



IFFCO-TOKIO GENERAL INSURANCE CO. LTD
 Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Comprehensive Property All Risk Policy
Proposal Form

UIN: IRDAN106CPPR0004V01202526

Note: Completing the Proposal form

- a) This Proposal Form must be completed in full including all required attachments.
 b) If more space is needed to answer a question, please attach a separate sheet with details.
 c) Our Liability does not commence until the proposal has been accepted and the premium paid.

Proposer Details

Please fill all details in CAPITAL LETTERS

Name of the Proposer																	
PAN																	
GSTIN																	
Contact Details	Telephone No.		Mobile No.														
	Email ID:																
Registered Office Address & Principal Place of Business																	
Communication Address (if different from Registered Office Address)	City		State														
Description of Business / Business Activity:																	
Paid – Up Capital (₹)																	
Annual Turnover (₹)																	
CKYC Number issued by the CKYC Agency	CKYC Number: (In case of non-availability of CKYC Number, please provide below mentioned documents)																
	<table border="1"> <thead> <tr> <th>For Companies</th> <th>For Partnership firm</th> <th>For Trust</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Certificate of Incorporation</td> <td><input type="checkbox"/> Registration Certificate</td> <td><input type="checkbox"/> Registration Certificate</td> </tr> <tr> <td><input type="checkbox"/> Memorandum & Articles of Association</td> <td><input type="checkbox"/> Partnership Deed</td> <td><input type="checkbox"/> Trust Deed</td> </tr> <tr> <td><input type="checkbox"/> Resolution of the Board of Directors or Power of Attorney granted to its managers, officers or employees to transact business on its behalf.</td> <td><input type="checkbox"/> Names of all Partners _____</td> <td><input type="checkbox"/> Names of the beneficiaries, trustees, settlor and authors of trust _____</td> </tr> <tr> <td><input type="checkbox"/> The names of the relevant persons holding senior management positions _____</td> <td></td> <td></td> </tr> </tbody> </table>	For Companies	For Partnership firm	For Trust	<input type="checkbox"/> Certificate of Incorporation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Memorandum & Articles of Association	<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Resolution of the Board of Directors or Power of Attorney granted to its managers, officers or employees to transact business on its behalf.	<input type="checkbox"/> Names of all Partners _____	<input type="checkbox"/> Names of the beneficiaries, trustees, settlor and authors of trust _____	<input type="checkbox"/> The names of the relevant persons holding senior management positions _____			
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Authorized Person	Name:
	Designation:
	Contact Number:
	E-Mail ID:
	KYC Document Number/ CKYC Number: <i>(In case of non-availability of CKYC Number, please provide below mentioned documents)</i>
Authorized Person	KYC Document: <input type="checkbox"/> AADHAR Card** <input type="checkbox"/> Voter ID card <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job card <input type="checkbox"/> National Population Register Card <input type="checkbox"/> PAN Card (mandatory where premium exceeds ₹ 10,000/-)
	*Are You a Politically Exposed Person or related to PEP? Yes <input type="checkbox"/> No <input type="checkbox"/> "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.
Organization Type	Private Limited <input type="checkbox"/> Public Limited <input type="checkbox"/> Partnership/LLP <input type="checkbox"/> Trust/Foundation <input type="checkbox"/> NGO/NPO <input type="checkbox"/> Government <input type="checkbox"/> Others(Please Specify)
	Do you wish to avail physical policy document? Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Details

Policy to be Issued in favour of:	
List of the parties who have insurable interest including the financial institutions/banks:	
Proposed Period of Insurance: From	To
(Subject to acceptance of proposal by Insurer and payment of premium before commencement of Risk)	

Section 1 A – MATERIAL DAMAGE (Mandatory Section)

Details of the property

Risk Locations	Address of Premises	Description of Risk	*Details of Construction (Pls mention Class)	Age of structure	Details of Fire Extinguishing Appliances	Basement (Y/N)	Basement use for other than Utility
1.							
2.							
3.							
4.							

Please add additional sheet if there are more locations.

*Details of Construction

Type of Construction	Class "A"	Class "AA"	Class "B"	Class "C"	Class "D"	Mixed Construction
Definition	Buildings with protection which provides a high degree of resistance to fire	Buildings that are fire resistive	Buildings which are incombustible in nature	Buildings having construction features that are generally referred to as masonry, brick, brick joisted or merely joisted building	"Frame" buildings whose walls, roof and floors of combustible construction	

Sum Insured Bifurcation (Location wise)

Risk Locations	Building (including plinth & foundation)	Plant & Machinery	Furniture's , Fixtures and Fittings	Stocks (Including raw material , finished goods)	Other contents	Total
1.						
2.						
3.						
4.						

Section 1 B – MACHINERY BREAK DOWN

Basis of Sum Insured (Please tick)

1. First loss basis
 2. Full Sum Insured
 3. Selection Basis

(If 1 or 3 is opted, please fill below details)

Details

Risk Location Number	Number of Units	Description	Type, model, capacity of machine/Sr. No./HP/KVA Volts, Amps, RPM	Maker's Name & Country of Origin.	Year of Make	Sum Insured
1.						
2.						
3.						
4.						

Section 2 – BUSINESS INTERRUPTION**Details for Fire Loss of Profit (FLOP):**

Risk Locations	Indemnity Period (Months)	Annual Turnover (₹)	Interruption Period (Days)
Location 1			
Location 2			
Location 3			
Location 4			

Please indicate the basis of indemnity required:

- a) Turnover Basis
 b) Output Basis
 c) Difference" Basis
 d) Revenue Basis
 e) Alternative Basis Clause

Details for Machinery Loss of Profit (MLOP)

Risk Location	Indemnity Period (Months)	Annual Turnover (₹)	Maximum Lead Time (Days)
1.			
2.			
3.			
4.			

Please indicate the basis of indemnity required:

- a) Turnover Basis
- b) Output Basis
- c) Difference" Basis
- d) Revenue Basis

Details of Additional Optional Covers (Please refer the prospectus for the list)

S No.	Covers	Risk Location	Limits	Remarks (If any)
1				
2				
3				
4				
5				
6				
7				
8				

Please add additional sheet if the space provide above is insufficient.

Section 3 – ACCOMPANIED BAGGAGE		
	Sum Insured (₹) (AOA)	Sum Insured (₹) (AOY)
Limit of loss for any one event and all events during the Policy Period		
Designation of employees		

Section 4 – MONEY				
Risk Location	Money in direct transit from or to the premises (AOA: AOY)	Money in direct transit between collection/payment centre and Bank (AOA: AOY)	Money in premises during business hours	Money in locked safe, strongroom steel almirah or standard cash box outside business hours

*AOA: AOY – Any one accident/per transit limit: Any one Year/Aggregate limit for the policy period

Details of Additional optional Covers (Please refer the prospectus for the list)

S No.	Covers	Risk Location	Limits	Remarks (If any)
1				
2				
3				

4				
5				
6				
7				
8				

Please add additional sheet if the space provide above is insufficient

Section 5 – FIDELITY COVER

i. Total number of your employees		
ii. Total number of employees for whom the guarantee is proposed*		
iii. Designation of employees		
iv. Sum Insured (₹) (AOA: AOY)		
v. Amount of guarantee to be floated among insured employees		

*NOTE: If the number of employees proposed for Fidelity Guarantee Insurance is less than the total strength of Your employees, then please attach names of employees and designation of employees to be covered.

Details of Additional optional Covers (Please refer the prospectus for the list)

S No.	Covers	Risk Location	Limits	Remarks (If any)
1				
2				
3				
4				
5				
6				
7				
8				

Section 6 – PUBLIC LIABILITY

Particulars	
Risk Location	List of hazardous substances (if any)
1.	
2.	
3.	
4.	

i.	Details of all accidents during past 3 years and compensation paid/ claimed but not yet paid.	
ii.	Estimated annual turnover (a) Current Year (b) Previous Year (as per audited accounts)	
iii.	Number of (a) Workmen Employees (b) Other Employees	
iv.	Limit of Indemnity required (AOA: AOY)	

Details of Additional optional Covers for all section (Please refer the prospectus for the list)

S No.	Covers	Risk Location	Limits	Remarks (If any)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Please add additional sheet if the space provide above is insufficient.

Details of in Existing/ Past Policy

Risk Location/Premises	Policy Period	Perils Covered	Sum Insured (₹)	Premium

Claim Data Sheet for Last 5 Years

(Please submit seprate Claim Data sheet for each claim)

Year	Section	Period of Insurance		Premium without GST (Rs.)	Claims Received (Rs.)	Claim Outstanding (Rs.)	Nature of Losses
		From dd/mm/yyyy	To dd/mm/yyyy				
1.							
2.							
3.							
4.							
5.							

I/We hereby declare that (a) all statutory provisions relating to my/our business proposed for insurance are complied with. (b) the above statements and particulars are true. (c) I/We have not omitted, suppressed, misrepresented or misstated any material fact and (d) I/We agree that this declaration shall be the basis of the

contract between me/us and the Company and be incorporated therein. I/We agree that no liability will attach to the Insurer only on issuance of this proposal form.

Please provide the additional information or details of which you are aware and which may assist Us to better assess the nature of the risk:

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PREMIUM DETAILS

Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> NEFT
Bank Name			Date
Amount (in ₹)			

Bank Account Details For Process Of Refund/ Settlement of claim

DECLARATION

- a) I have read the prospectus/sales literature and am willing to accept the coverage subject to the terms, conditions and exceptions prescribed by IFFCO-Tokio therein. The policy Coverage, terms & Conditions have been explained to me in my language and have been understood by me.
- b) I hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and IFFCO TOKIO GENERAL INSURANCE CO LTD and I agree to accept a policy, subject to the conditions prescribed by IFFCO TOKIO GENERAL INSURANCE CO LTD.
- c) I agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non- description or non-disclosure of material particulars in the Proposal Form/ personal statement, declaration and connected documents, or any material fact*/ information has been withheld by beneficiary.
- *A material fact will mean and include all important, essential and relevant information, pertaining to the questions made in this proposal form, that are likely to influence company's acceptance or assessment of the proposal.
- d) I hereby authorize IFFCO-Tokio to share information of proposal for the sole purpose of evaluating and underwriting this proposal and issuing insurance policy and/or claims settlement with the Surveyors/ Investigators, Reinsurers/Co-Insurers, Regulatory and or Governmental Authorities/Court under the applicable laws, or as may be required for effective discharge of obligations as an Insurer and I understand that this proposal form is a valid consent for sharing the data with above named third parties in connections or furtherance of this policy/claim.
- e) **I am submitting my Aadhar Card/Aadhar Number (including Virtual ID, e-Aadhaar) voluntarily for KYC and I understand that use of Aadhaar is not mandatory and alternative documents like Voter ID Card/ Passport/ Driving License/ NREGA Job card/ National Population Register Card/ CKYC Number may also be submitted for KYC. I hereby further authorize IFFCO-TOKIO to download/update/upload my particulars from/to CKYC Registry, based on CKYC no./ Other KYC documents provided by me.

- f) I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the IFFCO-Tokio General Insurance Co. Ltd. (herein after referred as "IFFCO-Tokio") and that the policy will come into force only after full payment of the premium chargeable.
- g) I hereby further authorize IFFCO-TOKIO to download/update/upload particulars from/to CKYC Registry, based on CKYC no./ Other KYC documents provided.
- h) I hereby confirm that all premiums have been/ will be paid from bonafide sources and no premiums have been/ will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Insurance Company has the right to call for documents to establish source of funds. The insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

i) # Bank Account Details For Process Of Refund/ Settlement of claim

Please provide your bank details and a copy of Cancelled Cheque for direct credit of refund/ claim into your bank account :(.)

Name as in Bank Account	
Bank Name	
Branch Name	
Bank Account No	
IFSC Code	

Please ensure:

- Cancelled Cheque should be of the same bank account in which the refund/ claim proceeds need to be credited directly.
- Name as per Bank Account and name of the Proposer match. No third-party Bank Account details shall not be provided.

I agree IFFCO-Tokio to call, and send SMS, messages over internet-based messaging applications like WhatsApp and e-mail for services related to the product and to also offer additional insurance products and this consent is over and above any registration of the contact number on TRAI's National Do Not Call Registry.

j) Vernacular/Disability Declaration

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed (#) by someone other than the Agent/ Intermediary/Employee of the Company).

I certify that the product applied by me and the contents of the Proposal Form have been clearly explained to me and I have fully understood them. I further certify that the replies in the Proposal Form have been recorded as per the information provided by me.

Authorised Signatory

Name:

Company Stamp

Name and Position in the Company

Place:

Date:

Witness Declaration:(#)

I _____(Full name of the witness)_____ (Relation with the Proposer) adult and inhabitant of (city)_____ and residing at _____ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from IFFCO-Tokio General Insurance Co. Ltd. to the Proposer and he/she has understood the same. I declare that whatever I have stated herein above is true and correct to the best of knowledge and belief.

Witness Signature: _____

Name of Witness: _____

Place: -----

Date: _____

**SECTION 41 OF INSURANCE ACT 1938
PROHIBITION OF REBATES**

Payment of rebates is expressly prohibited under 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 continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus 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 ten lakhs.