| B. | Towards third part | ties | Rs | | | | | | | | | | |
|-------------------|---|---|---|---|--|--|--|--|--|--|--|--|--|
| | (Liability limited to 50 | 0% of Sum Insured under sect | ion I or Rs. 50,00,000/- wh | nichever is less) | | | | | | | | | |
| (II | Additional rent fo | or alternate accommodat | tion | | Sum Insured (Rs.) | | | | | | | | |
| | Tenant's legal lia | bility | | | Sum Insured (Rs.) | | | | | | | | |
| | Have any of the ite | ems opted for coverage ur | nder various Sections e | numerated overleaf suffered | d any damage previously? | | | | | | | | |
| | If so, give details of the same, attach a separate sheet, if necessary. | | | | | | | | | | | | |
| ate | of Irrence | Details of Items Lost | Details of Loss | Amount of Loss (Rs.) | Name of the Insurance Company | | | | | | | | |
| | | 1 | 1 | (*****) | 1 | | | | | | | | |
| | | 1 | 1 | | | | | | | | | | |
| | | | 1 | | | | | | | | | | |
| | | | 1 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Details of previous | s claims experience (claim | s as percentage of pre | mium) | | | | | | | | | |
| | | | | | | | | | | | | | |
| 0. | Give details of exi | sting insurance, if any | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 1. | Any other informa | tion relevant to this insural | nce | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Dec We elie | of. It is hereby under g granted and that i ect, the Company s | t the statements, answers stood and agreed that the f, after the insurance is eff hall have no liability under | and particulars given be statements, answers a ected, it is found that at this insurance. | by me / us in this proposal fo and particulars provided here my of the statements, answe | Cheque/DD Date d d m m y y y y y orm are true to the best of my / our knowledge and einabove are the basis on which this insurance is ers or particulars are incorrect or untrue in any | | | | | | | | |
| | - | ke to convey to Reliance Gion of this proposal form. | deneral Insurance Com | pany Limited any additions/ | alterations carried out in the risk proposed for | | | | | | | | |
| lac | e: ——— | | Date: | Signature of | Proposer ————— | | | | | | | | |
| | | | | | | | | | | | | | |
| 1. N r p | No person shall allow espect of any kind of premium shown on t allowed in accordance | or risk relating to lives or po he policy, nor shall any pe ce with the published pros | irectly or indirectly, as a coperty in India, any ret rson taking out or rene spectuses or tables of the | an inducement to any personate of the whole or part of the wing or continuing a policy and insurer. | n to take out or renew or continue an insurance in he commission payable or any rebate of the accept any rebate, except such rebate as may be th fine which may extend to Rs. 500/- | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Reg | istered & Corpo | rate Office Address | | | | | | | | | | | |
| | • | | | | | | | | | | | | |
| eli | ance General Insu | rance Co. Ltd. | | | | | | | | | | | |
| Reg | ance General Insu | ance Centre, 19, Walchand | | ard Estate, Mumbai - 400 00 state, Wadala (W), Mumbai - | | | | | | | | | |
| Reg Corp | ance General Insu istered Office Relia porate Office 570, | ance Centre, 19, Walchand | kt to Royal Industrial Es | state, Wadala (W), Mumbai - | | | | | | | | | |



Helpline 1800 3002 8282 (toll free)
022 3989 8282 (charges apply)

Claims 1800 103 1999 (toll free)
022 4111 2600 (charges apply)

www.reliancegeneral.co.in

General Insurance

Proposal Form for Reliance Office Package Policy

| | operty proposed for insurance | | | | | ropos | al is | accep | ted a | ind t | the p | orem | ium | is re | ceive | d | | | | | | | | |
|--------|--|---|----------|-------|-------|-------|-------|-------|-------|-------|---------|-------|-----|-------|-------------|-------|--------|----------------|------|------|---|---|---|--|
| Inter | mediary Details (To be fill | ed in BLO | CK LET | TERS) | | | | | | | | | | | | | | | | | | | | |
| Interr | nediary Name | | | | | | | | | | | | | 1 | | Cod | e L | | | | | | | |
| Bran | ch Name | | | | | | | | | | 1 | | 1 | 1 | | Cod | e L | | | | | 1 | | |
| Sales | s Manager Name | | | | | | | | | 1 | 1 | | | 1 | | Cod | e L | | | | | | | |
| Prop | ooser's Details (To be filled | l in BLOCK | LETTE | RS) | | | | | | | | | | | | | | | | | | | | |
| 1. | Name of the Proposer M | 1/s | | | | | | | | 1 | 1 | | | 1 | ш | | | | | | | | | |
| 2a. | Address for Communication | n | | | | | | | | | | | | | | | | | | | | | | |
| | Flat Building | | | | | | | | | | | 1 | | | | | | | | | | | | |
| | Road/Street/Sector | | | | | | | | 1 | | | | | | | | | | | | 1 | | | |
| | Area | | | | | | | | | 1 | | | | 1 | | | | | | | | 1 | | |
| | Taluka/Village/District/City | | | | | | | | 1 | | | | | | | Pin | Code | e L | | | | | | |
| | State | | | | | | | | | | | | | | | Cou | ntry | L | | | | | | |
| | Phone | | | | 1 | | | | 1 | 1 | | | 1 | | /lobile | | | | | | | | | |
| | Email | | | | | | | | | | | Fa | ax | | | | | | | | | | | |
| 2b. | Address of the premises to | be Insure | d | | | | | | | | | | | | | | | | | | | | | |
| | Flat Building | | | | | | | | 1 | | | | | 1 | | | | | | | | | | |
| | Road/Street/Sector | | | | | | | | | | | | | | | | | | | | | | | |
| | Area | | | | 1 | | | | 1 | 1 | | | ı | 1 | | | | | | | | | | |
| | Taluka/Village/District/City | | | | | | 1 1 | | 1 | 1 | | | 1 | | لـــا | Pin | Code | _a L | | | | | 1 | |
| | State | | | | | | 1 1 | | 1 | | | | 1 | | | Cou | | L | | | | | | |
| | Phone | | | | | | | | 1 | | | | | | /lobile | 1 | j | | | | | | | |
| | Email | | | | | | | | | | | Fa | ıx | | | | | | | | | | | |
| 3. | Period of Insurance | From | d d | m , i | m I v | V . V | V | У | | | | To | | d | m, | m y | V | V | У | | | | | |
| 4. | Description of Business | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Financial interests | A | | | | | | | | | | | | | | | | | | | | | | |
| | | B | | | | | | | | | | | | | | | | | | | | | | |
| | | C | | | | | | | | | | | | | | | | | | | | | | |
| | | D | | | | | | | | | | | | | | | | | | | | | | |
| 6. | a. Is the premises owned o | _ | | | | | | | | | | | | | | □ Owr | ned | | 1 B | ente | 4 | | | |
| 0. | | building under Section I? | | | | | | | | | | | Yes | | _ | N | | • | | | | | | |
| | c. Do you wish to cover plin | | | | | | | | | | | | | | | _ | Yes No | | | | | | | |
| | | valuation opted for under Section IA and IB - | | | | | | | | | nt Valu | _ | | | | | | | | | | | | |
| 7. | Please fill in the details for the Sections opted by you in the format hereinbelow | | | | | | | | | | | n van | 16 | | | _ IVI | arke | vait | iC . | | | | | |
| 7. | Sections: | | | | | | | | | | | | | | | | | | | | | | | |
| | I. Fire & Allied Perils | | | | | | | | | | | | | | | | | | | | | | | |
| | A. Building i. Superstructure | | | | | | | | | | | | | | Sum Insured | | | | | | | | | |
| | | | | | | | | | | | | | | Rs. | | | | | | | | | | |
| | ii. Plinth & foundatio | n | | | | | | | | | | | | | | Rs. | | | | | | | | |
| | B. i. Contents-Other the | an incider | ntal sto | ck | | | | | | | | | | | | Rs. | | | | | | | | |
| | ii. Incidental stock | | | | | | | | | | | | | | | Rs. | | | | | | | | |
| | Do you require Terrorism co | over? | | | | | | | | | | | | | | Yes | | Г | N |) | | | | |

| | If Terrorism Cover is required then a. Whether the risk was insured a | | nue voar/e? | ☐ Yes | □ No | | | and Glow Sign | | | | | | 1 | |
|-----------------|--|---|-----------------------------|-----------------------|--|------|----------------------------|----------------------------------|----------------|---------------------------|---------------------|--|--------------------------|-----------------------|--|
| | b. If yes, whether premium was p reinsurers? | | | | | S. N | lo. | | | | tem | | | | Sum Insured (Rs.) |
| | | | | | | | | | | | | | | | |
| | Burglary & Housebreaking | | | 1 5 | ı | | | | | | | | | | |
| | . Contents-Other than incidenta | al stock | | Rs. | | | | | | | | | | | |
| | i. Incidental stock | | | Rs. | | | | | | | | | | | |
| | ii. Do you wish to extend this se | | | | No | | | | | | | | Tota | ıl l | |
| | v. Do you wish to opt for covera | | | Yes | No | | | | | | | | | - | |
| If yes, | Please mention the Percentage | opted for First Loss limit | | | _ % of sum insured | IX. | Personal A | | Lanceran | I But with t | I. Australia and a | 10.3110 | l T able at l | | |
| II. E S. No. | Electrical & Mechanical Appliar Description | nces (Item are required to be Make & Model | Year of | Identification | Sum Insured | | Name | Relationship with Proposer | Date of Brith | Profession/ Occupation | Annual Income (Rs.) | Capital Sum Insured (CSI) (Rs.) | | Cumulative Benefit | CSI under any existing PA police & (table of benef |
| | | | Manufacture | No. | (Rs.) | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| | | | | | | | Do you wish | n to cover reimburs | ement of medic | al expenses du | e to accident ? | | ☐ Yes | s 🗆 | No |
| | | | | | | X. | Infidelity / I | Dishonesty of em | oloyees | | | | | | |
| | | | | Total | | | Whether flo | oater cover is requ | uired? | | | | ☐ Yes | ; | No |
| | Electronic Appliances (Items are | | | Yes | □No | | Pe Pe | er person Rser annum Rs | | (if required) | | | | | |
| S. No. | Description | Make & Model | Year of Manufacture | Identification No. | Sum Insured (Rs.) | S. N | | e furnish the follow Name | _ | 1 | Desig | nation | 1 | Limit | of Liability (Rs.) |
| | | | | | | | 1 | | | <u> </u> | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | <u> </u> | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | XI. | Legal Liabi | ility | | | | | | | |
| | | | | | <u> </u> | A. | Towards En | | | | | | | | |
| | | | | Total | | | | No. of employe | ees | 1 | Nature of w | ork / duties | ı | Estim | nated wages (Rs) |
| /. N | Money Insurance | | | Sum Insure | d (Rs.) | | | | - | | | | | 20011 | |
| a | a. In transit-limit per carrying | | | ∣ Rs. | 1 | | | | | | | | | | |
| b | o. In safe | | | Rs. | | | | | | | | | | | |
| C | c. In Till | | | Rs. | | | | | | | | | | | |
| /I. E | Baggage Insurance | | | Sum Insure | ed (Rs.) | | | | | <u> </u> | | | | | |
| | | | | | , | | | | | | | | | | |
| /II. F | Fixed Plate Glass and Sanitary | Fittings (Items are required | to be covered on Reinstaten | nent Value basis) | | Ac | knowledgme | ent (on behalf of F | Reliance Gener | al Insurance C | ompany Limited) | | | | |
| 8. No. | | lt | em | | Sum Insured (Rs.) | | | | | | | | | | |
| | 1 | | | | (110.) | 1 | oser's Full Nam Insured | ie M/s L L L | | | | | | | 1 1 1 1 |
| | <u> </u> | | | | <u> </u> | 1 | que/DD No. | | | Cheque/DD I | Date d d m | | | | |
| | <u> </u> | | | | <u> </u> | | vee Bank | | | | | | | 1 | |
| | <u> </u> | | | | <u> </u> | 1 | mediary Name ich Name | | 1 1 1 | | | 1 1 1 1 | 100 | ode L | |
| | <u> </u> | | | | | 1 | s Manager Nam | ne Lili | | | | | 100 | 1 | |
| | | | | Total | | Inte | mediary Signatu | ıre | | | | This acknowl | ledgement is | not an automat | ic acceptance of risk. |
| | | | | | | | , | | | | | | | | |