

PROPOSAL FORM FOR SHOPKEEPER UMBRELLA INSURANCE POLICY**Intermediary Details (To be filled in BLOCK LETTERS)**

Branch Code

Employee Code

Intermediary Code

Proposer's Details (To be filled in BLOCK LETTERS)1. This Proposal is for A New Policy Renewal of SGI Renewal of Others Endorsement

2a. Proposer's Full Name Mr. / Mrs. / M/s.

2b. Gender: Male / FemaleDate of Birth:

2c. Existing physical disability or infirmity, if any

2d. Address of Premises :

City

State

Pin Code

Res. STD Code

Ph. No.:

Office. STD Code

Ph.No.

Mobile

Email

2e. Nature of Trade or Business :

2f. Area of Shop (Sq.foot) :

2g. Type of Building : Independent Shop in Shopping Mall Please mention the Floor

Please tick (✓) the opted Plan :

2h. Please give details of any hypothecation :

3. Plan : A. B. C. D. E. F. G. H. I. J.

4. Coverage & Sum Insured:

SEC.	DESCRIPTION	TYPE OF PLAN WITH SUM INSURED (in Rs.)									
		A	B	C	D	E	F	G	H	I	J
1	Fire & Allied perils, contents (excluding money & valuables)	1 Lac	1.5 Lacs	2 Lacs	2.5 Lacs	3 Lacs	3.5 Lacs	4 Lacs	5 Lacs	7.5 Lacs	10 Lacs
2	Burglary	1 Lac	1.5 Lacs	2 Lacs	2.5 Lacs	3 Lacs	3.5 Lacs	4 Lacs	5 Lacs	7.5 Lacs	10 Lacs
3	Money (transit & premises)	10000	10000	10000	15000	15000	20000	20000	25000	25000	25000
4	PA	1 Lac	1 Lac	1 Lac	2 Lacs	2 Lacs	2 Lacs	2 Lacs	3 Lacs	5 Lacs	5 Lacs
5	Fidelity Guarantee	10000	10000	10000	25000	25000	25000	25000	40000	75000	75000
	Premium	900	1200	1500	1900	2200	2500	2800	3600	5500	7000

5. Contents also include furniture, fixture & fittings, if owned by insured
The details of contents to be filled in the given below format of the proposal form.

S. No.	Details	Sum Insured (Rs.)
1.	Stock and Stock in Trade(According to nature of Shop)	
2.	Goods held by you in trust on commission for which you are responsible	
3.	Furniture, Fixture, Fittings & any appliances in Trade	

6. Selected Sum Insured for content to be segregated according to above three categories. Any Asset worth above Rs. 5000 should be mentioned separately, in below given table:
For e.g. if Plan "A" is selected then Rs. 1 Lac to be segregated, in above mention three categories.

S. No.	Details	Sum Insured (Rs.)

Description of Safe

7.

Make	Model	Year of Manufacture

Details of Employee

9.	No of employee working	Designation	Salary	Whether Insured under Fidelity Guarantee insurance or not

Details of Previous Insurance (Last 3 years, if any)

10 a.	Name of the Company	Policy Type	Period of Insurance	Premium Paid	Claim Amount

10 b. Have any Insurer, rejected your proposal. If Yes, give details.

Payment Details

Cheque
 DD
 Cash
 Pay Order
 Any other (Please Specify)

Amount (Rs.) /-Amount in Words (Rupees)

Bank Name

Cheque / DD No.

Cheque / DD Date

NEFT Payment Details (for Claim Disbursement)

Payee Name: _____ Bank A/c No.: _____ Bank A/c Type _____
Bank Name: _____ Branch: _____ IFSC Code: _____

Declaration by Proposer

"I/we hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/we am/are authorised to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the board approved underwriting policy of the insurance company and that the policy will come into the force only after full receipt of the premium chargeable.

I/we further declare that I/we will notify in writing any change occurring in the occupation or any other particulars material to the contract after the proposal has been submitted but before communication of the risk acceptance by the company.

I/we declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposal or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/ proposal and seeking information from any insurance company to which an application for insurance on the life to be assured/ proposer has been made for the propose of underwriting the proposal and / or claim settlement.

I/We authorise the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claim settlement and with any governmental and/or regulatory authority."

Place _____ Name _____

Date _____

Signature of Proposer

Declaration - Nomination Details

I _____ hereby declare that, in the event of the death of an Insured Person any payment due under the Policy shall become payable to the nominee declared here-in-below and his/her receipt of the proceeds would be sufficient discharge to the company

Nominee Name	Relationship With Insured and Age	Address of the Nominee

(Note : 1. The above section is to be filled in by the Proposer. The nominee must be an immediate relative of the Proposer.
2. Nominee for all other persons proposed to be insured shall be the Proposer himself/herself.)

Place _____ Name _____

Date _____

Signature of the Proposer

Prohibition of rebates Section 41 of the Insurance Act 1938

- 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.
- Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to five hundred rupees.

For Office Use

Customer ID _____ Proposal Number _____

Policy Number _____ Proposal Entry By _____

Time of Commencement. (Hrs.) _____

Date _____ Date of Expiry of Insurance _____

Note : For premium in excess of Rs. 1 Lac, the self attested copy of PAN Card & address proof duly certified by an authorised person of SGI is attached herewith.

Accepted for underwriting

Name & Signature