

B. Towards third parties Rs. _____
 (Liability limited to 50% of Sum Insured under section I or Rs. 50,00,000/- whichever is less)

XII Additional rent for alternate accommodation Sum Insured (Rs.) _____

XIII Tenant's legal liability Sum Insured (Rs.) _____

8. Have any of the items opted for coverage under various Sections enumerated overleaf suffered any damage previously?
 If so, give details of the same, attach a separate sheet, if necessary.

Date of occurrence	Details of Items Lost	Details of Loss	Amount of Loss (Rs.)	Name of the Insurance Company

9. Details of previous claims experience (claims as percentage of premium) _____

10. Give details of existing insurance, if any
 Policy No. _____
 Company _____
 Expiry Date _____

11. Any other information relevant to this insurance _____

Payment Details

Cheque DD
 Cheque or DD Amount _____ /- Amount in words (_____)
 Bank Name _____
 Cheque/DD No. _____ Cheque/DD Date [d | d | m | m | y | y | y | y]

Declaration

I/We hereby declare that the statements, answers and particulars given by me / us in this proposal form are true to the best of my / our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove 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 Proposer _____

Prohibition of rebates - Section 41 of The Insurance Act 1938

- 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.
- 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)



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 www.reliancegeneral.co.in

Proposal Form for Reliance Office Package Policy

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

Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name _____ Code _____
 Branch Name _____ Code _____
 Sales Manager Name _____ Code _____

Proposer's Details (To be filled in BLOCK LETTERS)

1. Name of the Proposer M/s _____
 2a. Address for Communication
 Flat Building _____
 Road/Street/Sector _____
 Area _____
 Taluka/Village/District/City _____ Pin Code _____
 State _____ Country _____
 Phone _____ Mobile _____
 Email _____ Fax _____
 2b. Address of the premises to be Insured
 Flat Building _____
 Road/Street/Sector _____
 Area _____
 Taluka/Village/District/City _____ Pin Code _____
 State _____ Country _____
 Phone _____ Mobile _____
 Email _____ Fax _____
 3. Period of Insurance From [d | d | m | m | y | y | y | y] To [d | d | m | m | y | y | y | y]
 4. Description of Business _____
 5. Financial interests A _____
 B _____
 C _____
 D _____

6. a. Is the premises owned or rented? Owned Rented
 b. Do you wish to cover the building under Section I? Yes No
 c. Do you wish to cover plinth & foundation also? Yes No
 d. Please state the basis of valuation opted for under Section IA and IB - Reinstatement Value Market Value

7. Please fill in the details for the Sections opted by you in the format hereinbelow
Sections:

I. Fire & Allied Perils

A. Building	Sum Insured
i. Superstructure	Rs. _____
ii. Plinth & foundation	Rs. _____
B. i. Contents-Other than incidental stock	Rs. _____
ii. Incidental stock	Rs. _____
Do you require Terrorism cover ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

