

**STANDARD FIRE & SPECIAL PERILS 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 standard fire & special perils 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.

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

1. Intermediary Name	
2. Intermediary Code	
POSP PAN (if applicable)	
3. Name of the Proposer	
4. Address of the Proposer	
5. Contact details: CKYC (If Available)	Phone Number: Mobile No. Email id:
6. Paid up capital of the firm	
7. Name of the Insured (Policy to be issued in favor of)	
8. Do you wish to cover the interest of any financial institution? NB: If yes, give the names of all financial institutions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Location details (Complete Address of the risk to be insured.) Note: In case of any change in location, please inform the same to the insurance company immediately. Unless the change is intimated and the same is agreed upon by the insurer by means of an endorsement the policy will not be valid)	

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 *	

* Note: Please describe the activities carried out in the premises. In case the risk is silent, Please clearly state as to from when it is silent and when is expected to re-start its operations. In case of a silent factory, please also state whether the power supply has been cut off or not and whether the risk is free from all storages. In case the risk is a shop, please state the names of major class of goods stored in the shop. In case of Warehouse (Godown), please state the names of major goods stored in the premises. In case of a manufacturing premises, please state the name of raw materials, the process involved and the name of finished goods.

14. 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 to us.	
15. 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.	

16. Do you wish to delete any of the following perils from coverage and avail discounts in premium?	Please tick the correct option
Flood, Storm, Cyclone, Inundation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riot, Strike & Malicious Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Sum Insured						
Building (Other than plinth & foundation)-	Furniture & fixtures	Building (Plinth & Foundation)	Machinery (other than in open/basement)	Stocks (other than in open/basement)	Machinery/ Stocks in open/basement	Others

Note: In case of more than one location please attach a separate sheet with the Sum Insured details as above with the location address

Remarks (State clearly in case you need the cover for Plinth and Foundation only against Earthquake)
Basis of valuation: (Please state whether the SI (Other than stocks) represents Reinstatement Value or Market Value)
<p>Note: You have an option to insure the Building (Plinth and Foundation) values only against the risk of “Earthquake”. If you want to do so, please state it in the remarks field. If no request is made by you, we shall assume that you intend to cover the Building (Plinth and Foundation) against all the perils covered under the fire and special perils policy.</p> <p>Values given above should include the values of all assets (belonging to you) lying within the premises. This should include such assets as Compound walls/fence/entrance gates/etc.</p> <p>If any machinery/equipment/Stocks are lying in open or in basement, please mention the same as a separate item. Otherwise, these machinery/equipment/stocks would not stand covered under the policy.</p> <p>* The sum insured of all items above (other than those of stock) can be either “RIV (Reinstatement Value)” -that is new replacement value or “MV (market value) – that is new replacement value less depreciation. For stocks, the sum insured should represent the market value.</p>

DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION	
18. The Insured property is	
Residence,Office,Shops,Hotels etc	<input type="checkbox"/> Yes <input type="checkbox"/> No
Industrial/Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Storages outside industrial risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tanks / Gas Holders outside Industrial Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities located outside Industrial Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. If used as Shop please declare whether the goods handled are as per the following list. If yes, whether the stock value will exceed 5% of shops value

- 1.Celluloid goods, 2.Coir Loose, 3.Crackers & Fire Works, 4.Explosives of any kind, 5.Hay/Straw, 6.Hemp, 7.Jute Loose, 8.Matches, 9.Methylated Spirit, 10.Nitro-Cellulose Plastics, 11.Oils/Ether/Industrial Solvents and other inflammable liquids flashing at and below 32 Deg.C (Closed Cup test), 12.Paints with inflammable base having flash point below 32 Deg.C (Closed Cup test) - Other than in sealed tins or drums, 13.Varnishes having a Flash point below 32 Deg.C (Closed Cup test) - Other than in sealed tins or drums,14.Disinfectant liquids and liquid insecticides - Other than in sealed tins or drums,15.Vegetable fibres of any kind including Rayon Fibre.

20. If used as Shop please declare whether the goods handled are as per the following list. If yes, whether the stock value will exceed 5% of shops value

21. If used as an Industrial Manufacturing unit give products manufactured at the location proposed.(detailed block plan showing various facilities to be enclosed)

22) If used as an Industrial Manufacturing unit, please state whether the factory is working or silent ?

23) Fire Protection devices installed

c) Age of Building

Please Tick the correct answer in the box below

- | | | | |
|---|----------------------------|------------------------------|-----------------------------|
| a) List out the various blocks and indicate the type of protection provided for each block. | Portable Extinguishers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Small bore hose reels | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Trailer Pumps/Fire engines | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Indicate whether Annual Maintenance contract for the Appliances is in force :
Yes/No | Hydrant System | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Sprinkler System | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Fixed Water Spray System | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Foam systems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Fire alarm systems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Gas flooding systems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

24) The basis proposed for insurance (Bldg/ machinery/ FFF)

Market Value basis

Reinstatement Value Basis

Yes No

Whether escalation clause is required

Yes No

Yes No

24) a) Construction Details

Please state material used

i) Walls _____

ii) Floor _____

iii) Roof _____

b) Height of Building

_____ Meters

Less than 5 years 10-20 years
5-10 years above 20 years

Note: Buildings having walls and/ or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt cloth/canvas/tarpaulin and the like are treated as “Kutchha” construction.

25) Building wise values (Please include the kutchha buildings also in this list and give individual values against such buildings)

Description

Of Block	Amount in Rs	Building including plinth	M & A	F&F and other equipments	SSP**	Property to be insured separately	Total	AGE (YRS)	HT (MTS)	CONST RUCTI ON
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Total

** Indicates those stocks which are covered on normal basis and do not fall under Serial No.23 A,B, C and D below

26) Special Coverage for Stocks only		
<u>Please Tick in the box below and give the amount to be insured against each</u>		
A) On Floater Basis		
Stocks at <u>various locations</u> (warehouses / godowns and /or open etc.,) can be covered on floater basis for a single Sum Insured.		
	Tick	Amount Rs.
Floater Basis		

B) On Declaration Basis

Stocks which fluctuate in value can be covered on (monthly) declaration basis.

Declaration Basis Yes No (If yes) Amount Rs.

Note:

1.Minimum Sum Insured is Rs.1 Crore, and policy not issued on short period basis

2.Stocks in process & stocks stored at Railway sidings are not covered C) On Floater Declaration Basis

Stocks which fluctuate in value as well as stored in various locations can be covered on (monthly) floater declaration basis.

Tick

Amount Rs.

Floater Declaration Basis

Note:

1.Minimum Sum Insured is Rs. 2 Crore

2.Stocks in process & stocks stored at Railway sidings are not covered

D) Stocks stored in open

Locations

Amount Rs.

1. Stocks in open (located outside the factory compound)

27) Total Sum Insured (as per relevant serial numbers shown against each)								
	Clause/ Peril code	Risk code	Rate code	Rate	Sum Insured	Premium	Risk Code	Rate code
(Plinth & Foundation)								
Architects & Engineers Fees								

28 Construction Details				
Walls(Brick/ RCC/ Concrete Blocks/ Stone/ AC Sheet/ Open Sided)	Roof (RCC/AC Sheet/ Tiles/ Thatched/ Open)	Age of the buildings	Height of the building	Number of storeys

Note: If there are many blocks with mixed construction, please mention the construction details of the blocks with majority of the Sum Insured.

29 Additional Perils to be covered	Do you wish to cover the same?	Sum Insured	Remarks
Earthquake	<input type="checkbox"/> Yes <input type="checkbox"/> No		The sum insured as already described above will be considered. Separate values need not be given here.
Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No		
STFI	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Impact Damage due to Insured's own Rail/Road Vehicles, Fork lifts, Cranes, Stackers and the like and articles dropped there from	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spontaneous Combustion	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please name the commodity (ies) to be covered and give the sum insured of the commodity to be covered under the "Sum Insured" column. Name of commodity to be covered for spontaneous combustion:
Spoilage Material Damage cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		Please name the block(s) which you want to be covered for Spoilage material damage cover. Under the column of sum insured, please mention the sum
			insured of all stocks, machinery, equipment and containers in these block(s). Name of the block(s)
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	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please mention the Sum Insured of the stock lying in the cold storage premises under the "Sum Insured" column.

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	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Molten material damage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Forest Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Leakage and Contamination cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		

30 Additional Coverage's/ Clauses Opted	Do you wish to opt for these coverage?	Sum Insured	Remarks
Architects, Surveyors and Consulting engineer's fees. (In excess of 3 % of claim amount).	<input type="checkbox"/> Yes <input type="checkbox"/> No		It needs to be ensured that the sum insured selected shall be less than or equal to 7.5 % of the total sum insured under the policy.
Removal of Debris (in excess of 1 % of the claim amount).	<input type="checkbox"/> Yes <input type="checkbox"/> No		It needs to be ensured that the sum insured selected shall be less than or equal to 10 % of the total sum insured under the policy.
Start Up Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss of rent	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes State period of cover required ___ months	
Rent for alternative accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes State period of cover required ___ months	
Temporary removal of Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No		The sum insured as already described above will be considered. Separate values need not be given here.
Omission to insure additions/alterations	<input type="checkbox"/> Yes <input type="checkbox"/> No		5 % of the sum insured (other than stocks) as already described above will be considered. Separate values need

			not be given here.
Additional expenses under local authorities clause	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Escalation Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please state the percentage of escalation opted for (maximum percentage that can be opted for being 25 %). This clause is not applicable for stocks.
			Percentage Escalation opted for:
Declaration Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No		This is applicable only for coverage of stocks (other than stocks in process or for retail stocks).
Accidental Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, the maximum sum insured that can be availed is INR _____.
Brand or Trade Marks	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sum Insured _____
Claims Preparations Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sum Insured _____
New Acquisitions	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sum Insured _____
Firefighting expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sum Insured _____
Preparation of Lost records	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sum Insured _____
Floater Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If your above answer is yes, please mention the block(s) – clearly stating at which location and give separate sum insured for each of the blocks. Please ensure that this sum insured is not appearing in the Stocks sum insured mentioned earlier.

Block Description	Location	Sum Insured	Remarks

31 Premium/losses details for last 3 years

Year	Premium Paid	Losses incurred	
		Number of Claims	Amount of Claim

32 Do you wish to opt for Voluntary Deductible?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer above is yes, Please tick in one of the below mentioned slabs.	Act of God Perils: 5 % of the claim amount subject to a minimum of Rs in lakhs	Other Perils in Rs in lakhs.	
Slab 1	10	5	
Slab 2	20	10	
Slab 3	30	15	
Slab 4	60	30	
Slab 5	100	50	
Slab 6	500	100	
Slab 7	1000	500	
Slab 8	2000	1000	
Slab 9	4000	2000	

33 Fire Protection Equipment/ Systems available at the risk	
Portable Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Small bore hose reels	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trailer Pumps/Fire engines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydrant System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fixed Water Spray System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foam systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire alarm systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas flooding systems	<input type="checkbox"/> Yes <input type="checkbox"/> No

34 How far is the public fire brigade from the insured location?	Distance in KM	Is there a railway crossing in between the public fire station and the insured location?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

35 Please state the plinth height of the building compared to the ground level	Plinth level in feet	Remarks
		If there are more than one blocks, please mention the details of the building with the least plinth level.

36 Please state whether the location ground level is lower or higher than the surrounding road level.	<input type="checkbox"/> Lower <input type="checkbox"/> Higher
37 Whether you have insured the same property with any other insurance company with the same type of coverage. (Give Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
38 Whether insurance was declined by any other Company or imposed any Special Conditions (Give Details)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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/-

The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

Important Notice: The property proposed for insurance is not covered until the proposal is accepted and premium paid

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 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/IME, 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.



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