



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

Industry Protector Insurance Policy

UIN: IRDAN106CP0006V01200304

PROPOSAL FORM

Important:

1. This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed ₹ 5 Crore, against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

| | |
|---|--|
| Policy Issuing Office Address & Code | |
| Intermediary/Agent Name & Code (if any) | |

A. Details about Proposer and Policy Period

| | | | |
|----|--|-----------------------------------|--|
| 1. | Name of Proposer | | |
| 2. | Address of Proposer | | |
| 3. | Telephone No. (Landline No.) | | |
| 4. | Mobile No. | | |
| 5. | Email | | |
| 6. | KYC Details (Please tick the option) | | |
| | <input type="checkbox"/> PAN No | <input type="checkbox"/> GSTIN No | <input type="checkbox"/> Any other(Please Specify) |
| | KYC Document Number | | |
| 7. | Contact person details (where proposer is not an individual) | | |
| | a. Name | | |
| | b. Designation | | |

| | | |
|----|--|--------------------|
| 8. | Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions | |
| 9. | Period of Insurance | From : To : |

Section 1 Fire and Allied Perils

B. Business and Location of Business

| | | | | | | | |
|-----|--|--------|---------|----------|-----------|-------------|--------|
| 10. | Business of Proposer | | | | | | |
| 11. | Location of risk/business to be covered - full postal address with Pin Code. | SI No. | Address | Pin Code | Occupancy | Age of unit | Floor* |
| | | 1. | | | | | |
| | | 2. | | | | | |
| | | 3. | | | | | |
| | | 4. | | | | | |

*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H).

C. Details about business covered at the insured location

| | | |
|-----|--|--|
| 12. | Details of insured property | Please tick in the space below : |
| a. | Offices, Shops, Hotels etc. | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| b. | Industrial / Manufacturing risks | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| c. | Storage outside Industrial/ Manufacturing risks | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| d. | Tanks / Gas holders outside Industrial/ Manufacturing risks. | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| e. | Utilities located outside Industrial/Manufacturing risks. | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| f. | Boundary wall | |

| | | |
|-----|--|---|
| | | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| g. | Basement storage | Yes <input type="checkbox"/> / No <input type="checkbox"/> If, yes value stored SI: ₹..... |
| h. | Others (please specify) | |
| 13. | If used as warehouse / godown (no located in a manufacturing unit), please give the list of goods stored. | |
| 14. | If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.) | |
| 15. | If used as an Industrial Manufacturing unit please state whether the factory is working or silent? | |
| 16. | Fire Protection devices installed | Please tick the correct answer in the box below. <input type="checkbox"/> Portable Extinguishers <input type="checkbox"/> Small bore hose reels <input type="checkbox"/> Trailer Pumps/Fire engines <input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fixed Water Spray System <input type="checkbox"/> Foam System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Gas Flooding System <input type="checkbox"/> Others, please specify below. |
| 17. | Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force | Yes <input type="checkbox"/> / No <input type="checkbox"/> |
| 18. | Construction details | |
| a. | Please state material used | Please tick the correct answer in the box. |

| | | | |
|---|---------------------------------|---------------------------------|-------|
| i. Walls | Kutcha <input type="checkbox"/> | /Pucca <input type="checkbox"/> | |
| ii. Floor | Kutcha <input type="checkbox"/> | /Pucca <input type="checkbox"/> | |
| iii. Roof | Kutcha <input type="checkbox"/> | /Pucca <input type="checkbox"/> | |
| <p>Note: Kutcha : Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction. Pucca : Buildings other than Kutcha are treated as Pucca constructions</p> | | | |
| b. Number of Floors | | | |
| c. Age of the Building | Less than 5 years | | |
| | 5-10 years | | |
| | 10-20 years | | |
| | Above 20 years | | |
| 19. Distance between the risk to be covered and nearest Fire Brigade | | | |
| 20. Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details) | | | |
| 21. Whether Insurance was declined by any other Company (Give details) | | | |
| 22. Premium / Claim details for the past 36 months excluding the expiring policy period | Year | Premium | Claim |
| | | ₹ | ₹ |
| | | ₹ | ₹ |
| | | ₹ | ₹ |
| | TOTAL | ₹ | ₹ |

D. Sum Insured and Other details of Insured Property
(Indicate Sum Insured on the following basis:

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: **Reinstatement Value**;
- For raw material: **Landed Cost**;
- For stock in process: **Input cost**;

- For finished stock: **Manufacturing cost** of the finished stock **or the Contract Price*** of goods sold but not delivered, as applicable.

* **Contract Price** is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

| 23. | Description of Block | Building including plinth, Basement and additional structures | Plant & Machinery | Furniture & Fixtures, Fittings and other equipment | Raw Material | Stock in Process | Finished Stock | Other Contents (Please Specify) | Total |
|-----|----------------------|---|-------------------|--|--------------|------------------|----------------|---------------------------------|-------|
| | | | | | | | | | ₹ |
| | | | | | | | | | ₹ |
| | | | | | | | | | ₹ |

E. Details for in-built cover for Floater

| | | |
|---|---|--------------------|
| 24. Floater Cover (for stocks at various locations) | Location (Postal Address with Pin Code) | Sum Insured (in ₹) |
| | | |
| | | |
| | | |

i) Maximum value at any one location: ₹.....

ii) Whether stocks stored in open: Yes/No

F. Standard Add-on

Do You want to opt for Declaration Policy? -- Yes/No (strike off what is not applicable).

If Yes, give details below:

| | |
|-----|--|
| 25. | Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹): |
|-----|--|

Section 2 Burglary and Other Perils

| Section 2 Burglary and Other Perils | | | | | | |
|-------------------------------------|---|---|-----|-----|--------------------------|--------------------------|
| Alternative 1 | CONTENTS (FULL VALUE BASIS) | Sum Insured | | | | |
| Item 1 | Stock in Trade | Rs..... | | | | |
| a. | Raw Materials and Finished Goods | Rs..... | | | | |
| b. | Stock in process | Rs..... | | | | |
| Item 2 | Plant and Machinery | Rs..... | | | | |
| Item 3 | Business and Office Furniture | Rs..... | | | | |
| Item 4 | Interior Decoration | Rs..... | | | | |
| Item 5 | Any other Items | Rs..... | | | | |
| | TOTAL | Rs..... | | | | |
| I. | Do you require to cover under : Declaration Clause (for Item 1a) | <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| | If yes, select the basis of Declaration (a) Average of the values at risk on each day of the month (b) The highest value at risk during the month | <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">(a)</td> <td style="text-align: center;">(b)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | (a) | (b) | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) | (b) | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| II. | Floater Clause (for Item 1a) | <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| | If yes , kindly mention the locations where Stocks will be covered : | | | | | |

| | | |
|----------------------|---|---|
| Alternative 2 | CONTENTS (FIRST LOSS BASIS) | |
| | Please specify First Loss percentage opted | 25% <input type="checkbox"/> 33.33% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> |
| | | Sum Insured (First Loss limit) |
| Item 1 | Stock in Trade | Rs..... |
| a. | Raw Materials and Finished Goods | Rs..... |
| b. | Stock in process | Rs..... |
| Item 2 | Plant and Machinery | Rs..... |
| Item 3 | Business and Office Furniture | Rs..... |
| Item 4 | Interior Decoration | Rs..... |
| Item 5 | Any other Items | Rs..... |
| | Total | Rs..... |
| | OPTIONAL EXTENSIONS | |
| Item 1 | Temporary Removal of Stock | Rs..... |
| Item 2 | Escalation (Specify percentage increase chosen - 5% to 25%) :% | Rs..... |

| Section 3: Machinery Breakdown and Boiler & Pressure Plant | | |
|---|--|----------------|
| Part A | MACHINERY BREAKDOWN | |
| | Qty. Description of item Sl.No. Year of Manufacture | Sum Insured |
| i. | | Rs..... |
| ii. | | Rs..... |
| iii. | | Rs..... |
| iv. | | Rs..... |
| v. | | Rs..... |

| | | |
|-----------------------|--|---------------------------|
| | | Rs..... |
| Part B | BOILER AND PRESSURE PLANT | |
| | Qty. Description of item SI.No. Year of Manufacture | Sum Insured |
| | Material Damage i. | Rs..... |
| | ii. | Rs..... |
| iii. | | Rs..... |
| Surrounding Property | | Rs..... |
| Third Party Liability | | Rs..... |
| | TOTAL | Rs..... |

| Section 4 Electronic Equipments | | |
|---|--|--|
| Item 1 | Qty Description of Item Year of manufacture | SI.No. Sum Insured |
| i. | | Rs..... |
| ii. | | Rs..... |
| iii. | | Rs..... |
| iv. | | Rs..... |
| Item 2 | Value of Data Carrying Material | Rs..... |
| | TOTAL | Rs..... |
| Please state whether the Electronic Equipment is maintained under an approved Maintenance Agreement if value is more than Rs. 1 lac | | Yes No <input type="checkbox"/> <input type="checkbox"/> |
| | OPTIONAL EXTENSION | |
| Item 1 | Terrorism Damage | Rs..... |

Section 5 : Portable Computers and Mobile Equipments

| Item 1 | Qty | Description of Item Year of manufacture | Sl.No. | Sum Insured |
|--------|-----|--|--------|-------------|
| i. | | | | Rs..... |
| ii. | | | | Rs..... |
| iii. | | | | Rs..... |
| iv. | | | | Rs..... |
| Item 2 | | Value of Data Carrying Material | | Rs..... |
| | | TOTAL | | Rs..... |

| | |
|--|--|
| Please state whether the Portable Computer is maintained under an approved Maintenance Agreement if value is more than Rs. 1 lac | Yes No <input type="checkbox"/> <input type="checkbox"/> |
|--|--|

Section 6 Money

| | MONEY | Sum Insured (Limit Any One Loss) |
|------|--|-------------------------------------|
| i. | Money in direct transit from or to the premises | Rs..... |
| ii. | Money in direct transit between collection/payment center and Bank | Rs..... |
| iii. | Money in premises during business hours | Rs..... |
| iv. | Money in locked safe, strongroom steel almirah or standard cash box outside business hours | Rs..... |
| | TOTAL | Rs..... |

Section 7 Fidelity Guarantee

| | | |
|----|---|--------------------------|
| a) | Total number of your employees | <input type="checkbox"/> |
| b) | Total number of employees for whom the guarantee is proposed* | <input type="checkbox"/> |
| c) | Amount of guarantee to be floated among insured employees | Sum Insured Rs..... |

*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.

Section 8 Personal Accident

| Insured Person Name | Age | Occupation | Monthly Income | Assignee or Nominee | Sum Insured |
|---------------------|-----|------------|----------------|---------------------|------------------|
| i) | | | | | Rs..... |
| ii) | | | | | Rs..... |
| iii) | | | | | Rs..... |
| iv) | | | | | Rs..... |
| v) | | | | | Rs..... |
| vi) | | | | | Rs..... |
| | | | | Total | Rs..... |

(Please note that the age limit of the Insured Persons for the purpose of this Section is 18 to 70 years)

Section 9 Business Interruption

| | | Sum Insured |
|--------------------|------------------|-------------|
| a) Gross Profit | | Rs..... |
| b) Auditors Fees | | Rs..... |
| TOTAL | | Rs..... |
| OPTIONAL EXTENSION | | |
| Item 1. | Terrorism Damage | Rs..... |
| | | |

| Section 10 Liability Insurance | | | | |
|---|---|----------------|----------------|-------------|
| | | | | Sum Insured |
| Part A | Public Liability | | | Rs..... |
| | Limit of liability for any one accident and all accidents during Policy Period. | | | |
| Part B | Workmen's Compensation | | | |
| | Number of Employees | Nature of Work | Annual Earning | Sum Insured |
| i | | | | Rs..... |
| . | | | | Rs..... |
| i | | | | Rs..... |
| . | | | | Rs..... |
| i | | | | Rs..... |
| . | | | | Rs..... |
| i | | | | Rs..... |
| . | | | | Rs..... |
| v | | | TOTAL | Rs..... |
| Are the premises occupied by you at night? If not, by whom? | | | | |
| Will the premises be guarded by watchmen? If so, by how many and during what time? | | | | |
| Will the premises at any time be left unoccupied? If so, how often and for how long? | | | | |
| Is the risk currently insured against any of the insured perils? If so, | | | | |

| | |
|--|--|
| a) The name of Insurance Company | |
| b) Policy Type | |
| c) Period | |
| Has any Company in respect of any insurance cover | |
| a) Declined your proposal? | |
| b) Cancelled or refused to renew your Policy? | |
| c) Accepted your Proposal on special terms and conditions? | |
| Have you ever claimed upon any Company for loss by any of the insured perils? If so, give details. | |

I/We hereby declare that subject to any exceptions and variations disclosed in item below:

1. All reasonable steps to safeguard the property against loss or damage will be taken.
2. All the proofs, evidences and documents required in case of a claim will be provided to the Insurer.
3. I/We have disclosed all the facts which could influence the acceptance of this Proposal or the term(s) to be approved.

Date:.....

Place:.....

.....
Signature of the Proposer

G. Premium Details

| | | |
|-----|-----------------|--|
| 26. | Mode of Payment | |
| | Payment Details | |
| | Amount | |

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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 of 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus 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 TEN LAKHS RUPEES.