

**PROPOSAL FORM
ALL RISK INSURANCE POLICY**

INSTRUCTIONS

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable (mark N.A.).
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose the same.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on his behalf.
4. Kindly contact us or Agents for any doubts or clarifications on the proposal form.
5. To provide any additional information relevant to the policy, please use additional sheets if space is not sufficient to complete details.
6. The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Company and does not result in a concluded contract of insurance.

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid. and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest.

Put a (✓) mark wherever applicable

I. PROPOSER'S DETAILS

1. Name of the Proposer												
2. Address of the Proposer Communication Address (Please tick) () Registered Address () Business Address	Registered Address											
	Plot No.	No/Door		Building								
	Road											
	Area											
	City				Pincode	0	0	0	0	0	0	
	State											
	Phone No.		S	T	D	-	0	0	0	0	0	0
	E-mail Id											
	Business Address. () please tick here if it is same as registered address. Not applicable in case of Individual.											
	Plot No.	No/Door		Building								
	Road											
	Area											
	City				Pincode	0	0	0	0	0	0	
	State											
Phone No.		S	T	D	-	0	0	0	0	0	0	
E-mail Id												
3. Proposer's Occupation, Trade or Business												

4. Age of Proposer				
5. Proposer's Nationality				
II. RISK DETAILS:				
6. Type of Property/ies to be Insured	<input type="checkbox"/> Equipment <input type="checkbox"/> Pictures, paintings, sketches, prints and the like <input type="checkbox"/> Books <input type="checkbox"/> Statues and sculptures of a non-fragile nature, items of precious metals or wood <input type="checkbox"/> Porcelain, pottery, ceramics, glass, jade and other items of a brittle or fragile nature <input type="checkbox"/> Antique furniture <input type="checkbox"/> Clocks, watches, barometers and other mechanical art <input type="checkbox"/> Gold, silver and other precious metals <input type="checkbox"/> Jewellery <input type="checkbox"/> Furs <input type="checkbox"/> Other Items(Please Specify):			
7. List Insurable interest including financial institution				
8. Location of the Insured Property Please tick if it is same as <input type="checkbox"/> Registered Address <input type="checkbox"/> Business Address	Location Address			
	Plot No.	No/Door	Building	
	Road			
	Area			
	City			Pincode
	State			
	Phone No. S T D - 0 0 0 0 0 0 0 0 0 0			
	E-mail Id			
9. Do you want to insure Insured Property during transit? If yes, answer the following				() Yes () No
a. Transit cover required for territory			<input type="checkbox"/> Domestic only <input type="checkbox"/> Worldwide	
10. Description of Property(ies) to be insured.				
Sr. No.	Description of property (Type of Property)	Make, Model, Year of make	Property Identification No.	Sum Insured INR
Type of Property (As per Q.6 above)				
Total Sum Insured				
Type of Property (As per Q.6 above)				

	Total Sum Insured
(Please attached separate sheet if required)	
11. Do the amounts insured represent current market value? If no, please provide the details.	() Yes () No
12. Whether property to be insured are predominantly kept in the office/premises or frequently taken from one place to another?	() Kept in office/Premises () frequently taken from one place to another
13. Please Specify a. mode of transport of the property to be insured b. Transport Carrier.....	() Rail () Road () Air () Sea () Public Transport () Private Transport
14. EQUIPMENT	
a. Usage of equipment	
b. Capacity of equipment	
c. Is the equipment maintained in accordance with the manufacturer's instructions?	() Yes () No
d. do you have valid Maintenance Contract in force? If yes, Please enclose copy.	() Yes () No
e. are safety standards prescribed and followed?	() Yes () No
15. CONSTRUCTION AND USE	
Are the buildings (including outbuildings):	
a. built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair?	() Yes () No
b. is it a temporary structure?	() Yes () No
c. in an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters?	() Yes () No
d. a flat or an apartment? If yes, <div style="text-align: right; margin-right: 50px;">Please provide floor no.....</div>	() Yes () No
e. used for any business or professional purposes or open to the public?	() Yes () No
a. regularly left unattended by day or night?	() Yes () No
b. have proper fire detection and fighting arrangements?	() Yes () No
16. Do you intend to carry out any work on the premises insured involving outside contractors? If yes, please provide the details	() Yes () No
17. ALARM	
a. Make of Alarm	
b. Is it bells only?	() Yes () No
c. Is it connected to Police?	() Yes () No
d. Is it central Station?	() Yes () No
e. Does it protect all areas containing the Insured Property?	() Yes () No

f. Is the alarm under a maintenance contract? If yes by whom?	() Yes () No		
18. SAFE			
a. Provide the make, model and age of the safe			
b. Is it a wall safe?	() Yes () No		
c. Is it a freestanding safe?	() Yes () No		
d. Is it a under floor safe?	() Yes () No		
e. Weight & Dimension	() Yes () No		
f. Is the alarm under a maintenance contract? If yes by whom?	() Yes () No		
19. OTHER SECURITY			
a. Are all final exit doors fitted with a 5 lever mortice deadlock?	() Yes () No		
b. Are all windows, fanlights and skylights fitted with key operated locks?	() Yes () No		
c. Is your property protected by any other means?	() Yes () No		
20. Have you or any person residing with you, ever been convicted of arson or any offence involving dishonesty, fraud, theft or handling stolen goods?	() Yes () No		
COVER DETAILS:			
21. Period of Insurance	From To dd/mm/yyyy dd/mm/yyyy		
22. Coverage Territory Required	() India () Worldwide		
23. Extensions Required (Please tick yes if you wish to have the following add on covers. Please note, these covers are available subject to additional premium payment by you)			
	Add on Cover	Required?	Add on Cover Sum Insured (INR)
1	Rent for hiring alternate equipment	() Yes () No	
2	Exhibition clause	() Yes () No	
3	Electrical/Mechanical/Electronic Breakdown	() Yes () No	
4	Full cover for pair/set	() Yes () No	
5	Terrorism	() Yes () No	
c. PRIOR INSURANCE AND CLAIM DETAILS:			
24. Please provide claim history for the last five years			
Year	Claim Total Amount paid / Outstanding (INR)	Description of loss/damage	With whom the property was insured?
25. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim? If yes please provide the details			() Yes () No
26. Has any insurer ever declined your fresh or renewal proposal? If yes please provide the details.			() Yes () No
27. Has any insurer ever terminated your cover? If yes please provide the details.			() Yes () No

28. Has any of the Properties to be insured previously been covered by other insurance companies?? If yes, please provide the following details.					() Yes	() No
Name of Insurance company	Policy Start Date	Policy end Date (DD/MM/Y Y)	Property Specification	Sum Insured (INR)	Premium (INR)	Deductible (INR)
	dd/mm/yy	dd/mm/yy				
<p>I/We desire to effect an insurance in terms of the All Risk Insurance Policy of the Company against the sum insured mentioned above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with.</p> <p>I/We the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein. I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated herein.</p> <p>I/We agree that the Company may exchange, share or part with any information to or with other SBI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.</p> <p>Place: Date: DD-MM-YYYY</p> <div style="text-align: right; margin-top: 20px;"> <p>_____ Proposer's Signature with company stamp Name of Proposer Designation of proposer</p> </div>						

STATUTORY WARNING

PROHIBITION OF REBATES

(Under Section 41 of 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 prospectuses or tables of the Insurer
2. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

INSURANCE IS SUBJECT MATTER OF SOLICITATION