

## JEWELLER'S BLOCK PROTECTOR POLICY

### PROPOSAL FORM

1.	a) Name of Proposer (in Full)																
	b) Address to which all communication should be sent																
	c) State address of all premises to which the Policy is to apply (if more than one, please attach a statement) including the floor(s) on which the premises are situated																
	d) Since when business established. (Month & Year)																
2.	Nature of your business	Wholesale	%	Retail	%												
		Manufacturing	%	Pawn broking	%												
3.	Give the safe maker's name, cost when purchased (State whether new or second-hand and whether marked "Thief Resisting" or "Burglar Proof")																
4.	a) Will the premises be occupied at night by you or your representative ?																
	b) Will there be a watchman on the insured premise(s) ? If "Yes" specify: (answer for all premises)																
	i. Whether he/they is/are your employees and is/are employed for all the 24 hours of the day																
		ii. Whether he is/they are common watchman for the whole building/locality or a night watchman to guard the insured premise(s) or the building or the locality.															
	c) Is the insured premises protected by armed guard on 24 hours basis ?																
	d) Is a burglar alarm system installed or any other special means of protection like CCTV adopted? If so, state what protection.																
	e) Are your display windows, protected by rolling shutter outside business hours?																
	f) How are the doors secured outside business hours?																
g) How are the windows protected?																	
5.	Window Display:																
	State the approximate maximum value of any one article of jewellery or gems which will be displayed in the window (a pad or tray containing a number of rings or other articles to be counted as one article) <b>Note:</b> This is not covered at night and during business hours the liability for "Window Smash" claims is 10% of Sum Insured under Section 1.																

6.	Stocks:	
	a) What was the average daily total value of your stock during the past 12 months?	
7.	b) Will the whole of your stock when on your premises be kept in safe at night and at all times when the premises are closed? If not, state value and class of stock, which will be left outside safes. <b>Note:</b> We do not cover stocks kept out of the safe after business hours at night except upto 10% of the Sum Insured under Section 1.	

7.	Valuation Basis: Are the figures in this Form compiled on the basis of cost price for your own stock? If not give details: <b>N.B.</b> Unless otherwise mutually agreed the basis of valuation shall be your material cost plus 10% thereof towards labour/ making charges.	
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8.	Losses:	
	a) Have you ever-sustained losses?	
	b) If so, give statement covering past five years with particulars,	
	c) Were you insured and if so, give the name of the Insurance Company and whether they paid the claim in full or a part thereof? (Please state how much)	

9.	Is the risk currently insured against any of the insured perils?	Yes		No	
	If Yes,				
	a) The name of Insurance Company				
	b) Policy Type				
	c) Period				

10.	Has any Company in respect of any insurance cover	Yes	No
	a) Declined your proposal?		
	b) Cancelled or refused to renew your Policy?		
	c) Accepted your Proposal on special terms and conditions?		

Section 1 (Stocks, Goods in Trust or on Commission)	
<b>Item A</b>	Sum Insured
i) Property Insured on Premises	₹
<b>Total</b>	
<b>Item B</b>	Limit for Any One Loss
i) Property insured whilst in your custody or that of your partners, directors or employees	₹
ii) Property insured whilst in custody of persons not in your regular employment such as brokers, agents, cutters or goldsmith	₹
<b>Total</b>	₹
<b>Item C</b>	
The property insured whilst in transit in India by	Limit for Any One Loss
1. Air Freight (Minimum 10% of value to be declared to Airlines)	₹
2. Angadia	₹
3. Other	₹
<b>Total</b>	₹

Section 2 Building and Other Content					
<b>Part A Other Contents</b>					Sum Insured
Item 1	Business and Office Furniture. (Furniture, fixtures, fittings, safes, electrical installations, office machinery, electrical and mechanical appliances, tools and instruments)				₹
Item 2	Interior Decoration.				₹
Item 3	All other Contents				
	i. Documents, patterns, moulds, plans, records, manuscripts, business books.				₹
	ii. Computer system records.				₹
	iii. Telephone, gas and electric meters.				₹
	iv. Partner's/Director's/Customer's/Visitor's/Employee's personal effects (Limit Rs. 5000 per person)				₹
	v. Any other item				₹
	<b>Total [Item 1 to 3]</b>				₹
<b>Part B Building</b>					Sum Insured (₹)
	Building including out building, boundary, walls, gates/fences, plinths and foundation				₹
Section 3 Fixed Glass and Sanitary Fittings					
Item 1	Plate Glass - details with dimensions and description of tinted, embossed ornamental or painted items				Sum Insured
	S.No.	Description	Dimensions		
	i)				₹
	ii)				₹
Item 2	i) Sanitary Fittings - details of items covered				₹
	<b>Total</b>				₹
Section 4 Personal Accident					
Name of Insured	Age	Monthly Income	Nominee	Nominee Relationship with Insured	Sum Insured
1.					₹
2.					₹
3.					₹
<b>Total</b>					₹
Section 5 Liability Insurance					
a) Public Liability					Sum Insured
Limit of liability for any one accident and all accidents during Policy Period					₹
b) Workmen's Compensation					
Number of Employees		Nature of Work		Annual Earning	Sum Insured
1.					₹
2.					₹
3.					₹
<b>Total</b>					₹
SECTION 6 MONEY					
					Sum Insured (Limit Any One Loss)
i) Money in direct transit from or to the premises					₹
ii) Money in direct transit between collection/payment center and Bank					₹
iii) Money in premises during business hours					₹
iv) Money in locked safe, strongroom, steel almirah or standard cash box outside business hours					₹
<b>Total</b>					₹

Section 7 Electronic Equipment INSURANCE*								
Item 1	S.No.	Description of Item	Year of manufacture	Sum Insured				
	i)			₹				
	ii)			₹				
	iii)			₹				
	iv)			₹				
Item 2	Value of Data Carrying Material			₹				
	<b>Total</b>			₹				
Please state whether the Electronic Equipment is maintained under an approved Maintenance Agreement with manufacturer or other concerns approved by manufacturer if value is more than Rs.1 lac.				<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
* Please note that the Electronic Equipments should not be more than 5 (five) years old.								

Section 8 ALL Risk			
Item 1	Neon and Illuminated Signs at premises		₹
Item 2	Hoardings at premises		₹
Item 3	Other Trade Equipments (Fill up details)		
	i)		₹
	ii)		₹
	iii)		₹
	iv)		₹
	<b>Total</b>		₹

### DECLARATION

1. "I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
2. 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 insurance company and that the policy will come into force only after full receipt of the premium chargeable.
3. I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."

I, hereby declare and warrant that the above statements are true and complete. I agree that this proposal shall form the basis of the contract should the insurance be effected. If after the insurance is effected, it is found that the statements, answers or particulars stated in the proposal form and its questionnaires are incorrect or untrue in any respect, the insurance company shall incur no liability under this insurance.

I have read the prospectus/sales literature and am willing to accept the coverage subject to the terms, conditions and exceptions prescribed by the insurance company therein.

Date: DD/MM/YYYY

Proposer's Signature

Place: .....

### PROHIBITION OF REBATES

#### Section 41 of the Insurance Act 1938 provides as follows:

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 of risk relating to lives or property in Indian any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy except any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in Company with the provisions of the section shall be punishable with fine, which may extend to five hundred rupees.