

PROPOSAL FORM BURGLARY INSURANCE General Insurance Company Ltd.





PROPOSAL FORM FOR BURGLARY INSURANCE

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

1) Agent/Broker Name	
2) Agent/Broker Code	
3) Name of the Insured (Policy to	
be issued in favor of)	
4) Address of the proposer	
5) Phone Number	
6) Email id	
7) Bank Account No.[Optional if	
desired by the proposer]	
desired by the proposer]	
7) Paid up capital of the firm	
· , · · · · · · · · · · · · · · · · · ·	
9) Name of the Insured (Policy to	
be issued in favor of)	
108) Do you wish to cover the	
interest of any financial	
institution-if yes, give the names	Irongo Company I to
of all financial institutions.	urance Company Ltd.
9) Location details (Complete	• -
Address) of the risk to be insured.	
Note: Burglary Insurance is a	
Location Specific policy-In case	
of any change in location, the	
same does not get covered unless informed to the insurer	
and agreed by the insurer by	
means of an endorsement to the	
policy)	
10) District in which the risk is	
located	
11) State in which the risk is	
located	
12) Pin code of the location of	
risk	
13) Risk Occupancy	Residence/Shops/Office/Warehouse/Industrial
-	premises
Note: Please describe the	
activities carried out in the	
premises.	
14) Are you a sole occupant?	



15)If not, who are other occupants, their names and nature of occupancy 16) Period of Insurance: Start Date (dd/mm/yyyy). Note: Please ensure that the policy date and time is on or after the date of payment of premium 17) Period of Insurance: End date (dd/mm/yyyy) Note: Policy period should be for a maximum of one year. If you choose a shorter period than one year, then our short period scales of premium computation shall be adopted. 18)Constructi Walls Age of the Number of Roof Height of (Brick/RCC/Concre (RCC/AC on Details buildings the storeys te Blocks/Stone/AC Sheet/ building Sheet/Open Sided) Tiles/ Thatched/ Open) Yes/No Yes/No Note: If there are many blocks with mixed construction, please mention the construction details of the blocks with majority of the Sum Insured. In the remarks column, please state construction details of other blocks. 19) What protection Doors Windows Skylights, ventilators, is provided to: exhaust fans, lights, airconditioners, trap doors NB: Mention any specific precautions you have adopted for safeguarding your property 20) Are the premises occupied by you at night? If not by whom? 21 Are the premises guarded by exclusive armed Watchmen? Yes/No 22) Are the premises at any time left unoccupied? If so how often and for how long?



23) Are all valuables secured in a safe(s) outside business hours?

Whether the safe is fixed to a wall or concrete bed?

Give

- (1) Maker's name
- (2) Height
- (3) Width
- (4) Depth and
- (5) Weight of Safe (s):
- 24) How many keys are there to the safe (s) and with whom are they kept?

Can the safe(s) be opened by single key or by a combination of two or more keys?

- a) Are stock and sales book maintained?
 - b) How frequently are these entered?
 - c) How often is stock taken?:
 - d) Where are these books kept out of business hours?

26) Have any premises occupied by you been entered by thieves ?

If so, give full particulars stating when and how access was obtained and the extent of the loss.

What precautions have been adopted to prevent such a recurrence?

27)The name of your existing insurance company

Policy No.

Period.

Yes/No

Monthly/ Quarterly/Half yearly/Yearly

Monthly/ Quarterly/Half yearly/Yearly

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Yes/No			
Year	Premiu m	Claims Paid & Outstan ding	Claims Ratio i
Year 1			
Year 2			
Year 3			
Total			
A/\			/1
ce C	omp	any	Ltd.
Flo	ater Cover		
Declaration Cover			
	Year 1 Year 2 Year 3 Year 4 Year 5 Total Yes/No	Year 1 Year 2 Year 3 Year 4 Year 5 Total Yes/No Ce Comp	Year Premiu Claims Paid & Outstan ding Year 1 Year 2 Year 3 Year 4 Year 5 Total Yes/No Ce Company Floater Cover Fl



37) PROPERTY TO BE INSURED (GIVE FULL DETAILS)

Sr. No.	ltem	Total Value at Risk	Limit of Liability opted (you may choose 10%/15%/20%/ 25%/30%/40%/ 50%/75% /total value)	Specify Basis of valuation Market Value
Α	Stock in trade			
В	Goods held in trust or on commission for which the insured is responsible			
С	Furniture, fixture, fixture, fittings, utensils and appliances used in your business			
D	Coins and currency notes in a locked safe	GM	AH	
Ger	Valuables (please specify)	urance	Compa	ny Ltd.
F	Others (Please specify)			
TOTAL				

N. B: 1

To obtain full indemnity it is necessary to insure for the full value the property in the premises.

NB:2

Market Value (for other than stocks) represents the replacement value of the item as New at time of Damage or Loss less due allowance for betterment, wear and tear and/or depreciation. Market value for stocks means the procurement value of stocks from the same or similar source.



DECLARATION

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.

Place

Date

Signature of Proposer



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 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.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.
