

# Bajaj Allianz General Insurance Company Limited

Regd. Office & Head Office: GE Plaza, Airport Road, Yerwada, Pune - 411 006

P - 4092 -

# **SHOPKEEPERS INSURANCE POLICY**

### **Proposal Form**

Important: This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

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	(ii)	R	oof	:										[		Con		e							t /M Plea					

b.	BUILDING OCCUPANCY	
	(i) Is the building solely occupied by the proposer?	☐ Yes ☐ No
	If 'No' give brief details of other occupancies :	
C.	Do you wish to opt for terrorism cover extension	Yes No
d.	Do you own the building?	└ Yes
	If yes, sum to be insured for insurance	Rs.
	(Please take the reinstatement value)  CONTENTS	1.5.
e.	What is the value of contents	
	(other than money and electronic equipments) ?	
	(i) Saleable items (Please take sales value)	
	(Please give a description of items)	Rs.
	(ii) Furniture, Fixture, Fittings	
	(Please take the reinstatement value)	Rs.
	(iii) Machinery / Equipments, if any	Rs.
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.5.
	Burglary and Robbery	
	bulgidity and Robberty	
a.	What is the value of contents (other than money)?	
	(i) Saleable items (Please take sales value)	D <sub>o</sub>
	(Please give a description of items)	Rs.
	(ii) Furniture, Fixture, Fittings	_
	(Please take the reinstatement value)	Rs.
b.	Describe in detail the nature of the Safes or :	
	Strong Rooms if any, in the Insured Premises	
	which are used to contain money	
	which are used to contain money	
	All and the first section of t	
C.	All money in safe	Rs.
	(Restricted to one day's collection)	
d.	All money in, till/counter	Rs.
	(Restricted to one day's collection)	
e.	Whether 24-hrs security provided for	
	(i) The complex/building housing the shop	Yes No
	(ii) Whether any burglar alarm or similar security devices	
	are provided	☐ Yes ☐ No
	If 'Yes' please specify	
	163 Ficuse specify	

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f.	Are there any special recommendations in regard to the	
	maintenance of these installations or is there any special	
	schedule of maintenance that has to be complied with in	☐ Yes ☐ No
	order to keep the above installations in good running	
	condition.	
	If 'Yes' are you in compliance with the same ?	☐ Yes ☐ No
	Money	
a.	Money in transit	D <sub>C</sub>
	(Please indicate the limit required per transit)	Rs.
b.	Is there a daily written record of the money in transit and is	☐ Yes ☐ No
	it updated every day?	res no
	Plate Glass	
a.	Please provide a description & location of the	
	Plate Glass, which you wish to insure, and its value	
	Breakdown of Business Equipment	
	(we do not cover equipments which are more than 10 years of	d)
a.	Please provide in respect of all business equipment	
	which you wish to insure, the following information:	
	i. Description	
	ii. Reinstatement Value	
	iii. Date of manufacture	
b.	Please provide details of breakdown and	
	Repair cost incurred during the last 3 years :	
	For the above equipments	
	(Please attach separate sheet if required)	
	Neon Sign / Glow Sign	
a.	Please provide in respect of all the neon signs and / or	
u.	glow signs that you wish to insure, the following information:	
	i. Description	
	i. Description	
	ii. Year of Production	
	iii. Name of manufacturer	
	iv. Reinstatement value for which you wish to insure :	
	iv. Remotatement value for willen you wish to mould.	

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Electro	nic Fo	IIIInm	nent
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Note: We will not provide insurance cover in respect of Electronic equipments, which are more than Ten years old from the date of manufacture of such equipments.

a.	Please provide in respect of all the Electronic equipment that	
	you wish to insure the following :	
	i. Description	
	ii. Type of the items	
	iii. Date of manufacture	
	iv. Name of manufacturer	
	v. Reinstatement Value	
b.	Please provide details of breakdown and Repair cost	
	incurred during the last 3 years	
	For the above equipments	
	(Please attach separate sheet if required)	
C.	Do you require cover for data media and software?	
	If so, provide	
	i. Reinstatement value of data media	Rs.
	ii. Repurchase cost for software	Rs.
d.	Do you require cover for reproduction of data lost	☐ Yes ☐ No
	following indemnifiable damage to data media?	ies ivo
	If 'Yes', what is the limit required?	Rs.
e.	Do you wish to opt for terrorism cover extension to protect	
	your equipment from terrorism damage	☐ Yes ☐ No
	Fidelity Guarantee	
a.	Please provide the following information in respect of all the	
	employees in respect of whom insurance cover is sought:	
	i. Name	
	ii. Designation	
	iii. Monthly Salary	
	iv. Amount of Cash / Stock held by the employee	
	(Please attach separate sheet if necessary)	
b.	Is there a system to obtain references from previous	
	Employers ? If not, specify practice followed	
c.	Has there been any occasion to question honesty or conduct	Yes No
	of any person proposed for guarantee ?	ies ivo
	If yes, please provide details	
d.	How often are the employees required to account	
<b></b>	for money?	

e.	Are books of accounts balar	nced everyday ?	☐ Yes ☐ No											
f.	What independent system is	s there to check that all sum	5											
	received by employees are a	accounted for												
g.	Have there been any report	ed losses												
	(whether insured or not) du	ue to fraud or dishonesty of												
	employees, partners or dire	ctors during the last five yea	rs?											
	Personal Accident													
a.	Do you want personal accid	lent cover for:												
i.	Yourself			Yes No										
ii.	Family members (who assis	t you in the business)		Yes No										
iii.	Other employees			Yes No										
b.	Please give the following de	Please give the following details for all persons to be covered under this section (If necessary please attach separate list)												
	Name of the person	Relationship with the proposer	Nature of functions	Date of Birth	Sum to be insured (Rs)									
a.	Please provide the limit of In For Any One Accident and A (Maximum limit Rs. 10 lacs)	Any One Year	Rs.											
b.	Please provide following inf													
	compensation cover is requ	ired												
	i. Number of Workers													
	ii. Nature of Work													
	iii. Any security measures													
		to prevent accidents												
	iv. Any past history of acc	idents in the premises												
a.		idents in the premises												
	iv. Any past history of acc	idents in the premises	Dc											
	iv. Any past history of acc	ION COVER t 12 months	Rs.											
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C.	iv. Any past history of acc BUSINESS INTERRUPT What is the Turnover for las Answer b to c if TO is more What is the estimated Turno What is the sum to be insure	ION COVER It 12 months than Rs.10 lacs over for next 12 months	Rs.	nases and other varia	able business expense:									
C.	iv. Any past history of acc BUSINESS INTERRUPT What is the Turnover for las Answer b to c if TO is more What is the estimated Turno What is the sum to be insure	ION COVER It 12 months than Rs.10 lacs over for next 12 months ed ated Gross Profit for next 12 in	Rs.	nases and other varia	able business expense									
c. NB:	iv. Any past history of acc BUSINESS INTERRUPT What is the Turnover for las Answer b to c if TO is more What is the estimated Turno What is the sum to be insure The sum to be insured is estimated.	ION COVER It 12 months than Rs.10 lacs over for next 12 months ed ated Gross Profit for next 12	Rs.  Rs.  months which is Turnover less purcl	nases and other varia	able business expense									
c. NB:	iv. Any past history of acc BUSINESS INTERRUPT What is the Turnover for las Answer b to c if TO is more What is the estimated Turno What is the sum to be insure The sum to be insured is estimated What is the estimated Net P What is the indemnity perio Do you maintain upto date	idents in the premises ION COVER It 12 months Ithan Rs.10 lacs Over for next 12 months Ithated Gross Profit for next 12 months Id opted (Max 12 months) Ibooks of accounts	Rs.  Rs.  months which is Turnover less purch  Rs.	Yes No	able business expenses									
c. NB : <sup>-</sup> d. e.	iv. Any past history of acc  BUSINESS INTERRUPT  What is the Turnover for las  Answer b to c if TO is more  What is the estimated Turno  What is the sum to be insure  The sum to be insured is estimated  What is the estimated Net P  What is the indemnity perio  Do you maintain upto date of the sum to opt for terro	idents in the premises ION COVER It 12 months Ithan Rs.10 lacs Over for next 12 months Ithated Gross Profit for next 12 months Id opted (Max 12 months) Ibooks of accounts	Rs. Rs. months which is Turnover less purcl Rs. 6 / 9 / 12 months		able business expenses									

### **Declarations and Warranty**

I/We 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/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Bajaj Allianz and I/We agree to accept a policy, subject to the conditions prescribed by Bajaj Allianz and to pay premium on the amount estimated above at the end of each policy period. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Date	_	
		Proposer's Signature

Note: The liability of the Company does not commence until the proposal has been accepted by the Company and the full premium paid

#### **Prohibition or Rebates**

- No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue and 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 rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to five hundred rupees.

## FOR OFFICE USE ONLY

#### **Premium Calculation**

Total Premium	Rs.
Discount for Covering more	Rs.
than 4 Sections :%	KS.
Net Premium :	Rs.
Service Tax ;	Rs.

Accepted by	
Date & Time	
Policy No.	