

SHOPKEEPER'S PACKAGE POLICY PROPOSAL FORM

(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 Proposer	
4) Address of the proposer	
5) Phone Number	
6) Email id	
7) Bank Details	
Bank Name..... Branch Name..... A/c Type- Saving <input type="checkbox"/> Current <input type="checkbox"/>	
Account No. MICR..... IFSC.....	
8) Occupation/ Business Activity (Please state the commodities to deal in)	
10) Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions.	
11) District in which the risk is located	
12) State in which the risk is located	
13) Pin code of the location of risk	

COVERAGE PROPOSED (PLEASE FILL IN THE RELEVANT SECTIONS YOU REQUIRE)

SECTION 1 Fire and Allied Perils- Building & Contents							
General Insurance Company Ltd.							
1. BUILDING:							
(a) Nature of Construction: Wall	Bricks <input type="checkbox"/> Concrete <input type="checkbox"/> others (pl. specify)						
Roof	Concrete <input type="checkbox"/> AC sheet <input type="checkbox"/> Metallic sheet <input type="checkbox"/> Tiles <input type="checkbox"/> others (pl. specify)						
(b) Occupancy (i) Is the building solely occupied by you	Yes <input type="checkbox"/> No <input type="checkbox"/>						
(ii) If the answer if 'NO" ,Please provide details of other occupancies							
(iii) Do you own the Building	Yes <input type="checkbox"/> No <input type="checkbox"/>						
(iv) Is the risk located in basement	Yes <input type="checkbox"/> No <input type="checkbox"/>						
(c) If you own the Building, please provide the details of Sum to be insured (Reinstatement value)	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">(i) Super Structure</td> <td style="text-align: right;">Rs.....</td> </tr> <tr> <td>(ii) Plinth& Foundation</td> <td style="text-align: right;">Rs</td> </tr> <tr> <td>Total (i) & (ii)</td> <td style="text-align: right;">Rs.....</td> </tr> </table>	(i) Super Structure	Rs.....	(ii) Plinth& Foundation	Rs	Total (i) & (ii)	Rs.....
(i) Super Structure	Rs.....						
(ii) Plinth& Foundation	Rs						
Total (i) & (ii)	Rs.....						
2. CONTENTS							
Sum to be Insured for contents	Rs.....						
(i) Saleable Items (Market Value i.e. procurement value)							
(ii) Furniture, Fixture, Fittings (Reinstatement Value)	Rs.....						

(iii) Business Equipment's / Electronic Equipments (Reinstatement Value)	Rs.....
3. ADD ON COVER Do you require Earthquake cover ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require Terrorism cover ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION – 2 Burglary & Robbery	
Required <input type="checkbox"/> NA <input type="checkbox"/>	
1. What protection is provided to:	
(a) Doors	
(b) Windows	
(c) Skylights, ventilators, exhaust fans,	
(d) lights, air conditioners, trap doors	
NB:- Mention any specific precautions you have adopted for safeguarding your Property	
2. Are the premises guarded by Watchmen? If so by how many and during what time?	
3. Are all valuables secured in a safe(s) outside business hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. How many keys are there to the safe (s) and with whom are they kept?	No.of Keys..... Details.....
5. Is the insured location protected by a burglar alarm system ? If yes, please specify	Details.....
6. Sum to be Insured for contents:	Rs.....
(i) Saleable Items (Market Value i.e.; procurement value)	
(ii) Furniture, Fixture, Fittings (Reinstatement Value)	Rs.....
(iii) Business Equipments/Electronic Equipments (Reinstatement Value)	Rs.....
(iv) Money in safe (Restricted to one day's collection)	Rs.....
(v) Money in till/counter (Restricted to one day's collection)	Rs.....
(vi) Other Valuables (pl. specify)	Rs.....

SECTION – 3 MONEY	
Required <input type="checkbox"/> NA <input type="checkbox"/>	
1. Money in transit (Please indicate the limit required per transit)	Rs.....
2. Is there a daily written record of the money in transit and is it updated everyday	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION – 4 Plate Glass and Neon Signs/Glow Signs	
Required <input type="checkbox"/> NA <input type="checkbox"/>	
A. Plate Glass	
(i) Description & location	
(ii) Insured Value of Plain Glass (pl. provide Replacement value)	
(iii) The cost of tinting, lettering,	

painting, embossing, silvering or another ornamental work, if propose to insure	
B. Neon Sign/ Glow Sign	
i. Description & Location	
ii. Year of installation	
iii. Name of manufacturer	
iv Insured Value (pl. provide Reinstatement value)	

SECTION – 5 Electronic Equipment Insurance				
Required <input type="checkbox"/> NA <input type="checkbox"/>				
(Only Equipments which are less than 10 years of old from the date of manufacture can be covered. Following details must be provided in respect of each equipment)				
Item No	Description	Date of Manufacture	Name of manufacture	Reinstatement Value
Do you require cover for data media and system software? If so, provide		Rs.....		
(i) Reinstatement value of data media		Rs.....		
(ii) Repurchase cost for system software		Rs.....		
Do you require cover for reproduction of data lost following identifiable damage to data media?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
If 'Yes', what is the limit required?		Rs.....		
Details of breakdown and Repair cost incurred during the last 3 years for the above Equipments:		Details..... Amount (Rs.).....		

SECTION – 6 Breakdown of Business Equipmnts				
Required <input type="checkbox"/> NA <input type="checkbox"/>				
(Only Equipments which are less than 10 years of old from the date of manufacture can be covered. Following details must be provided in respect of each equipment)				
Item No	Description	Date of Manufacture	Name of manufacture	Reinstatement Value
Details of breakdown and Repair cost incurred during the last 3 years for the above Equipments:		Details..... Amount (Rs.).....		

SECTION – 7 PERSONAL ACCIDENT					
(Please give the following details for all persons to be covered under this section)					
Required <input type="checkbox"/> NA <input type="checkbox"/>					
Name of the Person	Relationship with the proposer	Nature of functions	Date of Birth	Sum to be insured (Rs)	Name of the nominee

(*Please limit the sum insured to 5 times annual income of the person to be covered)

SECTION – 8 FIDELITY GUARANTEE			
(Please give the following details for all persons to be covered under this section)			
Required <input type="checkbox"/> NA <input type="checkbox"/>			
Name of the Person	Designation	Monthly Salary	Amount of cash/stock held by the employee

Has there been any occasion to question the honesty or conduct of any person proposed for coverage? If yes, please provide details	
How often are the employees required to account for the money?	
Are books of accounts balanced everyday?	
Detail the system in place to check that all sums received by employees are accounted for.	
Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners during the last 5 years.	

SECTION - 9 Public Liability (The maximum amount of Limit of liability can be Rs 10 lakhs only) Required <input type="checkbox"/> NA <input type="checkbox"/>	
Limit of Liability (Any one Accident and Any one Year)	Rs.....

SECTION – 10 Employee’s Compensation Required <input type="checkbox"/> NA <input type="checkbox"/>			
Serial No.	Category of Workers	Number of workers	Annual Wage for each Category or workers put together

SECTION – 11 BUSINESS INTERRUPTION Required <input type="checkbox"/> NA <input type="checkbox"/>	
1) What was your turnover for last financial year?	Rs.....
2) What is the estimated turnover for this year?	Rs.....
3) Do you keep proper books of accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4) Is the books of accounts are audited by a Chartered Accountant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5) If yes, give the name and address of the Chartered Accountant	
6) What is the indemnity period opted? (Maximum 12 months only)	
7) Gross Profit to be covered	

Total Premium (including S Tax)

Payment Mode (PI tick): Cash Cheque DD

If by Cheque /DD, Cheque No..... Bank/Branch..... Date.....

Note:

- Section 1 is compulsory
- Minimum Section(s) to be insured-2 (including Section 1)

DECLARATION

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and **Magma HDI General Insurance Co. Ltd.**, and I/We agree to accept a policy, subject to the conditions prescribed by Magma HDI General Insurance Co. and to pay premium on the amount estimated above at the end of each policy period. I /We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Place:

Date:

Signature of Prosper

SECTION 41 OF INSURANCE ACT, 1938

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**.