KSHEMA GENERAL INSURANCE LIMITED

Kshema Industrial All Risks Insurance Policy

UIN: IRDAN162CPPR0030V01202627

# Kshema Industrial All Risks Insurance Policy

## Proposal Form

Proposal Form No._____ Business Sector: Urban/Rural/Social

Agent / Broker /Intermediary Name:

_____

Address: _____

_____

GST No: _____

Phone No: _____ Client ID No: _____

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.

APPLICATION FOR INDUSTRIAL ALL RISKS POLICY

1. Name of the Insured: _____

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*? Yes/No

If yes, please give details (Nature of relationship and position held by PEP):

_____

*Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Government, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Type of Proposer: MSME/SME/Partnership firm/Company/Govt/Others: _____

Do you wish to avail policy documents in physical form: Yes/No

Mobile No: _____ Email ID: _____
Communication Address:_____
_____
Details of Multiple/Other insurance covering same risks with any other Insurance Company:
_____

2. Details of location wise description

| S. No | Location / Premises | Business | Sum Insured of Material Damage | Sum Insured of Business Interruption | Total Sum Insured |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| | | | | | |

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

3. Voluntary Deductibles proposed to be opted
a. Material Damage Claims – Section I
b. Business Interruption Claims – Section II

4. Premium Data and Claims Data
Please furnish details of Premium paid and Claims data for the past 5 years) in Annexure B

Authorised Signatory
(Name of the Insured)

INDUSTRIAL ALL RISK POLICY ANNEXURE A

Name of the Company: _____
Location of the Risk: _____
_____

City / Town / Village: _____ State: _____ Pin code: _____

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| S. No | Block Number | | Description of Risk | Class of Construction | Sum Insured in ₹ | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Main | Communicating (If any) | | | Building | P&M | FFF | Piping | Cabling | Stocks and Stock in Process | Stocks in Godown | Material in open, gas holders and tank farms | Total S.I |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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Also State the Block Nos. communicating with the block described. Also state storey, basement.

Business Interruption

Net Profit: _____. Standing Charges: _____.
Annual Gross Profit: _____. Indemnity Period (in months):_____.
Basis of Indemnity (Turnover/Difference/Output): _____.
Machinery loss of profit cover required: Yes / No

In case of Machinery Loss of Profits, please give details for Critical Machines as per format below

| Description of Machinery | Specification | Spare Parts available | No. of Shifts | Age | Import or indigenous | Additional Information |
|---|---|---|---|---|---|---|
| | | | | | | |
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Premium and claims for last 5 years ANNEXURE B

| Sr. No. | Details of Loss | Premium Paid | Claim Amount of M.D | Claim Amount of B.I | Current Status |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

BANK DETAILS

Refund of Premium (Policyholder/Proposer)

Account Holder Name: _____
Bank Name: _____
Account No:_____ IFSC Code: _____

## DECLARATION

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that
- if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- "I/We hereby understand, declare, consent and authorize Kshema General Insurance Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"
- I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with Kshema General Insurance Limited for the purpose of my insurance proposal.

Signature of the Proposer

Place: _____ Date: _____

## 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.