



Proposal Form No.: _____

PROPOSAL FORM FOR INDUSTRIAL ALL RISKS INSURANCE

For Official Use Only
Business Sector: Urban ☐ Rural ☐ Social ☐

Agent/ Broker Name: _____ Marketing Officer: _____

Branch Address: _____

Client ID Number: _____ Group ID Number: _____

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of Utmost Good Faith requiring 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. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/ personal statement, declaration and connected documents, or any material information has been withheld by the Proposer or any one acting on his behalf to obtain any benefit under this Policy.
4. Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the proposal form.

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.**SCOPE OF COVER:** This Policy offers comprehensive cover against all perils excepting those specifically excluded. The Policy covers loss or damage due to :

1. Fire and Special Perils
2. Burglary
3. Machinery Breakdown/ Boiler Explosion/ Electronic Equipment Breakdown
4. Business Interruption due to Fire and Special Perils, Burglary and other accidental damage.

SIGNIFICANT EXCLUSIONS:

Inherent vice, normal wear and tear, collapse, faulty or defective design material or workmanship, pollution, contamination, inventory losses, fraud, larceny, interruption of the water supply, gas, electricity or fuel systems or failure of the effluent disposal systems etc.

Policy is subject to compulsory deductible excess as stipulated in the tariff.

NOTE: The foregoing is only a broad indication of the cover offered. For details, please refer to the Policy.
CLIENT INFORMATION

Proposer's Name: _____

Proposer's Mailing Address: _____

City/Town: _____ State: _____ Pin Code: _____

Contact No: _____ Fax No. _____ Email ID: _____

Proposer's trade or business: _____

Type of Proposer: Individual ☐ Partnership firm ☐ Company ☐ Govt. ☐ Others ☐Annual Income: (In Rupees): _____ Do you file income tax return? Yes ☐ No ☐ Do you own a bank account? Yes ☐ No ☐

Date of Birth: DD / MM / YYYY Country: _____ PAN Number: _____

Paid-up capital of the firm (in Rs. million): _____

CONTACT DETAILS

Contact Person's Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Pin Code: _____

Contact Number (Landline-With STD Code): _____ Mobile Number: _____

Email ID: _____

RISK DETAILS

Period of Insurance: From: DD / MM / YYYY To Midnight: DD / MM / YYYY

Name of the Insured: _____

Details of location wise description

S. No	Location/ Premises	Business	Sum Insured

Note: Detailed Schedule of the Property proposed for Insurance for each location/ premises be submitted in the format given in Annexure A

Voluntary Deductibles proposed to be opted

- a Material Damage Claims - Section I
b Business Interruption Claims - Section II

Premium Data: Please furnish details of Sum Insured and Premium paid location wise for the past 5 years (if available for 10 years) in Annexure B

Claims Data: Claims data for each claim be furnished in the format given in Annexure C

Name of the Insured

Authorised Signatory

INDUSTRIAL ALL RISK POLICY

ANNEXURE A

Name of the Company:
Location of the Risk:
City/ Town/ Village:
State: Pin Code:

Sr. No	Block Number		Description of the Risk	Class of Construction	Sum Insured in Rs								
	Main	Communi cating (if any)			Building	Machinery	Furniture, Fixtures & Fittings	Piping	Cabling	Stocks & Stock in Process	Stock in Godown	Material in open, gas holders & tank farms	Total Sum Insured

Also State the Block Nos. communicating with the block described. Also state storey, basement, attic, loft.

PREMIUM DATA

ANNEXURE B

Location/ Premises -

Policy/ Perils - Fire Policy C/ EQ/ STF/ EEI/ B I (Fire)/ B I (MLOP). (Please submit details of premium on a separate sheet for each Policy/ Peril)

Policy Period		Sum Insured	Premium
From	To		

CLAIMS DATA SHEET

ANNEXURE C

(Please submit separate Claim Data Sheet for each Claim)

	Material Damage	Business Interruption
Date of Loss		
Policy Period		
Policy / Peril		
Cause of Loss		
Sum Insured		
Amount Assessed by Surveyor		
Amount Paid		
Deductible		

For Business Interruption Losses, please give following additional information:

Indemnity Period	Months
Interruption Period	Days
Time Excess	Days

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited, at _____
on this date / /

Authorised Signatory

PAYMENT INFORMATION**MODE OF PAYMENT**

☐ Cheque/ DD Cheque No.: Demand Draft No.:
Drawn No.: Dated: / /
Bank A/C No.: Amount in Figures:
Amount in Words:

DECLARATION BY PROPOSER

I/We, the undersigned hereby declare that the above statements and particulars are true, accurate and complete. I/we declare and agree that information provided by me and the answers given above shall be the basis of the contract between me/us and the Company, subject to the Board approved underwriting policy of the insurance company.

I undertake if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then I/we shall convey the same to the Insurers immediately

Name: Designation:

Place: Date: / / Proposer's Signature and Stamp

STATUTORY WARNING**PROHIBITION OF REBATES.**

(Under Section 41 of Insurance Act 1938)

1. 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 the 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.
2. 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



ICICI Lombard General Insurance Company Limited

Mailing Address: Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.
Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.
Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com
Toll Free No.: 1800 2666 • Chargable No.: +91 92236 22666 • Insurance is the subject matter of solicitation.
IRDA Reg. No. 115. • Fire 03 • CIN: U67200MH2000PLC129408.

NEFT/EFT MANDATE FORM

(Payment through EFT Mechanism)

CORPORATE DETAILS

Group/ Network Name: _____
Address: _____
City: _____ State: _____
Pincode: _____ Pan Card No.:** _____
PAN Card Holder's Name: _____

ACCOUNT DETAILS

Bank Name: _____
Branch Name: _____
Payee Name: _____
MIRC No.: _____ IFSC Code: _____
Account Type: _____ Full Account No.: _____
Name as per Bank Records: _____
Cancel cheque No. **: _____

(Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)

If customer name/ account no /IFSC code is not available on cancelled Cheque then NEFT mandate form with Bank Sign & seal and customer signature is mandatory.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Signature & Stamp of the Payee

Verified By
(Bank Official Stamp and Authorized Signature)

Terms and Conditions for Payments through RTGS/NEFT

- The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
- The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
- The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
- The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
- ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
- Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
- Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. Website www.icicilombard.com or by sending them by post to the last address of the Customer.
- These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- I/ We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
- I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the Customer.
- Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard.

Proposer's Signature and Stamp



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Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com

Toll Free No.: 1800 2666 • Chargable No.: +91 92236 22666 • Insurance is the subject matter of solicitation.

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