

PROPOSAL FORM CONSEQUENTIAL LOSS (FIRE) INSURANCE POLICY

(The property proposed for Insurance is not covered until the proposal is accepted by the company and premium paid in advance. Coverage is as per the terms and conditions of Liberty Videocon General Insurance Company Limited's Standard Policy Wordings)

COMPANY OFFICE DETAILS (To be filled by insurer)

1. Office Code :

2. Office Address :

City : District :

State : Pin Code :

INTERMEDIARY DETAILS

1. Agent/Broker Name :

2. Agent/Broker License Code :

3. Agent/Broker Contact Number :

PROPOSER DETAILS

1. Name of Proposer :

2. Address of proposer :
 Road : Area :
 City : District :
 State : Pin Code :

3. Business of Proposer :

4. Financial Interest : A.
 B.

CONSEQUENTIAL LOSS (FIRE) DETAILS

1. Description of Business :

2. Date of Establishment :

3. Addresses of all Premises from where Business is transacted (all such to be insured by the Fire Material Damage Insurance)

Road : Area :
 City : District :
 State : Pin Code :

4. Location of risk to be covered*

Road : Area :
 City : District :
 State : Pin Code :

*In case of multiple locations kindly provide the information in separate sheet.

5. Period of Insurance From : To :

6. Indemnity Period (in Months)

7. Basis of Indemnity Turnover Basis Output Basis Difference Basis Revenue Basis

8. Number of Production lines at Risk location Single Two lines Multiple

9. Number of shifts for Production One Shift Two Shifts Three Shifts

10. Type of Plant and Machinery Imported Machinery Indigenous Machinery

11. Type of Process Machines Custom Made Standard / Off the Shelf

12. Name and Address of Independent Accountants/ Auditors

A. Name:

B. Address:
 Road : Area :
 City : District :
 State : Pin Code :

13. Whether you have insured the same property with any other Insurance Company with the same type of coverage. Yes No

If yes, furnish the following details

A. Name of Insurer :

B. Policy Period : From : To :

PAYMENT DETAILS

1. PAN card number (10 character number) :
2. Sources of funds: Please tick appropriate box
 Salary Business Investments Others (please specify)

Declaration:

1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

DECLARATION BY INSURED

I/We hereby declare that the statements made by me / us in this Proposal Form and annexures if any 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 "Liberty Videocon General Insurance Company Limited"

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 Proposer

Recommendations of Officer/ Agent / Broker

Prohibition of Rebates (Section 41) of the Insurance Act

No person shall 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 punishable with fine, which may extend to Five Hundred Rupees.

INSURANCE IS A SUBJECT MATTER OF SOLICITATION