

**BUSINESS SURAKSHA POLICY  
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. 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.

**FOR OFFICE USE:**

Intermediary Name: \_\_\_\_\_ Intermediary Code: \_\_\_\_\_

Business Channel:  Agency  Banca  Corporate/Broking  Direct

RM/SP Name: \_\_\_\_\_ RM/SP Code: \_\_\_\_\_

RM/SP Contact No: \_\_\_\_\_ GSTN: If applicable \_\_\_\_\_

POSP PAN (if applicable) \_\_\_\_\_

**Proposer Details**

1. Name of Proposer :
2. Correspondence Address :
3. Risk Location :
4. Occupation :
5. CKYC Number (if available) :
6. Contact Details :
7. Email ID :
8. Policy Period :
9. Construction :  
 Class AA (RCC Columns, Roof and RCC walls)  
 Class A (RCC Columns, Roof and Masonry walls)  
 Class B (RCC Columns, masonry wall and AC sheet Roof)  
 Class C (AC sheet roof with steel frame structure)  
 Class D (Either roof or wall of combustible materials)  
 Class E (Entire structure is combustible)  
 Class O (Assets in Open)

**Coverage Proposed :**  
**Section – I : Standard Fire and Special Perils**

Description	Sum Insured in Rs.
Buildings [Other than Kutcha construction]	

Plant & Machinery	
Furniture Fixtures Fittings	
Stock & Stock in Process	
Electrical Equipments	
Others	
<b>TOTAL</b>	

**Please mark Yes if particular Add-cover is opted. Strike out Yes if not required.**

<b>Add-on Covers</b>	<b>Yes / No</b>	<b>Sum Insured in Rs.</b>
Removal of Debris (in excess of 1% claim amount)	Y / N	
(A) Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril	Y / N	
(B) Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril.	Y / N	
Forest Fire	Y / N	
Impact Damage due to Insured's own Rail/Road Vehicles, Fork lifts, Cranes, Stackers and the like and articles dropped therefrom.	Y / N	
Spontaneous Combustion Category I goods Category II goods Category III goods Category IV goods	Y / N	
Omission to Insure additions, alteration or extensions	Y / N	
Earthquake (Fire and Shock) Zone I Zone II Zone III Zone IV	Y / N	
Spoilage Material Damage Cover	Y / N	
Leakage And Contamination Cover Where the tanks are within the Insured's own premises	Y / N	
Where the tanks are located elsewhere		
Temporary Removal of Stocks Clause	Y / N	

Loss Of Rent clause	Y / N	
Insurance Of Additional Expenses of Rent For An Alternative Accommodation	Y / N	
Start up Expenses	Y / N	
Terrorism	Y / N	

Do you wish to opt for cover on reinstatement value basis:  Yes  No

**Note:** Reinstatement value means value for the new item of the same type and make. If not opted for Reinstatement value, cover will be on Market Value basis. Market value is the reinstatement value less depreciation depending on the age of the item. Please calculate depreciation in this regard at the rate of 10% for each year from the date of manufacture upto a maximum of 50%.

### Section II : Business Interruption (Fire)

Description	Sum Insured in Rs.
Net Profit	
Standing Charges or Fixed Charges	
Wages- if required separately	
<b>Gross Profit ( TOTAL )</b>	

### Critical Equipments & their Lead time:

**Process:** Continuous / non-continuous

**Please mark Yes if particular Extension is opted. Strike out Yes if not required.**

Extensions	Yes / No	Sum Insured in Rs.
Auditor Fees	Y / N	
Customers Premises No. Dependence %	Y / N	
Suppliers Premises No. Dependence %		
<b>Loss due to accidental failure of public electricity/gas/water suppl</b>	Y / N	

### 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)

Sum insured @ 100%): Rs.

Watch & ward facility ( 24 hours ) : Yes / No

Other Security Facilities :

Would you wish to avail cover on first loss basis : Yes/No

If Yes what is the % of First Loss basis (Min 25%) :

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 with Sr. No. & make	Year of manufacture	Reinstatement Value (Rs)
<b>Total</b>		

**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 with Sr. No. & Manufacturer's name	Year of manufacture	Reinstatement Value (Rs)
<b>Total</b>		

Valid maintenance contract Force? Yes / No

If yes, Copy to be enclosed

**External data Media and/or Increased Cost of Working:  
Separate form to be filled as per EEI proposal form**

**Section – VI : All Risks – Portable Equipments**

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

**Section – VII : Personal Accident ( Group )**

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.

a. In relation to yourself as well as any member of your family, who wants to avail of the benefits of this Cover, please provide information, separately, in the following format:

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

b. Do you wish to opt for the following additional covers :

- Hospital Confinement Allowance : Yes / No

**Section – VIII : Hospital Cash**

**Section – IX : Liability**

**A. Tenant Liability:**

We shall cover:

- Your Liability for bodily injury and property damage to third party as tenant.

Limit of Indemnity required for  
Tenant Liability : 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:**

We shall cover:

- Fatal Accidents Act 1855, the Workmen’s Compensation Act 1923 or any amendment thereto or under common law

- (i) Number of employees
- (ii) Job description

(iii) Annual wages for each category of employees:

Please attach separate sheet if required.

**C. Public Liability :**

We shall cover:

Legal Liability, bodily injury and property damage to third party

- Annual turn over
- Type of industry
- Nature of work
- Limits required (AOA:AOY)
- Expiring policy details

**Section – X : Accompanied 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)
<b>Total</b>	

**Section – XI : 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**

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: Employee Fidelity**

Only Permanent employees are covered.

No of employees to be covered, their names & designation: Attach separate list if required

Any One Person Limit:

Any One Accident Limit:

Any one Year Limit:

Expiring policy details:

**Section – XIV: Pedal Cycles**

Please provide in respect of all pedal cycles that you wish to insure, the following information :

Name of the manufacturer	Year of production	Frame no.	Value including accessories (Rs)
<b>Total</b>			

Maximum Sum insured is restricted to Rs.5000/-

**Section – XV: Neon Sign / Glow Sign**

Please provide the details as follows:

Location/Height	Size	Type/Age	Value (Rs)

**Claim Details for Last 3 years:**

Section	Covers	Claim Details in Rs.
Section – I	Standard Fire & Special Perils	
Section – II	Business Interruption (Fire)	
Section – III	Burglary	
Section – IV	Machinery Breakdown	
Section – V	Electronic Equipment	
Section – VI	All Risks – Portable Equipments	
Section – VII	Personal Accident ( Group )	
Section – VIII	Hospital Cash	
Section – IX	Liability	

Section – X	Accompanied Baggage	
Section – XI	Plate Glass	
Section – XII	Money Insurance	
Section – XIII	Employee Fidelity	
Section – XIV	Pedal Cycles	
Section – XV	Neon Sign / Glow Sign	

### Declaration of nomination for Section VII

In case of death of the Insured person, the claim amount shall be paid to Nominee :

Name :

Date of Birth :

Relation to the Proposer:

\_\_\_\_\_  
(Proposer's Signature )

### 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/-

### Declarations:

- 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.
- 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.
- "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."

- I/we am/are (please tick all that are applicable)
 

<input type="checkbox"/> High Net Worth Individual/s	<input type="checkbox"/> Non-Residential Indian/s	<input type="checkbox"/> Politically Exposed Person/s
<input type="checkbox"/> Jeweller/s	<input type="checkbox"/> Non-Governmental Organization	<input type="checkbox"/> Film Actor/s
<input type="checkbox"/> 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.
- vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address.

**Proposer's Signature:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this proposal, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box

#### For Intermediary Use Only

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 \_\_\_\_\_

#### ANTI MONEY LAUNDERING

FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

#### 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.

