

Please fill in the details of the relevant sections opted.

Section I- Standard Fire and Special perils (and Earthquake) - Structure

| Building Description | Type of Construction | Plinth and Foundation | Plant and Machinery | FFF | Others (Please specify) | Total |
|----------------------|----------------------|-----------------------|---------------------|-----|-------------------------|-------|
| | | | | | | |
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Details of Fire Fighting Installations:

- 1) Sprinkler
- 2) Hand Appliances & Trailer Pumps /fire Water Spray System
- 3) Hand Appliances & Hydrant System
- 4) Hand Appliances & independent Sprinkler/ Fixed Water Sprays
- 5) Hand Appliances Hydrant System & independent Sprinkler/Fixed Water spray System.

Please tick the installations available and approved by Authorised Agencies.

Other features (please elaborate):

Would you like to avail Discount of Voluntary Deductibles? Yes No

If yes, please elaborate.

Extensions Required :

Section II- Electronic Equipments Cover :

SECTION 1 - LIST OF EQUIPMENTS

| Item No. | Quantity | Description of Items | Year of Manufacture | Sum Insured (Rs.) | Deductible |
|----------|----------|----------------------|---------------------|-------------------|------------|
| | | | | | |
| | | | | | |

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 re-recording 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 Manufacturer | 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 | Make, Model Serial Number | Year of Manufacture | Sum Insured (Rs.) |
|--------|-------------------|---------------------------|---------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

i) Scope of cover required : Only in India Worldwide

ii) Electrical / Mechanical Breakdown Extension Required : Yes No

Section V- Burglary

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) _____

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

Please give details of openings in premises & how are they secured : Doors, Windows or Skylights

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

Are the valuables secured in safe(s) outside business hours? Yes No

Extensions Required : Theft Yes No

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 (DD/MM/YYYY) | 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 cashier

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 | Annual Income (Rs.) | Place of Employment | Name of the Nominee | Relationship of Nominee with the Insured person | Risk Category I/II/III | Benefit Table | Capital Sum Insured (Rs.) |
|----------------------------|---------------------|---------------------|---------------------|---|------------------------|---------------|---------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Risk Category

- I Doctors, Lawyers, and Persons engaged in clerical & Administrative staff etc.
 II Builder, Contractor, Engineer on site, workers, Mechanics, Driver & Manual laborers etc.
 III Persons working in mines, explosive units, Electrical installations on line, Racing, Circus, Skiing, Mountaineering, Ballooning, Winter Sports & Polo etc.

Benefit Table : A - Accidental Death B. Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement
 C - Accidental Death + loss of limbs + 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

| Employee No. | Name of the employee | Date of Birth | Age | Gender | Sum Insured (Rs.) | Specify existing diseases, if any |
|--------------|----------------------|---------------|-----|--------|-------------------|-----------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Note :

1) Please provide an additional sheet 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

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

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 | | | |
| (c) | Money in transit to the specified premises or bank and in personal custody of Proposer or his employee for a period not exceeding 48 hours from time of collection. | | | |

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? _____

Do you want to include Riot & Strike Cover ? Yes No

Extensions 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?

Yes No

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

| Description of Surrounding Property | Details |
|-------------------------------------|---------|
| | |
| | |
| | |

(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, 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:

I. Sports Facilities Extension Yes No

II. Swimming Pool Extension Yes No

III. Foods & beverages Extension Yes No

IV. Goods Kept in Custody of Insured Extension Yes No

V. Others (please specify upon consultation with your insurance advisor/ underwriter of the company)

Section XI- Employer's Liability/ Workmen's Compensation

No. Of Workmen to be insured: _____

| Description of Employees 1 | Estimated Number of Employees 2 | Cash 3 | Living or other allowances if any) 4 | Total 5 | Insurance required. State Table A or B of prospectus 6 | Rate %o PREMIUM (For office use) 7 |
|---|------------------------------------|-----------|---|------------|---|---------------------------------------|
| Workmen drawing monthly wages up to Rs.4000/- | | | | | | |
| Clerical Staff | | | | | | |
| Commercial Travellers | | | | | | |
| Employees engaged with woodworking machinery including machinists and machinists labourers | | | | | | |
| Others (specify) | | | | | | |
| Workers drawing monthly wages over Rs.4000/- | | | | | | |
| Clerical Staff | | | | | | |
| Commercial Travellers | | | | | | |
| Employees engaged with woodworking machinery including machinists and machinist's labourers | | | | | | |
| Others (specify) | | | | | | |

The total amount of wages salaries and other earnings paid by you during the past twelve months was Rs. |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Section XII - Group Health Insurance

Number of persons to be insured : _____

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

| Employee No. | Employee Grade | Date of Joining | Name of the insured person | Gender of the insured Person | Relation with the employee | Date of Birth | Sum Insured (Rs.) | Address 1 | City District | State | Pincode | Specify existing diseases, if any |
|--------------|----------------|-----------------|----------------------------|------------------------------|----------------------------|---------------|-------------------|-----------|---------------|-------|---------|-----------------------------------|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Note:

- Please provide an additional sheet if space is not sufficient to complete details.
- Names of the dependents may be mentioned immediately below the name of each employee.

If you want to avail of extension of the policy, please specify:

Maternity Benefits Yes |_| | No |_| |

Cover for Pre existing Disease Yes |_| | No |_| |

Family Floater Cover Yes |_| | No |_| |

Others (please specify upon consultation with your insurance advisor/ underwriter of the company)

Section XIII - Plate Glass Insurance

Please provide the description of the property to be insured in the following format

| Sr. no. | Type of glass | Whether in front return door, fanlight, counter case shelf or mirror and whether glass is fixed. | Position of glass | Size Height x Width (in cms) | Value of ornamental work/Lettering/ Painting | Value of glass | Additional Information (please specify) |
|---------|---|--|-------------------|------------------------------|--|----------------|---|
| 1. | Plain Glass | | | | | | |
| 2. | Ornamental Glass | | | | | | |
| 3. | Corner Glass | | | | | | |
| 4. | Special type of glass: please elaborate | | | | | | |

PREVIOUS INSURANCE DETAILS

Has any Insurance company,

- a) Declined to insure any of the property/ persons now proposed? Yes No
- b) Required an increased premium or imposed special conditions? Yes No
- c) Requested for repairs or made other special stipulations for risk improvement? Yes No

If yes, please provide details.

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 | Consequential Loss (Fire) | | | | | | | | |
| 3 | Electronic Equipment | | | | | | | | |
| 4 | Machinery Breakdown | | | | | | | | |
| 5 | All Risks | | | | | | | | |
| 6 | Burglary | | | | | | | | |
| 7 | Fidelity Guarantee | | | | | | | | |
| 8 | Group Personal Accident | | | | | | | | |
| 9 | Critical Illness | | | | | | | | |
| 10 | Money | | | | | | | | |
| 11 | a) Public Liability Industrial Risks) | | | | | | | | |
| 12 | Employer's Liability (Workmen's Compensation) | | | | | | | | |
| 13 | Group Health/Group Health (Floater) | | | | | | | | |
| 14 | Plate Glass | | | | | | | | |

MODE OF PAYMENT

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

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

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: _____

Proposer's Signature/Seal/Stamp _____

Date: ___/___/___

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 104.