

9. Would you like to cover Plinths & Foundation along with your buildings ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Add - On Covers Required as under	
a. Architects, Surveyors, & Consulting Engineers Fees (in excess of 3% of the claim amount)	
b. Debris removal	Rs.
c. Deterioration of stocks in cold storage premises	
i. Due to failure of electrical supply at terminal ends of electric service feeder due to an insured peril	
ii. Due to change in temperature assuring out of loss or damage to cold storage machinery in the insured's premises due to operation of insured peril	
d. Omission to Insure additions, alterations or extensions	
e. Spoilage material cover	
f. Leakage and contamination cover	
g. Temporary removal of stocks	
h. Loss of rent	
i. Additional expenses of rent for an alternate accommodation	
j. Start-up expenses	
11. Whether you have insured the same property with any other insurance company with identical coverage (If so, give details)	
12. Whether Insurance cover was declined by any other company or imposed any special conditions (If is, give details)	

13. Premium / incurred claim details for the past 6 years.	Premium	Claims
14. State the details of products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed)		
15. Fire Extinguishing Appliances installed	Please tick in the space below :	
a. List the various blocks and indicate the type of protection provided for each block.	<input type="checkbox"/> Portable Extinguishers	
	<input type="checkbox"/> Trailer Pumps	
	<input type="checkbox"/> Fire Engine	
	<input type="checkbox"/> Hydrant System	
	<input type="checkbox"/> Sprinkler System	
	<input type="checkbox"/> Fixed Water Spray System	
b. Indicate whether annual maintenance contract for the appliances is in form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Is basis proposed for insurance is an reinstatement value basis ? (Building/Machinery/Furniture Fixures & Fittings)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Construction Details		
a. Please state material used		
i. Walls		
ii. Floor		
iii. Roof		
b. Height of the building	_____ Meters _____ Floors	

c. Age of Building / Plant & Machinery	<input type="checkbox"/> Less than 5 years	<input type="checkbox"/> 5-10 years
	<input type="checkbox"/> 10-20 years	<input type="checkbox"/> 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 "Kutcha" construction

18. Building wise values (Please include the 'Kutcha' building also in this list and give individual value in Rs. against such buildings)

Description of block	Age (Yrs)	Height (mts)	Construction Pucca/Kutcha	Sum insured Rs.				
				Building Including plinth	Machinery accessories	F&F, Office and other equipments	Stocks and stocks-in process**	Other Property to be insured specifically
				Rs.	Rs.	Rs.	Rs.	Rs.
Total								

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

19. Add-On-Cover	Clause / peril code	Risk Code	Rate Code	Rate	Amount to be insured/percentage wherever applicable
a. Architects, Surveyors & Consulting Engineers Fees					
b. Debris removal					
c. Spontaneous Combustion					
d. Omission to insure additions (%)					
e. Deterioration of stocks in cold storage premises on account of					
i) Accidental power failure due to damage at power station due to an insured peril					

ii)	Due to change in temperature arising out of loss or damage to the cold storage machinery in the insured premises due to operation of insured peril				
f.	Spoilage material cover				
g.	Leakage and contamination cover				
h.	Temporary removal of stocks				
i.	Additional expenses if rent for an alleviate accommodation				
20.	Would you like to avail discounts for voluntary deductibles	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If answer is yes, indicate the choice of deductible amount	Rs.			
21.	MACHINERY BREAKDOWN				
1.	Do the items listed represent the whole of the plant ?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.	a. Are you at present Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	b. If so, with whom?				
3.	Has any company				
	a. Declined to insure any of the Machinery now proposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	b. Required increased premium of other special stipulations for risk improvement ?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.	a. Are you aware of any defects/damage existing in the machinery?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	b. If so give details thereof				

5. a. Has your machinery sustained any damage from breakdown or other cause during last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If so give details of damage/s and Repairing cost	
6. a. Are regular periodical inspections of the machinery carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If so, by whom and what intervals ?	
7. On payment of additional premium do you wish to cover ? If yes, provide limits of indemnity	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Express Freight (excluding Air-freight, overtime and Holiday rates of wages)	Rs.
b. Owners Surrounding Property	Rs.
c. Third Party Liability	Rs.
8. Period of Insurance	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
22. Loss of Profits	
Full description of the trade	
How long has (ve) the business (es) been established ?	
Addresses of all premises from which the business do trade	
a. By whom are your accounts audited ?	
b. When does your financial year end ?	
Insurance History	
a. Names of the insurer covering the contents of your premises	

b. Have you any other consequential loss insurance in force ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you ever suffered a loss by any perils against which you wish to insure ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has any insurer refused to insure you or imposed increased terms for nay peril against which you wish to insure	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. If you answer Yes to questions b, c, d please submit details	
Cover required	
a. Fire loss of profit (compulsory) Please indicate	
i) Indemnity period	Months
ii) Sum insured	Rs.
<p>Note : Sum insured to be the estimated annual Gross Profit for indemnity period of 12 months or less. For Indemnity period more than 12 months the sum insured Should be the annual Gross profit proportionately increased.</p> <p>Gross Profit : Net profit before tax plus all standing charges (Alternately Gross sales turnover less variable expenses)</p>	
Standing Charges :	
Please indicate the standing charges included :	
● Interest on Debentures, Mortgages, Loans, & Bank overdrafts	
● Rent	
● Rates and Taxes (excluding tax on profit)	
● Salaries and wages	
● Company's Contribution to PF	
● Maintenance expenses for building, Plant & machinery	
● Depreciation	
● Power & Fuel (fixed expenses)	
● Any other standing charges (please specify)	
● Miscellaneous standing charges (not exceeding 5% of the amount of standing charges specified)	
b. Machinery Loss of Profit	
i) Indemnity period	Months
ii) Sum insured	Rs.
<p>Note : Sum insured to be the estimated annual Gross Profit for indemnity period of 12 months or less. For Indemnity period more than 12 months the sum insured Should be the annual Gross profit proportionately increased.</p> <p>Gross Profit : Net profit before tax plus all standing charges (Alternately Gross sales turnover less variable expenses)</p>	

Standing Charges :	
Please indicate the standing charges included :	
● Interest on Debentures, Mortgages, Loans, & Bank overdrafts	
● Rent	
● Rates and Taxes (excluding tax on profit)	
● Salaries and wages	
● Company's Contribution to PF	
● Maintenance expenses for building, Plant & machinery	
● Depreciation	
● Power & Fuel (fixed expenses)	
● Any other standing charges (please specify)	
● Miscellaneous standing charges (not exceeding 5% of the amount of standing charges specified)	

DECLARATION BY INSURED

I/We hereby declare that 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 **BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED**.

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

Date :

Place :

Signature of Proposer & Seal of the Company

Recommendations of Agent :

The following is the copy of section 41 of the Insurance Act 1938

PROHIBITION OF REBATES

1. No person shall allow or offer to allow either directly 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 the whole or part of the commission payable or any rebate of the premium shown in the policy nor shall any person taking out or renewing or continuing a policy except such rebates as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provision of this section shall be punishable with a fine, which may extend to five hundred rupees.