

Kshema Standard Fire and Special Perils Policy

Proposal Form

Details of the Persons Proposed to be Insured	
Name of the Insured:	Name of the Contact Person:
Communication Address:	Business of the Insured:
Locality:	Period of Insurance:
City:	Paid up Capital of the Company:
State:	Location of the Risk to be covered:
Pin code:	City:
Mobile:	District:
Email id:	State:
Customers PAN No / TAN No:	Pin code:
Are you or any of the proposed applicants Politically Exposed Person? Yes / No	
<p>Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e., Heads/Ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials.</p>	
Intermediary Details	
Intermediary Name:	Intermediary Code:
Intermediary Type: Broker / Agent / Dealer / Direct / Banc assurance	Contact details:
Details about Property to be Covered at the Insured Location	
The Insured Property is:	
Residence, Office, Shops, Hotels etc	Yes / No
Industrial / Manufacturing risks	Yes / No
Storage outside Industrial risks	Yes / No
Tanks / Gas holders outside industrial manufacturing risks	Yes / No
Utilities located outside Industrial Manufacturing risks	Yes / No
If used as Shop, please declare whether the goods handled are as per the following list. If yes, whether the such stock value will exceed 5% of overall shop's value of assets.	
<p>1. Celluloid goods, 2. Coir Loose, 3. Crackers & Fire Works, 4. Explosives of any kind, 5. Hay/Straw, 6. Hemp, 7. Jute Loose, 8. Matches, 9. Methylated spirit, 10. Nitro cellulose plastics, 11. Oils/ether/Industrial solvents and other inflammable liquids flashing at end below 32 degrees Celsius. 12. Paints with inflammable base having flash point below 32 degrees Celsius other than in</p>	

sealed tins and drums. 13. Varnishes having a Flash point below 320C (Closed Cup Test) other than in sealed tins or drums. 14. Disinfectant liquids and liquid insecticides other than in sealed tins and drums. 15. Vegetable fibres of any kind including rayon fibre.													
If used as warehouse / godown (not located in a manufacturing unit) please give the complete list of goods stored													
If used as an Industrial Manufacturing unit, please state whether the factory is working or silent													
Fire Protection devices installed	Please Tick all applicable in the box below: <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Portable Extinguishers</td><td style="width: 50px;"></td></tr> <tr><td style="padding: 2px;">Trailer Pumps</td><td></td></tr> <tr><td style="padding: 2px;">Fire Engine</td><td></td></tr> <tr><td style="padding: 2px;">Hydrant System</td><td></td></tr> <tr><td style="padding: 2px;">Sprinkler System</td><td></td></tr> <tr><td style="padding: 2px;">Fixed Water</td><td></td></tr> </table>	Portable Extinguishers		Trailer Pumps		Fire Engine		Hydrant System		Sprinkler System		Fixed Water	
Portable Extinguishers													
Trailer Pumps													
Fire Engine													
Hydrant System													
Sprinkler System													
Fixed Water													
Financial Interest: Yes / No if Yes, please specify name:													
Basis of Valuation for Building, P&M, Contents: Market Value / Reinstatement Value													
Details of Add-on covers along with the Sum Insured:													
1. Architects Fees: Yes / No	Value:												
2. Removal of Debris: Yes / No	Value:												
3. Spontaneous Combustion: Yes / No	Value:												
4. Additional Rent: Yes / No	Value:												
5. Impact Damage: Yes / No	Value:												
6. Earthquake: Yes / No	Value:												
7. Terrorism: Yes / No	Value:												
8. Other Covers Required: Specify	Value:												
9. Other Covers Required: Specify	Value:												
10. Other Covers Required: Specify	Value:												
Do you want to delete?													
a) Flood, Cyclone, group of perils:	Yes / No												
b) Riot, Strike & Malicious Damage:	Yes / No												
Escalation Required? Yes / No													
If yes, Specify %: 5% / 10% / Other: _____													
Plinth and Foundation to be covered for fire? Yes / No													
Special Coverage: Floater basis / Declaration basis / Floater Declaration basis													
Voluntary deductible option: Yes / No													

Voluntary deductible: <ul style="list-style-type: none"> AOG perils: Other than AOG perils: 							
Occupancy Information							
LOCATION PARTICULARS: (Please use additional sheet for more than 1 location)							
Address of the Insured:			Locality:				
District:			State:				
City:			Pin code:				
Mobile:			Email:				
SUM INSURED PARTICULARS:							
Building			Value: ₹				
Plinth & Foundation			Value: ₹				
Plant & Machinery			Value: ₹				
Electrical Installation			Value: ₹				
Furniture, Fixture and fittings			Value: ₹				
Stock In Process			Value: ₹				
Stocks			Value: ₹				
Stocks in Open			Value: ₹				
Others (pls specify)			Value: ₹				
TOTAL SUM INSURED			Value: ₹				
Risk Details							
1. Occupancy: _____ Code: _____ 2. Construction: Roofs / RCC / ACC / Metallic / Combustible / Walls / Brick / RCC / Others 3. Age of Occupancy: Up to 5 years / 5 -10 years / More than 10 years 4. Use of Flammable materials: Yes / No if yes, provide details: 5. Whether 24 X 7 security is available? Yes / No 6. If Basement exists, specify kind of goods stored therein, percentage of asset value in Basement, No. of Basements: 7. Is this risk located in a low-lying area or is the premises near to any sea, lake, river, waterbody? If yes, pls specify the nearness distance: 8. History of Past Floods over the previous 5 years, If any: 9. Premium / Claim details for the past 3 policy periods							
Year		Premium in ₹			Claims in ₹		
Location Annexure							
Sr. No	Location	Construction		Fire Protection	Occupancy	Description	Sum Insured
		Walls	Roof				
						Building	
						Plant & Machinery	
						Stock	
						Stocks in Process	
						Others	
Total							

					Building	
					Plant & Machinery	
					Stock	
					Stocks in Process	
					Others	
					Total	
					Building	
					Plant & Machinery	
					Stock	
					Stocks in Process	
					Others	
					Total	

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Bank Account Details

Name of the Account Holder:	
Bank Account Number:	
Name of the Bank:	
Type of Account:	Savings / Current
IFSC Code:	
MICR Code: (If it is cheque)	
Branch:	

I Wish any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account. * Yes / No

*As per the IRDA, it is mandatory that all payments be made to the insured only through electronic mode.

Electronic Insurance Account Details Section

I would like Kshema Standard Fire and Special Perils (SFSP) Insurance Policy and related information in:

Physical format / e-format; as & when applicable.

I have eIA number:

I would like to apply for eIA with: NSDL Data Management Ltd. / CDSL Insurance Repository Ltd. / Karvy Insurance Repository Ltd. / CAMS Repository Services Ltd.

My CKYC No. (Central Know Your Customer Registry Number) is _____
(If available)

AML GUIDELINES (Premium Payment shall be made by the Policyholder)

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. I understand that the Company/ies has/have right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian / Non-Indian If Non-Indian, please specify Country: _____

Type of Organisation (Only applicable if policy issued on Group Basis):
 Corporation / Government / Non-Governmental Organisation / Society / Trust / Partnership / International Organisation / Cooperative / Section 25 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository. Yes / No

Customer can submit CKYC form for updation.

Signature of Proposer

Declaration by Proposer

I/We hereby understand, declare, consent and authorize the Company to use financial information, as provided to the Company for underwriting the risk. I/We hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.

I/We hereby declare that the statements made by Me / Us in this Proposal Form 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 insurance contract between Me / Us and the Insurer – Kshema General Insurance Ltd.

If any additions or alterations are carried out in the risk/s proposed after the submission of this - Proposal Form, then the same should be conveyed to the insurers immediately.

Place: _____

Date: _____

Signature of Proposer

Agent's Declaration

I, _____ (Full Name) in my capacity as an Insurance Advisor / Specified person of the Corporate Agent / Authorised employee of the Broker / Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by Him/Her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/ response (s) is/are contained in this Proposal form / including addendum (s), affidavits, statements, submissions, furnished to be furnished, the company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the Company.

License No: _____

Date: _____

Place:	Signature of the Agent/Intermediary:
Insurance Act, 1938, Section 41-Prohibition of Rebates	
<p>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 rebate of the whole of the commission payable or any rebate of the premium shown in 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.</p> <p>2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Rs 500/- (Rupees Five Hundred)</p>	

