

**FG BHARAT LAGHU UDYAM SURAKSHA  
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 Bharat Laghu Udyam Suraksha Policy. 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)	
POSP PAN (if applicable)	

**A. Details about Proposer and Policy Period:**

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

**B. Business and Location of Business:**

10.	Business of Proposer						
11.	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							

**C. Details about business covered at the insured location**

12.	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)	_____
13.	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.	
14.	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)	
15.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
16.	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. _____

17.	Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force:	Yes <input type="checkbox"/> / No <input type="checkbox"/>										
18.	Construction Details											
a.	Please state material used	Please tick the correct answer in the box										
i.	Walls	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>										
ii.	Floor	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>										
iii.	Roof	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>										
	<p><b>Note:</b>  <b>Kutchha:</b> 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 Kutchha Construction.  <b>Pucca:</b> Buildings other than Kutchha are treated as Pucca constructions.</p>											
b.	Number of Floors											
c.	Age of the Building	<table border="1"> <tr> <td>Less than 5 years</td> <td></td> </tr> <tr> <td>5-10 years</td> <td></td> </tr> <tr> <td>10-20 years</td> <td></td> </tr> <tr> <td>Above 20 years</td> <td></td> </tr> </table>			Less than 5 years		5-10 years		10-20 years		Above 20 years	
Less than 5 years												
5-10 years												
10-20 years												
Above 20 years												
19.	Distance between the risk to be covered and nearest Fire Brigade											
20.	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)											
21.	Whether Insurance was declined by any other Company (Give details)											
22.	Premium / Claim details for the past 36 months excluding the expiring policy period	Year	Premium	Claim								
			₹	₹								
			₹	₹								
			₹	₹								
			₹	₹								
		<b>TOTAL</b>	₹	₹								

**D. 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).

23.	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
									₹
									₹
									₹

### E. Standard add-ons and Additional Covers

#### 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:

24.	Floater Cover (for stocks at various locations)	<table border="1"> <thead> <tr> <th>Location (Postal Address with Pin Code )</th> <th>Sum Insured (in ₹)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Location (Postal Address with Pin Code )	Sum Insured (in ₹)						
		Location (Postal Address with Pin Code )	Sum Insured (in ₹)								
<p>i) Maximum value at any one location: ₹.....</p> <p>ii) Whether stocks stored in open: Yes <input type="checkbox"/> / No <input type="checkbox"/></p>											

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

25.	Stocks which fluctuate in value to be covered on (monthly) declaration basis:  Amount (₹):
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**Additional Covers(Add-ons)** – Please select the additional cover(Add-on), you want to opt for and provide the Sum Insured/Limit of Indemnity

Add-on Covers	Sum Insured/Limit of Indemnity
<input type="checkbox"/> Involuntary Betterment UIN: IRDAN132RP0003V01202021/A0003V01202122	
<input type="checkbox"/> Immediate repair clause UIN: IRDAN132RP0003V01202021/A0004V01202122	
<input type="checkbox"/> Escalation UIN: IRDAN132RP0003V01202021/A0005V01202122	
<input type="checkbox"/> Brands and Label UIN: IRDAN132RP0003V01202021/A0006V01202122	
<input type="checkbox"/> Additional custom duty UIN: IRDAN132RP0003V01202021/A0007V01202122	
<input type="checkbox"/> Loss Of Rent Clause UIN: IRDAN132RP0003V01202021/A0022V01202122	
<input type="checkbox"/> Insurance Of Additional Expenses Of Rent For An Alternative Accommodation UIN: IRDAN132RP0003V01202021/A0023V01202122	
<input type="checkbox"/> Accidental Damage UIN: IRDAN132RP0003V01202021/A0017V01202223	
<input type="checkbox"/> Deterioration Of Stocks In Cold Storage Premises UIN: IRDAN132RP0003V01202021/A0024V01202122	

#### F. Premium 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/-

#### G. Declaration by Insured

I/ We hereby declare that the value insurable assets is more than ₹5 Crore but less than ₹50 Crore and the statements made by me / Us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/Us and the \_\_\_\_\_.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Date:

Place:

Signature of the Proposer

### Other 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.
- 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



**Vernacular declaration**

I hereby confirm that the product features and terms of the above product have been explained to the prospect in detail (including product suitability) and to the prospects' complete satisfaction. (In case prospect signs in a different language/or is not literate). I, further, declare that I have clearly explained the content of this form to the proposer and, thereafter, the proposer has fixed the thumb impression above after fully understanding the content thereof.

Intermediary / Agent Name:

Intermediary / Agent Signature:

Witness Name:

Witness Signature:

Date:

Place

**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/-

**BANK DETAILS (REQUIRED FOR REFUND/CLAIMS)**

As per Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing systems (ECS)/National Electronic Fund Transfer (NEFT)/ Real Time Gross Settlement (RGTS)/Interbank Mobile Payment Service (IMPS)

Name of the Account Holder

Name of the Bank

Branch Bank

Account No.

Bank IFSC Code

Account Type SB Account      Current Account      Others (please specify)



If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned Account is to be attached.

#mandatory if annualized premium is more than Rs. 10,000.

#### **ACKNOWLEDGEMENT**

We acknowledge with thanks the receipt of your proposal dated \_\_\_\_\_ (DD/MM/YY) towards Contractor's All Risks Insurance Policy in favour of \_\_\_\_\_. We also acknowledge receipt of premium amount by way of cash/ cheque/ demand draft/ others, vide instrument/transaction reference no. \_\_\_\_\_, for an amount of ₹ \_\_\_\_\_. Please note that neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept the proposal, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if the appropriate premium amount is not received by us in full and in time, or is not realised. If we do not accept the proposal, we will inform you within 15 days from the date of receipt of this proposal and refund any payment received from you without interest.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature of Receiver and Official Seal \_\_\_\_\_

\*\*\*\*\*END\*\*\*\*\*



**Future Generali India Insurance Company Limited**, IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287  
Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083  
Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Website: <https://general.futuregeneralii.in> | Email: [fgcare@futuregeneralii.in](mailto:fgcare@futuregeneralii.in)

**Annexure (Addendum) attached to and forming a part of Proposal Form of  
'FG Bharat Laghu Udyam Suraksha'  
QUESTIONNAIRE**

<b>S.No</b>	<b>Details</b>	<b>Answer</b>
1.	Is Watchmen on Duty (Round the Clock) available at your Storage Facility?	† YES † NO
2.	Are you following standard housekeeping practices at premises to be covered?	† YES † NO
3.	Please confirm whether your premises has conductive wiring in place ?	† YES † NO