

Section III

5. Limit of Liability in respect of the property excluding cash and currency notes whilst in transit within India by-
- a. Registered Insured Parcel Post up to Rs. 5 lakhs or 10% of Sum Insured under Section I whichever is less
 - b. Air freight (Carriers to be specified)
 - c. Angadia
 - d. Courier

The Limit of Liability under Section III shall not exceed 10% of the total sum insured under Section I

Section IV

6. Office, furniture, fixtures, fittings at premises not used as residence and safes at residence

References

Unless proposing for renewal, give two references FROM YOUR TRADE

<input type="text" value="Name"/>	<input type="text" value="Company"/>	<input type="text" value="Contact No"/>
<input type="text" value="Name"/>	<input type="text" value="Company"/>	<input type="text" value="Contact No"/>

Other insurances

- a. Has any insurance company ever cancelled or refused to issue or to continue any insurance for you? Yes No
 - b. Have you previously been insured? Yes No
- If yes, state with whom, risks covered, and for what amount, when expires _____

Payment Details

Cheque DD

Cheque or DD Amount /- Amount in words ()

Bank Name

Cheque/DD No. Cheque/DD Date

Declaration

I/We hereby declare that the statements, answers and particulars given by me / us in this proposal form including the attachments, if any are true to the best of my / our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above including the attachments, if any are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to Reliance General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

Place: _____ Date: _____ Signature of the Proposer _____

Prohibition of rebates - Section 41 of The Insurance Act, 1938

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 or 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 published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 500/-

Registered & Corporate Office Address

Reliance General Insurance Co. Ltd.
Registered Office: Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001
Corporate Office: 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai - 400 031
 For any assistance call **1800 3002 8282** (toll free) | **3989 8282** (local charges apply)



Ver. 1.2, Aug. 2008

1800 3002 8282 (toll free)
3989 8282 (local charges apply)
www.reliancegeneral.co.in

Proposal Form for Reliance Jewellers' Package Policy

1. The property proposed for insurance is not covered until the proposal is accepted and premium received.
2. Property covered means stock and stock-in-trade consisting of jewellery, gold or silver ornaments, plate, pearls and precious stones of any sort or kind whatsoever, cash and currency notes and or other merchandise and materials usual to the conduct of the Insured's business, belonging to and /or Held in trust or on commission for which Insured is responsible.

Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name Code

Branch Name Code

Sales Manager Name Code

Proposer's Details

1. Name of the Proposer M/s
2. Customer ID
3. Address of the Proposer to which all correspondence should be directed
 Flat Building
 Road/Street/Sector
 Area
 Taluka/Village/District/City Pin Code
 State Country
 Phone Mobile
 Email Fax
4. a. Nature and description of Business: _____
 b. Name of the Bankers who are to be named in the policy, in the order of preference
 i. _____ ii. _____ iii. _____
5. a. Number of employees
 b. What is the minimum number of employees including principals in the sales section of your premises at any time during business hours, including lunchtime?
 c. Turnover of the last completed accounting year
6. a. State the complete address of all premises to which the Policy is to apply (if more than one, please attach a separate sheet)
 Flat Building
 Road/Street/Sector
 Area
 Taluka/Village/District/City Pin Code
 State Country
 Phone Fax
 b. How long have you carried on business in the present premises? yrs elsewhere in the past yrs
7. a) Construction details
 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 "Kutchra" construction.
 Please specify whether you have used any of the mentioned materials in the above note in
 i. Wall Yes No ii. Floor Yes No iii. Roof Yes No
 b. Height of Building _____ Meters
 c. Age of Building Less than 5 years 5-10 Years 10-20 Years Above 20 Years
 d. Confirm whether the electrical systems are proper Yes No

Safes

8. a. Whether each premises is provided with burglary proof safe Yes No All location excluding _____

Makers Name & Serial No.	Size	Weight (kgs)	Date of Purchase	New	Second Hand
			m m d d y y y y	<input type="checkbox"/>	<input type="checkbox"/>
			m m d d y y y y	<input type="checkbox"/>	<input type="checkbox"/>
			m m d d y y y y	<input type="checkbox"/>	<input type="checkbox"/>
			m m d d y y y y	<input type="checkbox"/>	<input type="checkbox"/>

Burglar Alarms

9. a. Is there a burglar alarm? Yes No All location excluding _____

If so, please provide the below details

Makers Name	Specification	Panic button incorporated		System under continuous maintenance agreement		Alarm keys removed from premises outside business hrs	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

b. The premises has a Burglary Alarm System capable of being triggered and activated to the nearest Police Station upon any unlawful entry into the premises when it is locked after the business hours. Yes No All location excluding _____

Strong rooms

10. a. Is there a strong room? Yes No All location excluding _____
- b. If all excluding, give full details all those excluded _____
- c. Are the strong room keys removed from the premises outside business hours? Yes No All location excluding _____
- d. Size of each strong room _____

Other safety features

11. a. Is an inside grill fitted to windows or is any other protection installed against loss by window smashing? Yes No All location excluding _____
- If so, what protection _____
- b. Is CCTV installed in the premises? If so, give details about placement, operation etc. _____
- c. Whether your CCTV has recording system? Yes No All location excluding _____
- d. How often the recording of CCTV reviewed? Daily Weekly Bimonthly Monthly Others _____
- e. Whether CCTV with recording facility under continuous maintenance agreement? Yes No
- If so details of the same. _____
- f. How are the doors secured outside business hour? _____
- g. Whether illuminated and visible from the street at night Yes No All location excluding _____

Watch and ward

12. Whether the premises proposed for insurance shall be protected by employment of watchman
- a. Where you are the sole occupant of the premises,
-is the premises protected at all times by employment of watchman, for all the 24 hours of a day Yes No All location excluding _____
- whether he/they is/are your employee/s? Yes No All location excluding _____
- b. Where your premises is a part of a building or complex,
- is the premises protected by employment of watchman during business hours. Yes No All location excluding _____
- is the building or complex, where in the premises of the proposer is situated, have a common watchman for all 24 hours of a day. Yes No All location excluding _____

Protection of the Premises

13. Are the premises occupied at night time after normal business hours
- a. by Proposer Yes No All location excluding _____
- b. by employee or caretaker Yes No All location excluding _____
14. Are there any openings leading to cellar or basement from outside the premises? Yes No
- If yes, give details _____
15. Give details of the following and how they are protected/ locked
- a. each outer door _____
- b. each inner door _____
- c. all windows other than display windows _____
- d. all skylights or fanlights or roof openings _____

Stock Values

16. a. What was the average daily total value of your
- i. stock during the past 12 months? _____ (Amount)
- ii. cash and currency notes during the past 12 months, _____ (Amount)
- b. Will the whole of your stock when on your premises be kept in safe at night and at all times when the premises are closed? Yes No All location excluding _____
- If not, state value and class of stock which will be left outside the safe and reasons therefor. _____

Stock records

17. a. When was your last annual stocktaking- quantity and lots _____
- b. System of stock taking _____
- c. Do you keep proper quantitative records of all sales purchases and transactions of incomings and outgoings _____
- d. If so, give statement covering the past five years _____
- e. Give brief description of system adopted for recording such transactions. _____

Losses

18. a. Have you ever sustained a loss or losses ? Yes No
- b. If so, give statement covering losses suffered in the past five years with particulars of amount of loss, section of the policy under which such loss was sustained etc _____
- c. Were you insured and if so, give the name of the Insurance Company and whether they paid the claim in full or a part thereof along with the value or amount of claim _____

Insurance Coverage

Please give the amount to be insured in respect of the following. Please note that this amount must reflect the COST PRICE + 10%.

Section I

Property to be insured	Sum Insured (Rs)
1. Property on the premises	
a. Property in locked safe on the premises	Rs _____
b. Property elsewhere on the premises	Rs _____
2. Cash and currency notes	Rs _____
3. Property in Bank Lockers & Private Lockers (separate records to be maintained for deposits and withdrawals of diamonds etc)	Rs _____

Section II (Outdoor risks)

4. Limit of Liability in respect of the property outside the premises (in custody / in transit / entrusted to persons)
- a. Property in the custody of the proposer, directors, partners, employees, duly constituted attorneys and sorters of diamond employed by the proposer. Rs _____
- b. Property excluding cash and currency notes in the custody of brokers or agents or cutters or as sorters or goldsmiths who are not in regular employment of the Insured Rs _____
- The Limit of Liability under Section II (a) and II (b) shall not exceed 25% of the total sum insured under Section I.

Acknowledgment (on behalf of Reliance General Insurance Company Limited)

Proposer's Full Name M/s _____

Sum Insured _____

Cheque/DD No. _____ Cheque/DD Date | d | d | m | m | y | y | y | y | Cheque/DD Amount _____

Drawee Bank _____

Intermediary Name _____ Code _____

Branch Name _____ Code _____

Sales Manager Name _____ Code _____

Intermediary Signature _____ This acknowledgement is not an automatic acceptance of risk.