					•	Any other equip								
					stock of replacement on	Control of the second second								
			details)	are parts for: (Give	stock of replacement spa	you keep a st	27. Do							
					S	Compressors	a.C							
					rs	Oriving motors	b.E							
						Engines	c.E							
						Pumps etc.	d l							
					inspected and serviced recialists or by refrigeration		В. а.							
		b. Is the plant under supervision of a qualified and experienced refrigeration engineer/mechanic?												
			mechanic-in-charge.	ce of the engineer	, qualifications, experienc	Give name, q								
□ No	☐ Yes ☐	c. Do you maintain a log book for the maintenance of plant and the conditions of												
red on RIV or MV Basis. Stock	can be covered on F	ther than			usebreaking Contents (ade would be on MV basi									
						ntents	Con							
	Rs.				Stock & Stock in Trade	Other than St	a.							
	Rs.				ock in Trade	Stock & Stock	b.							
					ice	ney Insurance	Mor							
				d	the amount to be insured	-								
	Rs.				nit per carrying	In transit limit	a.							
	Rs.					In safe	b.							
	Rs.					In till	C.							
Sum Insured (Rs.)		basis)		ys (Items are requi	ass and Sanitary Fitting	ed Plate Glass	Fixe							
 [tal							
			covered on RIV basis)	are required to be	w Sign/Hoarding (Items	on Sign/Glow	Nec							
Sum Insured (Rs.)			n	Ite			No.							
							tal							
0	I			**	Daggage	companied Ba	100							
Sum Insured (Rs.)			n	Ite			No.							
							tal							
					lent	sonal Acciden	Por							
Capital Sum Insured	e opted for		Designation	DOB	Name		No.							
(CSI) Rs.	, optod 101		Designation	505	Numo		. 40.							
	I													
		1			1									
No			accident?	eal expenses due to	reimbursement of medical	ish to cover re	/ou w							

r. No. Name	Name Designation					Limit of liability (Rs.)
V. Liability					ı	
	Towards third	parties				Limit
a. Personal injury		AOA	/AOY	(Ratio)	AOA =	
b. Property damage				, ,	AOA =	Rs.
VI. Workman Compensation						
Designation	No of	f workers	Na	ture of work/dut	ies	Estimated wages (Rs.) Monthly/Annual
						Worlding/Armidal
						<u> </u>
	1					
. Please indicate if any claim has		the past under a	ny sections en	ımerated above	? If so, give	e details of the same.
Attach a separate sheet, if nece		ils of loss	١ ٨٠	mount of loss (F	26)	Name of the Insurance Company
Date of occurrence	Detai	113 01 1033	s of loss Amount of loss (Rs)			Name of the insurance company
Give details of previous insuran a. Policy No.:						
a. Policy No.: b. Company:						
c. Expiry date: d d m						
Give details of other existing ins						
Declaration by Insured						
is hereby understood and agreed the	at the statements, ected, it is found th	answers and par	rticulars provide	ed hereinabove	are the bas	o the best of my/our knowledge and best on which this insurance is being grect or untrue in any respect, the Com
I/We agree and undertake to convey insurance after submission of this pr		eral Insurance Co	ompany Limited	l any additions/a	alterations	carried out in the risk proposed for
Place:	Da	te:			-	
					;	Signature of Proposer
Prohibition of rebates - Sec						

- ontinue an insurance in any rebate of the such rebate as may be
- 2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 500/-





Proposal Form for Reliance Hotel & Restaurant Package Policy

The property proposed for insurance is not covered until the proposal is accepted and premium received.

	ntermediary Details (То b	e filled in BL	OCK LE	HERS)													
Inter	mediary Name			1 1	ı				ı	1 1		Code						-
Bran	ch Name		1 1	1 1		1 1	1 1 1					Code						
Sale	s Manager Name			1 1	1				1	1 1		Code	Ш	1	1	1		1
F	Proposer's Details (To be	filled in BLO	CK LETT	ERS)														
1.	Proposer's Full Name	☐ Mr. ☐					1 1 1											
2a.	Address of the Proposer																	
	Flat Building			1 1		1 1	1 1 1	Ro	ad/Str	eet/S	ector					1		
	Area	1 , ,	1 1	1 1	ı	1 1	1 1 1		1	1 1	1	1 1		1	1	1	1 1	1
	Taluka/Village/District/City						☐ Pin Cod	e L				State						
	Country								one			1 1	1 1	1				
	Mobile		1 1	1 1	1	1 1	Email											
	Fax	1 , ,	1 1	1 1	1	1 1												
2b.	Address of the Hotel and R	Restaurant to	n he insi	ıred														
_0.	Flat Building		1 1		1	1 1		l Bo	ad/Str	eet/Si	ector	1 .		ı	1	ı	1 1	
	Area				,				1	1 1	1							
	Taluka/Village/District/City						☐ Pin Cod	ا ا				State						
	Country						FIII COU		one	1 .		Jolale						
	Mobile						Email	1	one									
	Fax																	
3.	Period of Insurance	From	l d m	n, m	V V		у то 🗠	 d r	n m	Vi	V 1 V	vI						
4.	Description of Business						_ 10											
┯.	Description of Dusiness																	
	Financial Interest if and	1																
5.	Financial Interest if any		7] O	4	_ D				
5.	Whether the premises own			4: IO								Owner] b	_	ented			
5.	Whether the premises own a. Do you wish to cover the	e building ur	nder Sec									Yes	[□ No)			
5.	Whether the premises own a. Do you wish to cover the b. Do you wish to cover plir	e building ur	nder Sec	0?								Yes Yes	[□ No)			
5.	Whether the premises own a. Do you wish to cover the	e building unnth & foundation of	nder Sec ation als	o? under	Section		ЛV) basis					Yes	[□ No)			
5.	Whether the premises own a. Do you wish to cover the b. Do you wish to cover plir d. Please state the basis of	e building un nth & founda f valuation o ent Value (R	nder Sec ation als opted for IV) basis	o? under s or Ma	Sectionarket \	/alue (N		sis				Yes Yes	[□ No)			
5. 6.	Whether the premises own a. Do you wish to cover the b. Do you wish to cover plir d. Please state the basis of whether on Reinstateme	e building un nth & founda f valuation o ent Value (R I Stock in Tr	nder Sec ation also opted for IV) basis ade und	o? under s or Ma er con	Section Sectio	/alue (N	e on MV bas		e note	that s	ection	Yes Yes RIV	[No No M\) /			
5. 6.	Whether the premises own a. Do you wish to cover the b. Do you wish to cover plir d. Please state the basis of whether on Reinstateme Please note that Stock and	e building ur onth & foundation of ent Value (R I Stock in Tr the Section	ation alsopted for IV) basis ade und opted by	o? under s or Ma er con y you ir	Section Sectio	/alue (N would be format h	e on MV bas	(Please				Yes Yes RIV	[[] ompu	No No M\) /			
5. 6.	Whether the premises own a. Do you wish to cover the b. Do you wish to cover plir d. Please state the basis of whether on Reinstateme Please note that Stock and Please fill up the detail for t Details/type of construction	e building un onth & foundation of ent Value (R I Stock in Tr the Section of at premise leet if require	nder Sec ation als opted for IV) basis ade und opted by s ed)	o? under s or Ma ler con y you ir	Section Sectin Section Section Section Section Section Section Section Section	/alue (N vould b	e on MV bas	(Please				Yes Yes RIV	[[] ompu	No No M\) / / 7			
5.6.7.8.	Whether the premises own a. Do you wish to cover the b. Do you wish to cover plir d. Please state the basis of whether on Reinstateme Please note that Stock and Please fill up the detail for to Details/type of construction (Please attach separate sh	e building ur onth & foundation of ent Value (R I Stock in Tr the Section of at premise leet if require the Section	nder Sec ation also pted for IV) basis ade und opted by s ed)	o? under s or Ma ler con y you in	Section Sectin Section Section Section Section Section Section Section Section	/alue (N vould b	e on MV bas	(Please				Yes Yes RIV	[[] ompu	No No M\) / / 7			
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5.6.7.8.	Whether the premises own a. Do you wish to cover the b. Do you wish to cover plir d. Please state the basis of whether on Reinstateme Please note that Stock and Please fill up the detail for to Details/type of construction (Please attach separate sh Please fill up the details for Building/Content (Excluding	e building ur onth & foundation of ent Value (R I Stock in Tr the Section of at premise leet if require the Section	nder Sec ation also pted for IV) basis ade und opted by s ed)	o? under s or Ma ler con y you in	Section Sectin Section Section Section Section Section Section Section Section	/alue (N vould b	e on MV bas	(Please				Yes Yes RIV	ompu is cor	No No M\) / / 7			
5. 6. 7.	Whether the premises own a. Do you wish to cover the b. Do you wish to cover plir d. Please state the basis of whether on Reinstateme Please note that Stock and Please fill up the detail for the Details/type of construction (Please attach separate sh Please fill up the details for Building/Content (Excluding 1. Building	e building ur onth & foundation of ent Value (R I Stock in Tr the Section of at premise leet if require the Section	nder Sec ation also pted for IV) basis ade und opted by s ed)	o? under s or Ma ler con y you in	Section Sectin Section Section Section Section Section Section Section Section	/alue (N vould b	e on MV bas	(Please				Yes Yes RIV I(B) is c	ompu is cor	No No M\) / / 7			
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5. 6. 7.	Whether the premises own a. Do you wish to cover the b. Do you wish to cover plin d. Please state the basis of whether on Reinstateme Please note that Stock and Please fill up the detail for the Details/type of construction (Please attach separate sh Please fill up the details for Building/Content (Excluding 1. Building a. Superstructure b. Plinth & foundation	e building un onth & foundation of f valuation of ent Value (R I Stock in Tr the Section of at premise leet if require the Section of the Section g Money an	ation alsopted for IV) basis ade und opted by sed) as opted d Valuat	o? under s or Ma ler con y you in	Section Sectin Section Section Section Section Section Section Section Section	/alue (N vould b	e on MV bas	(Please				Yes Yes RIV I(B) is c	[[[[]	No No M\	77 70 ory)			
7. 8.	Whether the premises own a. Do you wish to cover the b. Do you wish to cover plir d. Please state the basis of whether on Reinstateme Please note that Stock and Please fill up the detail for the Details/type of construction (Please attach separate sh Please fill up the details for Building/Content (Excluding 1. Building a. Superstructure b. Plinth & foundation 2. Contents	e building un onth & foundation of f valuation of ont Value (R I Stock in Tr the Section of at premise neet if require the Section of the Section of the Section of the Section of the Section	ation alsopted for IV) basis ade und opted by sed) as opted d Valuat	o? under s or Ma ler con y you in	Section Sectin Section Section Section Section Section Section Section Section	/alue (N vould b	e on MV bas	(Please				Yes Yes RIV I(B) is c Sun Rs. Rs.	[[[[]	No No MN	77 70 ory)			

Reliance General Insurance Co. Ltd. Registered Office 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001

If Terrorism Cover is required then kindly advise		5. Manner in which the EDP system has been installed	on Vibration Observer on Rollers	c.When was the present insulation done and by whom?	
a. Whether the risk was insured against terrorism in the previous year/s?	☐ Yes ☐ No		☐ Rigid Anchoring ☐ without Anchoring	d.When the present insulation was last replaced?	
b. If yes, whether premium was paid as per the terms of the Indian Market Terrorism Risl reinsurers?	k Insurance Pool or as per the terms quoted by other	Air-conditioning Plant- 1. Maintenance	As Prescribed by Manufacturer	12. Give the design and type of materials used for storage racks and the name of	
			*	firm/engineers who designed, constructed them	
II. Alternate accommodation		2. Loss prevention	As Prescribed by manufacturer	13. a.What goods do you store?	
Do you wish to cover alternate accommodation due to loss or damage caused to the insured premises by perils covered under section I	☐ Yes ☐ No	3. Does the air conditioning plant automatically shut off by limit switches, if the normal control facility fails?	☐ Yes ☐ No	b.Do you accept stocks of high yielding variety?	Yes No
If yes please specify the sum insured	Rs.	 Is the air-conditioning plant also equipped with an independent signaling device the case of disturbance or failure (Are adequate loss prevention measures init 		c.Do you ascertain that the stocks offered for storage are free from disease?	Yes No
III. Business Interruption (Fire)-on difference basis		immediately, even if the above protective devices are activated outside operat		d.How do you store the goods? In bags, containers or loose?	
Total sum insured amount to be insured on:	Sum Assured	External Data Media-		e.Do you sort out bad stocks before storage?	☐ Yes ☐ No
a. Gross Profit (Net Profit plus Standing Charges)	l Rs.	1. Storage	of cabinets	f. Do you check for spoilage of stored goods and arrange for their removal?	☐ Yes ☐ No
b. Wages		2. Air-conditioning	☐ Yes ☐ No	g.What time will be required to remove the stocks in case of breakdown?	
i. On weeks basis	Rs.	3. If not, how is air conditioning effected?			
ii. On dual basis	Rs.	4. Risk aggravating circumstances as in the storage rooms-	water lines Uibrations Atmosphere	h.In the event of loss, is there any possibility of storing the goods in your charge elsewhere? If so, give full name & address.	
Does the Proposer wish to include fees payable to Auditors for certifying particulars required in	connection with claim? If so,	VI. Portable and mobile equipment (Items are required to be covered on RIV basis)		i. Are you authorized to dispose off the goods stored to avoid or minimize	Yes No
		Sr. No. Description Make & Model Year of Mfd.	Identification No. Sum Insured (Rs.)	losses due to deterioration etc.?	
Please state the amount	Rs.			14. a. What conditions of temperature (indicate in degree C or F) and relative humidity	
Does the Proposer require the following extensions?				do you maintain in the Refrigeration Machine for different goods stored	
a. Property at other situations	☐ Yes ☐ No			b.How do you ensure proper circulation of cold air or proper conditions of temperature and humidity in the cold rooms?	
b. Electricity, gas works or water works	Yes No				
c. Supplier's premises	☐ Yes ☐ No			c.How do you ensure the proper loading of cold rooms within the designed capacity?	
	_ 100 _ 100	Total		d.At what intervals are the temperature and humidity checked?	
If so, give details Period of Indemnity: From dddm, m y, y, y, y To dddm,		VII. Machinery Breakdown (Items are required to be covered on CNRV basis)		e.Is the Refrigeration Machinery equipped with automatic control system? If so, what is the type of control?	☐ Yes ☐ No
Sr. No. Description Make & Model Year of Mfd.	Identification No. Sum Insured (Rs)	Sr. No. Description Make & Model Year of Mfd.	Identification No. Sum Insured (Rs.)	15. What is your main source of electric supply? Your own generation or from public grid	
				16. State input voltage if power is obtained from the Public grid. If a transformer is required for the input voltage is it located in your premises and are you the owner?	
				17. Has the power supply been interrupted at any time during the last three years?	☐ Yes ☐ No
				If so, state number and duration of interruptions	Li res Li No
				18. Do you have stand by arrangement in the event of failure of main source of electric	
		Total		supply? If so, give details	
Total		Extension- Deterioration/Contamination/Putrefaction of Stock in Refrigeration Machine	nerv	19. After how many hours (24, 48, 72 or more) do you expect the stored goods to	
V. Reinstatement of Data		Description	Particulars	deteriorate due to a rise or fall in temperature in consequence of machinery breakdown and/or failure of power supply?	
Do you wish to cover		Is Refrigeration Machinery installed in the insured premises owned by you or taken on		20. By whom the machinery has been Manufactured/Supplied/Erected?	
(i) cost of Reinstating Data on data carrying material	☐ Yes ☐ No	Has this machinery covered under Machinery Breakdown Section?	☐ Yes ☐ No		
(ii) programs	☐ Yes ☐ No	Have you suffered any losses due to deterioration in the past?	☐ Yes ☐ No	Give the name of firm/engineers	
(please specify the details of program to be covered)			i les i No	21. Give details of :	
If yes, please specify the sum insured	Rs.	If yes give details of cause and amount		a.Refrigerating compressors, number, make capacity in tons, bore, stroke, R.P.M.	
Please provide following details EDP System-		Was the plant insured for machinery breakdown and deterioration of stocks previously If so, please give name of Insurance Company and period of Insurance	y?	b.Are the compressors driven by electric motors or diesel engines? Give details of driving motor or diesel engine, i.e. H.P. Serial Number,	
If the system is rented, state monthly rent		5. Was the Insurance at any time declined by any Company?	☐ Yes ☐ No	make, bore, stroke, R.P.M., type and voltage	
2. Date of start of operation		If so, by whom and for what reason		 Are there several independent refrigerating systems and if so, is it possible to switch from one to another 	
3. Operational hours per day in shifts		6. What would be the maximum stock of goods stored by you at any time during		23. Give the number and type of condenser stands	
Name and address of manufacturer and/or lessor	·	the season?		24. State the refrigerant used	
		 State the price per quintal at which you wish to insure the stock (this price should include storage charges) 		25. Give details of circulating water pumps:	
5. What are the provisions of your lease contract regarding your liability in the case of dama (Please furnish copy of lease contract if available)	age to tne EDP system	Please specify the Sum Insured	L Re	a.Capacity in gallons per minute and head in ft/meter	
Housing of the EDP System -			Yes No	b. H.P., R.P.M., type and voltage of driving motors	
Central Unit	☐ Basement ☐ Ground/floor	8. Do you maintain any stock register? If so, please attach a specimen copy with this form	Li res Li NO	26. Give the number of stand by spare units:	
Peripheral Unit	☐ Basement ☐ Ground/floor	9. Give details of Refrigeration Machine room number, size, design, and storage capacit	ty		
3. Total Value	Basement Rs.	10. By whom the Refrigeration Machinery is designed?		a.Compressors under loading conditions	
	Ground Rs.	Give the name of the designer/firm/engineer		b.Compressors under normal conditions	
	Floor Rs.	11. a.Indicate the type of insulation used in the refrigeration chambers		c.Circulating water pumping sets	
4. Is Installation in accordance with the manufacturer's recommendations	☐ Yes ☐ No	b.Give cross-sectional sketch of insulation of all sides		d.Electric motors for diffusers	
	Dama C	S. Salve 0.000 contain should be initialization of all sluces	Dana 0		0
	Page 2		Page 3		Pag