

8. Details of previous claims experience (claims as percentage of premium) _____
9. Give details of existing insurance, if any
 Policy No. _____
 Company _____
 Expiry Date _____
10. 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 _____

Assignment

I, _____ do hereby assign the monies payable by Reliance General Insurance Company Limited in the event of my death to Mr / Ms / Mrs _____ (Name) _____ (relation to the insured) and I further declare that his / her receipt shall be a full and effective discharge to the Company.

Date _____ Place _____ Signature _____

Witness _____ Signature _____

Name []

Address []

Flat Building []

Road/Street/Sector []

Area []

Taluka/Village/District/City [] Pin Code []

State [] Country []

Phone [] Mobile []

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)



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 www.reliancegeneral.co.in

Proposal Form for Reliance Shopkeeper's Package Policy

The property proposed for insurance is not covered until the proposal is accepted and premium 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. Proposer's Full Name Mr. Ms. []
- 2a. Address for Communication
 Flat Building [] Road/Street/Sector []
 Area [] City []
 Pin Code [] State [] Country []
 Phone [] Mobile []
 Email [] Fax []
- 2b. Address of the Shop to be Insured
 Flat Building [] Road/Street/Sector []
 Area [] 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/trade _____

5. a. Whether the Shop owned or rented Owned Rented
- b. Do you wish to cover the building under Section IA? 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 - whether on Reinstatement Value (RIV) or Market Value (MV) Basis RIV MV
 (The basis of valuation adopted for Section II will be the same as that adopted for section IB)

6. Please fill up the detail for the Section opted by you in the format hereinbelow (Please note that section I(B) is compulsory)

I Fire & Allied Perils

A. Building [] Sum Insured []

i. Superstructure [] Rs. []

ii. Plinth & foundation [] Rs. []

B. i. Contents-Other than stock & stock in trade [] Rs. []

ii. Stock & stock in trade [] Rs. []

Do you require Terrorism cover ? Yes No

II. Burglary & Housebreaking [] Sum Insured []

i. Contents-Other than stock & stock in trade [] Rs. []

ii. Stock & stock in trade [] Rs. []

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III. Electrical & Mechanical Appliances (Item are required to be covered on Current Replacement Value basis)

S. No.	Description	Make & Model	Year of manufacture	Identification No.	Sum Insured (Rs.)
Total					

IV Electronic Appliances (Items are required to be covered on Current Replacement Value basis)

Do you require Terrorism cover ?

Yes No

S. No.	Description	Make & Model	Year of manufacture	Identification No.	Sum Insured (Rs.)
Total					

V. Money Insurance

Please indicate the amount to be insured

- a. In transit-limit per carrying Rs. _____
- b. In safe Rs. _____
- c. In Till Rs. _____

VI. Baggage Insurance

Sum Insures (Rs.) _____

VII. Fixed Plate Glass and sanitary Fittings (Items are required to be covered on RIV basis)

S. No.	Item	Sum Insured (Rs.)
Total		

VIII. Neon Sign and Glow Sign

S. No.	Item	Sum Insured (Rs.)
Total		

IX. Personal Accident

Name	Relationship with proposer	Date of Brith	Profession/ Occupation	Annual Income (Rs.)	Capital Sum Insured (CSI) (Rs.)	Table of Benefit	Cumulative Benefit	CSI under any existing P.A policy & (table of benefit)

Do you wish to cover reimbursement of medical expenses due to accident ? Yes No

X. Infidelity / Dishonesty of employees

Whether floater cover required ?

Yes No

S. No.	Name	Designation	Limit of Liability (Rs.)

XI. Legal Liability

A. Towards Employees (Domestic servants)

No. of Domestic servants	Nature of work / duties	Estimated wages (Rs)

B. Towards third parties: AOA = AOY = Rs. _____

(Liability limited to 50% of sum insured under section I or Rs. 10,00,000/- whichever is less)

7. Have any of the items opted for coverage under various Sections enumerated above suffered any damage previously? Yes No

If Yes, give detail 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

Acknowledgment (on behalf of Reliance General Insurance Company Limited)

Proposer's Full Name Mr. Ms. _____
 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 _____