

## PROPOSAL FORM - STANDARD FIRE AND SPECIAL PERILS POLICY (COMMERCIAL)

(Acceptance of this proposal is subject to the rules & regulations of All India Fire Tariff. The property is not covered until the proposal is accepted and premium paid.)

Agent/Broker Name					
Agent/Broker Code					
Agent Mobile Number	Email Address				
Name of the Proposer	·				
Address of the Proposer					
	City	State	Pin Code		
Mobile Number	Email Address				
Policy to be issued in favour of	(List of all the parties who have insurable interest)				
Financial Institution Interest (if any)	(Attach annexure in case of multiple institutions)				
Business of the Proposer					
Period of Insurance FromTo					
Whether you have insured the same	Whether you have insured the same property with any other Insurance Company with the same type of Yes/No				
coverage. (Give details)					
Whether Insurance was declined by a	ny other Company or i	imposed any Special C	onditions (Give details)	Yes/No	
Risk Location/s to be Insured –					
Give complete address with				<del></del>	
pincode	City	StateF	Pin Code		
Occupancy of the Risk Location					
	(Describe the activities carried out in the premises)				
Note – in case of multiple locations please attach annexure indicating risk location addresses and occupancies of each location. In case of					
Warehouse (Godown) not located in a manufa	cturing unit, please give the l	ist of major goods stored. In o	case of industrial/mfg unit, plea	se give details	
of product manufactured at the location. If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?					
If used as Shop please declare whether the go	ods handled are as per the fo	ollowing list. If yes, whether t	the stock value will exceed 5%	of shops	
value. 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 and below 32 Deg.C					
(Closed Cup test), 12.Paints with inflammable base having flash point below 32 Deg.C (Closed Cup test) - Other than in sealed tins or drums,					
13. Varnishes having a Flash point below 32 Deg.C (Closed Cup test) - Other than in sealed tins or drums, 14. Disinfectant liquids and liquid					
insecticides - Other than in sealed tins or drums, 15. Vegetable fibres of any kind including Rayon Fibre.					
Construction Details	Please state material	used for			
	Wall	Floor	Roof		
Note: Buildings having walls and/ or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt					
cloth/canvas/tarpaulin and the like are treated as "Kutcha" construction					
Height of the Building	eight of the Buildingmeters				
Age of the Building (Select)	Less than 5 yrs				
Fire Protection devices installed at	Portable Extinguishers	S		Yes/No	
Risk Location.	Small bore hose reels			Yes/No	
	Trailer Pumps/Fire en	gines		Yes/No	
Select as applicable	s applicable Hydrant System Yes/N			Yes/No	

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	Gas flooding systems					Yes/No				
(Note – in case of multiple locations please attach annexure indicating fire protection details of each location)										
Availability of 24*7 security	Yes U No U									
Any Basement Exposure	Yes U No U									
Any stock kept in open  Basis for Building/Machinery/ FFF	Yes L Market Valu				No		ment Value	$\overline{}$		
Would you like to delete any of follow			Floor				of Perils (ST			Yes/No
basic cover?	ring covere ii						Damage (		D)	Yes/No
Would you like to cover Plinth & Fou	ndation along	with you								Yes/No
How far is the public fire brigade from										
Sum Insured Details	Please me	I		1				risk		
Risk Location /Block	Building	Plant &		Furnitu			Stocks	Othe		Total Sum
	Machin		ery	•			and Stock in	(spe	city)	Insured
				Fittings	•		Stock in Process			
							1 100033			
Note – in case of multiple locations p	lease attach	annexur	es/add	ditional sl	heets			ı		
Special Coverage for Stocks Only									Sum Ir	sured
(A) Floater - Stocks at various locations can be covered on floater basis for a single Sum Insured.										
(B) Declaration - Stocks which fluctuate in value can be covered on (monthly) declaration basis.										
(C) Floater Declaration - Stocks which			s well a	as stored	in va	ariou	s locations	can		
be covered on (monthly) floater declaration basis.  (D) Stock stored in Open (Located outside the factory compound)										
Premium / Claim details for the pa		cory COII	ροαπο	4)						
Period of Insurance and Details of Loss			Claim Amount			Premiu	m Paid			
1 Grida di medianes dila 2 stano di 2000										
Add-on Covers / Clauses Onted										
Add-on Covers / Clauses Opted Name of Add-on Cover / Clause							Require	d	Sum	Insured

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Debris Removal (in excess of 1% claim a	amount) Yes/No				
Earthquake (Fire & Shock)	Yes/No				
Escalation (%)	Yes/No				
Omission to Insure additions, alterations	or extensions (%) Yes/No				
Impact damage due to insured's own Rai					
articles dropped there from					
Spontaneous Combustion	Yes/No				
Spoilage material cover	Yes/No				
Leakage and contamination cover	Yes/No				
Temporary removal of stocks	Yes/No				
Forest Fire	Yes/No				
Additional expenses of rent for an alterna	te accommodation Yes/No				
Start-up expenses	Yes/No				
Deterioration of Stocks in cold storage pr	emises on account of accidental power Yes/No				
failures due to damage at power station of	due to an insured peril				
Deterioration of stocks in cold storage pro					
arising out of loss or damage to the cold					
premises due to operation of insured per					
Terrorism Cover Extension	Yes/No				
Note – Any additional add-ons (if any) to	be separately attached as an annexure / additional sheet				
Voluntary deductible opted, if yes, up to	vhat limit? Yes/No Limit –				
Premium Payment Details:					
Total Premium Amount (Including GST) – INR					
Payee Name -					
Kindly select : Cheque	☐ DD ☐ NEFT ☐ Cash				
Cheque /DD/ PO /UTR No.					
Date	IFSC				
Amount in Rs.					
Bank Account No.					
Bank Name	Branch				
PAN Number					
Aadhaar Number					
Documents to be attached as per requirement for fulfillment of KYC Norms.					
GST Registered	Yes/ No				
	GSTIN Number				
	GST State				

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### INTERMEDIARY DECLARATION

intermediary FAN number.				
Intermediary Aadhaar number:				
I, (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized 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 responses(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, or 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 premium paid under the Policy may be forfeited to the Company.				
License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)				
Date: DD MM YYYY Signature of the Insurance Advisor:				

#### **DECLARATION BY INSURED**

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Magma HDI General Insurance Co. Ltd

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

I hereby consent to and authorize Magma HDI General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on my Whatsapp (other app) number.

Place
Date
Signature of Proposer

Intermediary DAN numbers

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# **AML Guidelines**

1.	proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.				
	Date: DD/MM/YYYY	Signature of the Propo	oser:		
	Are you or any of the proposal appli	icants PEPs* or a close r	relative/associate of PEPs*?		
	☐ YES ☐ NO				
	If yes, please share the details of "Politically Exposed Persons" (PEPs):				
	` '	s, senior politicians, seni	nent public functions by a foreign country, including or government or judicial or military officers, senior al party officials		
2.	Additional Information:				
	Nationality: Indian	lon-Indian	If, Non-Indian, please specify Country:		
3.	Type of Organisation:				
	(i) Corporations				
	(ii) Trust				
	(iii) Government				
	(iv) Partnership				
	(v) Non-Government Organisations				
	(vi) Co-operatives				
	(vii) Society				
	(viii) Private Limited Company				
	(ix) Public Limited Company				
	(x) others, please specify				

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4.	Source of Funds:		
	Business:	Salaried:	Others (please specify)
		VERNACULAR DE	CLARATION
the ins	urance from <b>Magma HDI Ge</b> r. The same has been fully	neral Insurance Company understood by him/her and	roposal form and all other documents incidental to availing y <b>Limited</b> to the proposer in the language understood by d the replies have been recorded as per the information understood and confirmed by the proposer.
Place:		Proposer's Signature	
		Company stamp	
Date: (DD-M	M-YYYY)	Name:	Designation

## Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus 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 ten lakhs rupees.