ _ _ _ _ _
Amount in Words :
(FOR OFFICE USE ONLY)
VERTICAL INFORMATION.
1) Agent Name :  _ _ _ _ _ _ _ _ _
2) MO Name:  _ _ _ _ _ _ _ _ _
Received date & time by MO. Date: In In I/I w I w I/I v I v I v I v I v I i I I I I I I I I

### 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.

CUSTOMER Support	For more information of log on to www.icicilon		emai/ cus	stomersupport@icic	ilombard.com		
Call us at our 24 X 7 Helpline numbers							
Ahmedabad	6630 9877	Bangalore	4118 7464	Chandigarh	505 5707		
Chennai	4201 7877	Coimbatore	438 7877	Hyderabad	2312 8511		
Indore	402 7877	Kochi	238 4511	Kolkata	983137 7877		
Lucknow	229 4511	Mumbai	2830 7711	Pune	2610 3511		
Andhra Pradesh	98495 77877	Delhi	98181 77877	Gujarat	989827 7877		
Karnataka	98455 77877	Kerala	98954 77877	Maharashtra	98900 17877		
Madhya Pradesh	98930 47877	Rajasthan	98297 96547	Tamil Nadu	98944 77877		

