

STANDARD FIRE & SPECIAL PERILS INSURANCE POLICY

PROPOSAL FORM

1. Intermediary Name	
2. Intermediary Code	
3. Name of the Proposer	
4. Address of the Proposer	
5. Contact details:	Phone Number: Mobile No. Email id:
6. Paid up capital of the firm	
7. Name of the Insured (Policy to be issued in favor of)	
8. Do you wish to cover the interest of any financial institution? NB: If yes, give the names of all financial institutions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Location details (Complete Address of the risk to be insured.) Note: In case of any change in location, please inform the same to the insurance company immediately. Unless the change is intimated and the same is agreed upon by the insurer by means of an endorsement , the policy will not be valid)	
10. District in which the risk is located	
11. State in which the risk is located	
12. Pin code of the location of risk	
13. Risk Occupancy *	
<p>* Note: Please describe the activities carried out in the premises. In case the risk is silent, Please clearly state as to from when it is silent and when is expected to re-start its operations. In case of a silent factory, please also state whether the power supply has been cut off or not and whether the risk is free from all storages. In case the risk is a shop, please state the names of major class of goods stored in the shop. In case of Warehouse (Godown), please state the names of major goods stored in the premises. In case of a manufacturing premises, please state the name of raw materials, the process involved and the name of finished goods.</p>	

14. Period of Insurance: Start Date (dd/mm/yyyy). Note: Please ensure that the policy date and time is on or after the date of payment of premium to us.	
15. Period of Insurance: End date (dd/mm/yyyy) Note: Policy period should be for a maximum of one year. If you choose a shorter period than one year, then our short period scales of premium computation shall be adopted.	

16. Do you wish to delete any of the following perils from coverage and avail discounts in premium?	Please tick the correct option
Flood, Storm, Cyclone, Inundation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riot, Strike & Malicious Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Sum Insured						
Building (Other than plinth & foundation)-	Furniture & fixtures	Building (Plinth & Foundation)	Machinery (other than in open/basement)	Stocks (other than in open/basement)	Machinery/ Stocks in open/basement	Others
Note: In case of more than one location please attach a separate sheet with the Sum Insured details as above with the location address						
Remarks (State clearly in case you need the cover for Plinth and Foundation only against Earthquake)						
Basis of valuation: (Please state whether the SI (Other than stocks) represents Reinstatement Value or Market Value)						
<p>Note: You have an option to insure the Building (Plinth and Foundation) values only against the risk of "Earthquake". If you want to do so, please state it in the remarks field. If no request is made by you, we shall assume that you intend to cover the Building (Plinth and Foundation) against all the perils covered under the fire and special perils policy.</p> <p>Values given above should include the values of all assets (belonging to you) lying within the premises. This should include such assets as Compound walls/fence/entrance gates/etc.</p> <p>If any machinery/equipment/Stocks are lying in open or in basement, please mention the same as a separate item. Otherwise, these machinery/equipment/stocks would not stand covered under the policy.</p> <p>* The sum insured of all items above (other than those of stock) can be either "RIV (Reinstatement Value)" -that is new replacement value or "MV (market value) – that is new replacement value less depreciation. For stocks, the sum insured should represent the market value.</p>						

18. Construction Details				
Walls(Brick/ RCC/ Concrete Blocks/ Stone/ AC Sheet/ Open Sided)	Roof (RCC/AC Sheet/ Tiles/ Thatched/ Open)	Age of the buildings	Height of the building	Number of storeys
Note: If there are many blocks with mixed construction, please mention the construction details of the blocks with majority of the Sum Insured.				

19. Additional Perils to be covered	Do you wish to cover the same?	Sum Insured	Remarks
Earthquake	<input type="checkbox"/> Yes <input type="checkbox"/> No		The sum insured as already described above will be considered. Separate values need not be given here.
Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Impact Damage due to Insured's own Rail/Road Vehicles, Fork lifts, Cranes, Stackers and the like and articles dropped there from	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spontaneous Combustion	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please name the commodity (ies) to be covered and give the sum insured of the commodity to be covered under the "Sum Insured" column. Name of commodity to be covered for spontaneous combustion:
Spoilage Material Damage cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		Please name the block(s) which you want to be covered for Spoilage material damage cover. Under the column of sum insured, please mention the sum insured of all stocks, machinery, equipment and containers in these block(s). Name of the block(s)
Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please mention the Sum Insured of the stock lying in the cold storage premises under the "Sum Insured" column.

Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Molten material damage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Forest Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Leakage and Contamination cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		

20. Additional Coverage's/ Clauses Opted	Do you wish to opt for these coverage?	Sum Insured	Remarks
Architects, Surveyors and Consulting engineer's fees. (In excess of 3 % of claim amount).	<input type="checkbox"/> Yes <input type="checkbox"/> No		It needs to be ensured that the sum insured selected shall be less than or equal to 7.5 % of the total sum insured under the policy.
Removal of Debris (in excess of 1 % of the claim amount).	<input type="checkbox"/> Yes <input type="checkbox"/> No		It needs to be ensured that the sum insured selected shall be less than or equal to 10 % of the total sum insured under the policy.
Start Up Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss of rent	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes State period of cover required ____months	
Rent for alternative accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes State period of cover required ____months	
Temporary removal of Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No		The sum insured as already described above will be considered. Separate values need not be given here.
Omission to insure additions/alterations	<input type="checkbox"/> Yes <input type="checkbox"/> No		5 % of the sum insured (other than stocks) as already described above will be considered. Separate values need not be given here.
Additional expenses under local authorities clause	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Escalation Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state the percentage of escalation opted for (maximum percentage that can be opted for being 25 %). This clause is not applicable for stocks.	
		Percentage Escalation opted for:	
Declaration Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No		This is applicable only for coverage of stocks (other than stocks in process or for retail stocks).

RAHEJA QBE GENERAL INSURANCE COMPANY

If your above answer is yes, please mention the block(s) – clearly stating at which location and give separate sum insured for each of the blocks. Please ensure that this sum insured is not appearing in the Stocks sum insured mentioned earlier.

Block Description	Location	Sum Insured	Remarks
Floater Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No		If you choose yes, please mention the block description and location details in the above rows, do not fill the individual sum insured, but fill in the combined sum insured in the "Sum Insured" cell in this row.

21. Premium/losses details for last 5 years

Year	Premium Paid	Losses incurred	
		Number of Claims	Amount of Claim

22. Do you wish to opt for Voluntary Deductible?

Yes No

If the answer above is yes, Please tick in one of the below mentioned slabs.	Act of God Perils: 5 % of the claim amount subject to a minimum of Rs in lakhs	Other Perils in Rs in lakhs.
Slab 1	10	5
Slab 2	20	10
Slab 3	30	15
Slab 4	60	30
Slab 5	100	50
Slab 6	500	100
Slab 7	1000	500
Slab 8	2000	1000
Slab 9	4000	2000

23. Fire Protection Equipment/ Systems available at the risk

Portable Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Small bore hose reels	<input type="checkbox"/> Yes <input type="checkbox"/> No

Trailer Pumps/Fire engines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hydrant System	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sprinkler System	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fixed Water Spray System	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foam systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire alarm systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas flooding systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No

24. How far is the public fire brigade from the insured location?	Distance in KM	Is there a railway crossing in between the public fire station and the insured location?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

25. Please state the plinth height of the building compared to the ground level	Plinth level in feet	Remarks
		If there are more than one blocks, please mention the details of the building with the least plinth level.
26. Please state whether the location ground level is lower or higher than the surrounding road level.	<input type="checkbox"/> Lower <input type="checkbox"/> Higher	

Important Notice: The property proposed for insurance is not covered until the proposal is accepted and premium paid

Declaration by Insured

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 contract between me / us and Raheja QBE General Insurance Co. Ltd.

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

Place:

Date:

Signature of Proposer

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

- 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 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 five hundred rupees.