

FUTURE GENERALI INDIA Insurance Company Limited

Business Suraksha for Hotels & Restaurants Proposal Form

1. Name of Proposer along wit	ili correspondence a	iuui ess.							,			
City	State				Pincode							
City	State				FIIICOU							
2. Risk Address:												
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City	State				Pincode	2						
Telephone (O) (R) (M) (Fax No)												
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Email Id												
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3. Policy Period: From		То										
						_						
4. Coverage Proposed : (Please	e tick the relevant se	ections you	require	e)								
	Standard Fire and Spe	cial Perils – I	Building	and / or C	Contents							
Building construction												
Walls / Roof Brick wall in RCC Framework.												
					Others							
Is the premises situated in Basement:					: Ye	s /						
Danisa and the building					No	¬						
Do you own the building?					Yes	NO						
-	If yes, sum to be insured for insurance (Please take the reinstatement value for building Premises) Rs.											
		hasis (other	than m	oney and	Rs.							
Contents: What is the value of contents on Market Value basis (other than money and electronic equipments)												
Furniture, Fixture, Fittings Rs.												
(Please take the reinstatement value)												
Machinery / Equipments, if any Rs.												
Do you wish to opt for terrorism cover extension?												
Do you wish to opt for Rent for Alternate Accommodation extension?												
	Fire Loss of P	Profit (Busine	ess Inte	rruption)								
Do you wish to opt for Rent for						Ye	s N	lo	_	_	_	
Alternate Accommodation extension?												
What is annual gross profit in INR INR INR INR												
What is Indemnity period to be	What is Indemnity period to be 3 M/ 6 M/ 9 M/											
opted in Months						17	2 M					
	Burgla	ry and Hous	ebreaki	ng								
What is the value of contents (other tha	an money)?				Rs.							
Furniture, Fixture, Fittings Please take tl					Rs.							
Whether 24-hrs security provided for the insured?	he complex/ building of	Hotel & Resta	urant th	at is to be	Yes	No						
Whether any burglar alarm or similar security devices are provided. If 'Yes' please specify Yes No												

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Machinery Breakdown of Electrical and Mechanical A	nnliances
(Excluding the equipments which are more than 7 year	• •
Air conditioner and Generator along with its reinstatement value, date of manufacture	3 010)
Other than above equipments to be insured if any - along with reinstatement value, date of	
mfg.(Please attach separate sheet if req)	
Please provide details of breakdown and Repair cost incurred during the last 3 years for the	
above equipments	
(Please attach separate sheet if required)	
Electronic Equipment	(factors of contract of contra
(Excluding equipments which are more than 7 years old from the date of manual Please provide in respect of all the Electronic equipment that you wish to insure the following:	ifacture of such equipments)
Description	
Type of the items along with serial number.	
Date of manufacture	
Name of manufacturer	
Reinstatement Value	
Money	
Money in transit (Please indicate the limit required per transit)	Rs.
Transit details from where to where.	
Is there a daily written record of the money in transit and is it updated every day?	Yes No
Sum Insured for Money in Safe	
Description of Safe	
Sum Insured for Money in Counter	
Fidelity Guarantee	
Please provide the following information in respect of all the employees in respect of whom insura	ance cover is sought:
Name	ance cover is sought.
Designation	
Per Employee sum insured limit (Max Limit up to Rs.50,000)	
Any One Accident (AOA) sum insured (Max Limit up to Rs. 200,000)	
Any One Year (AOY) sum Insured (Max Limit up to Rs.200,000)	
Is there a system to obtain references from previous Employers? If not, specify practice followed	
Has there been any occasion to question honesty or conduct of any person proposed for guarantee?	Yes No
If yes, please provide details	
How often are the employees required to account for money?	
Are books of accounts balanced everyday?	Yes No
What independent system is there to check that all sums received by employees are accounted for	
Plate Glass	
Please provide a description & location of the Plate Glass, which you wish to insure, and its	
value	
(Attach separate sheet if required)	
Neon / Glow sign	
Description Very of Make	
Year of Make Name of manufacturer	
Reinstatement value for which you wish to insure	Rs.
remaratement value for which you wish to insure	113.
Personal Accident	
Do you want personal accident cover for:	
Hotel Owner	Yes No
notes offices	
Please provide the list of the names of the employees to be insured in the following format:	L

: Loyal Insurance Brokers Ltd.	
Broker:	
m -	
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Name	Date of Birth	Nominee Name	Relationship	Details of any infirmity/ injur		Maximum Sum Insured	
Please attach separate			•				
Have you / and or you company and sum insu		ken personal accident	t cover from any o	other insurance	∐Yes ∐ No)	
company and sum mst	ared details.						
		Wo	rkmen's Compen	sation			
Please provide followi	ng information if \	Workmen compensation	on cover is required	d			
Number of Workers							
Nature of Work Any security measures	to prevent accid	ents					
Any past history of acc							
,							
			Public Liability	,			
Please provide the lim For Any One Accident					Rs.		
(Maximum limit Rs. 50							
	,						
			isk- Portable Equi				
Cum Incured		(E	xcluding Mobile Ph	ones)			
Sum Insured Make / YOM / Serial N	os						
(Please attach separat		d)					
Please provide details	in relation to per	reanal haggage, clothin	Baggage	all other articles			
(Excluding Valuable /							
within India, including	g a break-up of t	-		·			
articles combined toge	ether.						
		Description of item				Value (Rs)	
Total							
Total							
			Other Information	on			
Whether you have insu					Yes No)	
Insurance Company w				Sa aliki a	□v _{ac} □ •·		
Whether Insurance was Is the premises has su					Yes No		
details	ancieu any noou	103363 III IASE J YEARS.	ii yes picase pi Ovi	uc 1033 / Claillis		,,	
					Details of Los	S:	
Please provide the se	ction wise claim ,	Loss details if any un	der any of the opto	ed section			

Declarations and Warranty

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 Future Generali India Insurance Company Ltd. and I/We agree to accept a policy, subject to the conditions prescribed by Future Generali India Insurance Company and to pay premium on the amount estimated above at the end of each policy period. I /We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Prohibition or Rebates

"No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue and insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission

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payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept 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.
☐ I/We hereby declare that the premium for the said policy is paid out of the legally declared and assessed source of my/our income. OR
☐ I/We hereby declare that the premium is paid from the Bank Account of Mr./Msthe payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.
PAN NO: if the premium payable is above Rs. 1 lac (please attach proof)
Date: Proposer's Signature
Note: The liability of the Company does not commence until the proposal is accepted by the Company and full premium is paid.