

**FG Business Suraksha Laghu
Proposal Form**

IMPORTANT GUIDELINES: 1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. 2. This form can be used to apply for FG Business Suraksha Laghu. 3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

| | |
|---|--|
| Policy Issuing Office Address & Code | |
| Intermediary/Agent Name & Code (if any) | |

Details about Proposer and Policy Period:

| | | |
|----|--|--------------------|
| 1. | Name of Proposer | |
| 2. | Address of Proposer | |
| 3. | Telephone No (Landline) | |
| 4. | Mobile No | |
| 5. | Email | |
| 6. | Contact person details, if not an individual a. Name b. Designation | |
| 7. | Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions | |
| 8. | Period of Insurance | From : To : |

Business and Location of Business:

| | | | | | | | |
|--|---|--------|---------|----------|-----------|-------------|--------|
| 9. | Business of Proposer | | | | | | |
| 10. | Location of risk/business to be covered - full postal address with Pin Code | SL No. | Address | Pin code | Occupancy | Age of unit | Floor* |
| | | 1. | | | | | |
| | | 2. | | | | | |
| | | 3. | | | | | |
| | | 4. | | | | | |
| *Floor: Ground Floor (GF) / Mezzanine Floor (MF)/ Higher Floor | | | | | | | |

Details about business covered at the insured location

Section 1- Fire and Allied Perils

| | | |
|-----|---|---|
| 11. | The Insured property is | Please tick in the space below : |
| a) | Offices, shops, hotels etc. | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| b) | Industrial / manufacturing risks | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| c) | Storage outside Industrial/ manufacturing risks | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| d) | Tanks / gas holders outside industrial/ manufacturing risks. | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| e) | Utilities located outside Industrial/manufacturing risks. | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| f) | Boundary wall | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| g) | Basement storage | Yes <input type="checkbox"/> / No <input type="checkbox"/> If, yes value stored SI: ₹..... |
| h) | Others (please specify) | _____ |
| 12. | If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored. | |

| | | |
|------|--|--|
| 13. | If used as an Industrial Manufacturing unit give products manufactured at the location proposed(detailed block plan showing various facilities to be enclosed wherever applicable) | |
| 14. | If used as an Industrial Manufacturing unit, please state whether the factory is working or silent? | |
| 15. | Fire Protection devices installed | Please Tick the correct answer in the box below. |
| | | <input type="checkbox"/> Portable Extinguishers |
| | | <input type="checkbox"/> Small bore hose reels |
| | | <input type="checkbox"/> Trailer Pumps/Fire engines |
| | | <input type="checkbox"/> Hydrant System |
| | | <input type="checkbox"/> Sprinkler System |
| | | <input type="checkbox"/> Fixed Water Spray System |
| | | <input type="checkbox"/> Foam System |
| | | <input type="checkbox"/> Fire Alarm System |
| | | <input type="checkbox"/> Gas Flooding System |
| | | <input type="checkbox"/> Others, please specify below. _____ |
| 16. | Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force : | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| 17. | Construction Details | |
| a. | Please state material used | Please tick the correct answer in the box |
| i. | Walls | Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/> |
| ii. | Floor | Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/> |
| iii. | Roof | Kutcha <input type="checkbox"/> / Pucca <input type="checkbox"/> |
| | <p>Note: Kutcha: Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction. Pucca: Buildings other than Kutcha are treated as Pucca constructions.</p> | |

| | | | | |
|-----|--|-------------------|---------|-------|
| b. | Number of Floors | | | |
| c. | Age of the Building | Less than 5 years | | |
| | | 5-10 years | | |
| | | 10-20 years | | |
| | | Above 20 years | | |
| 18. | Distance between the risk to be covered and nearest Fire Brigade | | | |
| 19. | Premium / Claim details for the past 36 Months for Fire and Allied perils Section excluding the expiring policy period | Year | Premium | Claim |
| | | | ₹ | ₹ |
| | | | ₹ | ₹ |
| | | | ₹ | ₹ |
| | | | ₹ | ₹ |
| | | TOTAL | ₹ | ₹ |

Sum Insured and Other details of Insured Property (Indicate

Sum Insured on the following basis:

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: **Reinstatement Value;**
- For raw material: **Landed Cost;**
- For stock in process: **Input cost;**
- For finished stock: Manufacturing cost of the finished stock or the Contract Price* of goods sold but not delivered, as applicable.

* **Contract Price** is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

| 20. | Description of Block | Building including plinth, Basement and additional structures | Plant & Machinery | Furniture & Fixtures, Fittings and other equipment | Raw Material | Stock in Process | Finished Stock | Other Contents (Please specify) | Total |
|-----|----------------------|---|-------------------|--|--------------|------------------|----------------|----------------------------------|-------|
| | | | | | | | | | ₹ |
| | | | | | | | | | ₹ |
| | | | | | | | | | ₹ |

Standard add-ons

I. Do You want to opt for Floater Cover?: Yes/No (strike off what is not applicable). If yes, give details below:

| | | | |
|-----|---|---|--------------------|
| 21. | Floater Cover (for stocks at various locations) | | |
| | | Location (Postal Address with Pin Code) | Sum Insured (in ₹) |
| | | | |
| | | | |
| | | i) Maximum value at any one location: ₹..... | |
| | | ii) Whether stocks stored in open: Yes <input type="checkbox"/> / No <input type="checkbox"/> | |

II. Do You want to opt for Declaration Policy?: Yes/No (strike off what is not applicable). If yes, give details below:

| | |
|-----|--|
| 22. | Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹): |
|-----|--|

Details of additional covers (add-ons) offered with the policy:

| Sr. No. | Add On Covers Name | Yes / No |
|---------|---|----------|
| 1 | Involuntary Betterment (UIN: IRDAN132CP0001V01202122/A0001V01202223) | |
| 2 | Additional Custom Duty (UIN: IRDAN132CP0001V01202122/A0004V01202223) | |

| | | |
|---|---|--|
| 3 | Brands and Label (UIN:IRDAN132CP0001V01202122/A0005V01202223) | |
| 4 | Escalation (UIN: IRDAN132CP0001V01202122/A0006V01202223) | |
| 5 | Immediate Repair Clause (UIN: IRDAN132CP0001V01202122/A0007V01202223) | |
| 6 | Loss Of Rent Clause (UIN:IRDAN132CP0001V01202122/A0008V01202223) | |
| 7 | Insurance Of Additional Expenses Of Rent For An Alternative Accommodation (UIN: IRDAN132CP0001V01202122/A0002V01202223) | |
| 8 | Deterioration Of Stocks In Cold Storage Premises (UIN: IRDAN132CP0001V01202122/A0003V01202223) | |
| 9 | Accidental Damage (UIN: IRDAN132CP0001V02202122/A0010V01202223) | |

□Section II : Fire Loss of Profit

| Tick | Description | Sum Insured in Rs. |
|-------------------------------|-----------------------------------|--------------------|
| <input type="checkbox"/> | Net Profit | |
| <input type="checkbox"/> | Standing Charges or Fixed Charges | |
| <input type="checkbox"/> | Wages- if required separately | |
| Gross Profit (TOTAL) | | |

a. Critical Equipments & their Lead time:

Please mention the type of Process : Continuous / Non-Continuous

b. Please select Extension/s that you wish to opt

| <input type="checkbox"/> | Description | Sum Insured in Rs. |
|--------------------------|--------------|--------------------|
| | Auditor Fees | |

| | |
|--|--|
| Customers Premises _____ No. | |
| Dependence _____ % | |
| Suppliers Premises _____ No. | |
| Dependence _____ % | |
| Loss due to accidental failure of public electricity/gas/water supply | |

□Section III: Burglary

Please provide a description of all valuables in the insured premises, excluding jewellery, electronic equipment, Television, domestic appliance and the like which can be insured in the respective covers under the Policy. *(Please attach separate sheet, if required)*

| Description | Sum Insured |
|-------------|-------------|
| | |
| | |
| | |
| | |

a. Please specify if Watch & ward facility is available for 24 hours. YES NO

b. Please provide details of any other security facilities available at the premises.

c. Do you wish to avail cover on first loss basis? YES NO

If YES, please specify the % of First Loss basis

(Min25%): _____

d. Please mention the First Loss Sum insured:

□Section – IV : Machinery Breakdown:

Please provide in respect of all Machineries which you wish to insure, the following information :

(Please add separate sheet, if required)

| Description | Type of item along with serial number | Year of manufacture | Reinstatement Value (Rs) |
|-------------|---------------------------------------|---------------------|--------------------------|
| | | | |
| | | | |

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

□ Section – V : Electronic Equipment

Please provide in respect of all the Electronic Equipments that you wish to insure the following: *(Please attach separate sheet if required)*

Note: *We will not provide insurance cover in respect of Electronic equipments, which are more than Ten years old from the year of manufacture of such equipments.*

| Description | Type of item along with serial number | Year of manufacture | Reinstatement Value (Rs) |
|-------------|---------------------------------------|---------------------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

a. Is a valid maintenance contract in force for the items insured above? YES NO If YES, please enclose a copy of the same.

b. Do you wish to include External Data Media and/or Increased Cost of working covers?

YES NO If YES, please fill a separate EEI proposal form.

Section – VI : All Risks

| Description | Make | Sr. No. | Year of manufacture | Sum insured Rs. |
|-------------|------|---------|---------------------|-----------------|
| | | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Section – VII : Accident Suraksha Note:

1. Please restrict the sum assured under this cover to 60 times monthly income
2. *Sum assured for non-working spouse and children above 18 years is restricted to Rs.1,00,000 and for children below 18 years is restricted to Rs.50,000*
3. *You should note that the Cover under Temporary Disability Benefits and Hospital Confinement Allowance are not available for dependent Children.*

Please provide following information for each of the insured members:

| Name of the insured person | Date of Birth | Occupation | Relationship with Proposer | Details of existing infirmity or disability | Name of Nominee | Relationship with the Insured |
|----------------------------|---------------|------------|----------------------------|---|-----------------|-------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Section VIII: Liability

A. Tenant Liability:

Please specify the Limit of Indemnity required for Tenant Liability: Rs.

Rs. _____

(Limit for both Any One Accident and Any One Year shall be the same. Maximum limit is Rs.10,00,000/-)

B. Workers Compensation: Please specify the following:

- i. Number of employees to be insured:

- ii. Job description: _____
- iii. Annual wages for each category of employees: _____

Please attach separate sheet if required.

C. Public Liability:

Please specify the following:

- i. Annual turnover: _____
- ii. Type of industry : _____
- iii. Nature of work: _____
- iv. Limits required (AOA:AOY): _____
- v. Expiring policy details: _____

Section IX: Baggage

Please provide details in relation to accompanied baggage, clothing, personal effects, medicines and all other articles that are generally carried during the period of travel anywhere within India, including a break-up of the value of such articles and a total value of all these articles combined as well

| Description of item | Value (Rs) |
|---------------------|------------|
| | |
| | |
| | |
| Total | |

Section X: Plate Glass

Please provide a description of the Plate Glass which you wish to insure and its value

| Description | Size | Value in Rs. |
|-------------|------|--------------|
| | | |

Section – XII: Money Insurance Please

specify the following:

| Description | Sum Insured in Rs. |
|-------------------------------------|--------------------|
| Money in Transit (Annual Turnover) | |
| Money at Counter | |
| Money in safe | |
| Per Carrying Limit | |

Location for Money in safe:

From where to where:

Mode of Transport:

Section – XIII: Fidelity Guarantee

Please note only Permanent employees are covered. Attach separate list of No of employees to be covered, their names & designation.

Any One Person Limit:

Any One-Accident Limit:

Any one Year Limit:

Expiring policy details:

Section XIV: Pedal Cycle

Please provide in respect of all pedal cycles that you wish to insure, the following information:
(Maximum Sum insured is restricted to Rs.5000/-)

| Name of the manufacturer | Year of production | Frame no. | Value including accessories (Rs) |
|--------------------------|--------------------|-----------|----------------------------------|
| | | | |
| | | | |
| Total | | | |

Section – XV: Neon Sign / Glow Sign Please provide the details as follows:

| Location/Height | Size | Type/Age | Value (Rs) |
|-----------------|------|----------|------------|
| | | | |
| | | | |

Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)_____

Whether Insurance was declined by any other Company (Give details)_____

Premium and Claim details (past 36 months excluding the expiring policy period)

| Section | Covers | Year | Premium in Rs. | Claim Details in Rs. |
|---------|--------|------|----------------|----------------------|
| | | | | |

| | | | | |
|----------------|------------------------|--|--|--|
| Section – I | Fire and Allied Perils | | | |
| Section – II | Fire Loss of Profit | | | |
| Section – III | Burglary | | | |
| Section – IV | Machinery Breakdown | | | |
| Section – V | Electronic Equipment | | | |
| Section – VI | All Risks | | | |
| Section – VII | Accident Suraksha | | | |
| Section – VIII | Liability | | | |
| Section – IX | Baggage | | | |
| Section – X | Plate Glass | | | |
| Section – XI | Money Insurance | | | |
| Section – XII | Fidelity Guarantee | | | |
| Section – XIII | Pedal Cycles | | | |
| Section – XIV | Neon Sign / Glow Sign | | | |
| Total | | | | |

Declarations:

- i. 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 agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to

reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR

"I/We hereby confirm that the premium payment have been paid by _____, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."

- iv. I/we am/are (please tick all that are applicable)
- High Net Worth Individual/s Non Residential Indian/s Politically Exposed Person/s Jeweller/s Non-Governmental Organization
- Film Actor/s Producer/s
- v. I agree to receive service related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

Proposer's Signature: _____ **Place:** _____ **Date:** _____

1. Payment details:

| | |
|--|--|
| Mode of Payment | |
| Payment Details | |
| Amount in (₹) | |
| Date of Payment (DD/MM/YY) | |
| PAN (If premium is 1 Lac and Above.) | |
| GSTIN (If more than one GSTIN, kindly attach an annexure with details) | |

Note : Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

For Intermediary Use Only

Future Generali India Insurance Company Limited

Proposal Form_FG Business Suraksha-Laghu | UIN No: [IRDAN132CP0001V02202122]

Future Generali India Insurance Co Ltd



I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of _____ the _____ Broker/IMF:

Intermediary's Code: _____

Intermediary's Signature: _____

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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 liable for a penalty which may extend to Ten Lakh Rupees.