| B. | Towards third part | ies | Rs | | | | | | | | |
|------------------|--|---|--|---|--|--|--|--|--|--|--|
| | (Liability limited to 5 | 50% of Sum Insured under se | ction I or Rs. 50,00,000/- | whichever is less) | | | | | | | |
| XII | Additional rent fo | r alternate accommodation | Sum Insured (Rs.) | | | | | | | | |
| XIII | Tenant's legal liab | oility | | Sum Insured (Rs.) | | | | | | | |
| 3. | Have any of the it | tems opted for coverage u | nder various Sections er | numerated overleaf suffere | ed any damage previously? | | | | | | |
| | If so, give details | of the same, attach a sep | arate sheet, if necessary | 4 | | | | | | | |
| Date | of rence | Details of Items Lost | Details of Loss | Amount of Loss (Rs.) | Name of the Insurance Company | | | | | | |
| | Terree | | | (1(3)) | | | | | | | |
| | | | | | | | | | | | |
| | | <u> </u> | | | 1 | | | | | | |
| | | 1 | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9. | Details of previous | s claims experience (claim | s as percentage of pren | nium) | | | | | | | |
| | | | | | | | | | | | |
| 10. | Give details of exi | sting insurance, if any | | | | | | | | | |
| | Policy No. | | | | | | | | | | |
| | Company | | | | | | | | | | |
| | Expiry Date | | | | | | | | | | |
| 11. | Any other informa | tion relevant to this insura | ince | | | | | | | | |
| Cheq Bank | Cheque ue or DD Amount Name | DD | _ | | | | | | | | |
| Cheq | ue/DD No. | | | | Cheque/DD Date d d m m y y y y y | | | | | | |
| Decl | aration | | | | | | | | | | |
| know this i | rledge and belief. It nsurance is being g | is hereby understood and | I agreed that the statem ie insurance is effected, | nents, answers and particulity it is found that any of the | al form are true to the best of my / our ulars provided hereinabove are the basis on which e statements, answers or particulars are incorrect | | | | | | |
| | | ake to convey to Reliance on of this proposal form. | General Insurance Comp | any Limited any additions | s/alterations carried out in the risk proposed for | | | | | | |
| Place | :: | | Date: | Signature of | Proposer | | | | | | |
| Prob | ibition of rebate | es - Section 41 of The | Insurance Act 1938 | | | | | | | | |
| 1. N in re | o person shall allow surance in respect bate of the premic bate as may be all | w or offer to allow, either of any kind or risk relating on shown on the policy, nowed in accordance with | directly or indirectly, as a to lives or property in loor shall any person taking the published prospectors. | India, any rebate of the wing out or renewing or con- uses or tables of the insur- | rson to take out or renew or continue an whole or part of the commission payable or any tinuing a policy accept any rebate, except such er. with fine which may extend to Rs. 500/- | | | | | | |
| | | | | | | | | | | | |
| Regi | stered & Corpora | te Office Address | | | | | | | | | |

Registered Office: Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001

Corporate Office: 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai - 400 031







A Reliance Capital Company

1800 3002 8282 (toll free) 3989 8282 (local charges apply) www.reliancegeneral.co.in

Proposal Form for Reliance Office Package Policy The property proposed for insurance is not covered until the proposal is accepted and the premium is received

| Inte | rmediary Details (To be f | illed in I | BLOC | K LET | TERS |) | | | | | | | | | | | | | | | | | | | | |
|-------|--|------------|------|--------|-------|-----|---|------------|---|-------|---|---|--|---------|-------------|----------------|--------|-----|----------|--------|----|--|---|---|---|---|
| Inter | mediary Name | | | | | 1 | | | | | | _ | | | | | | | Code L | | | | | | | _ |
| Bran | ch Name | | | | | 1 | 1 | | | | | | | | | | | | Code L | | | | | | | |
| Sale | s Manager Name | | | | | | 1 | | | | | 1 | | | | | 1 1 | | Code | | | | | | | _ |
| Prop | ooser's Details (To be filled | d in BLO | CK L | ETTER | S) | | | | | | | | | | | | | | | | | | | | | |
| 1. | Name of the Proposer | M/s L | | 1 | | | 1 | | 1 | | | | | | | | | | | | | | | | | |
| 2a. | Address for Communication | חכ | | | | | | | | | | | | | | | | | | | | | | | | |
| | Flat Building | | | | | | | | | | | | | | | 1 | | | | | | | | | | |
| | Road/Street/Sector | | | | | | 1 | | | | | | | | | | | 1 | | | | | | | | |
| | Area | | | 1 | | 1 | 1 | | | | | | | | 1 | 1 | | | | | | | | | | |
| | Taluka/Village/District/C | ity | | | | 1 | 1 | | | | | | | | | | | | Pin Code | | | | | | | |
| | State | | | | | | 1 | | | | | | | | | | | | Country | | | | | | | |
| | Phone | | | | | | | | | | | | | | | | _ Mob | ile | | | | | | | | ı |
| | Email | | | | | | | | | | | | | | Fax | | | | | 1 | | | 1 | 1 | 1 | |
| 2Ь. | Address of the premises t | o be In | sure | d | | | | | | | | | | | | | | | | | | | | | | |
| | Flat Building | | | 1 | | 1 | 1 | | | | | | | | 1 | 1 | | | | | | | | | | |
| | Road/Street/Sector | | | | | | 1 | | | | | | | | | | | | | | | | | | | |
| | Area | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Taluka/Village/District/C | ity | | | | | 1 | | | | | 1 | | | | | | | Pin Code | | | | | | | |
| | State | نا | | | | 1 | 1 | 1 | | | | | | | | | 1 1 | | Country | L | | | 1 | | | 1 |
| | Phone | | | | | 1 | 1 | | | | | | | | | | _ Mob | ile | | | | | | | | |
| | Email | | | | | | | | | | | | | ī | Fax | | - | | | | | | | 1 | 1 | |
| 3. | Period of Insurance | From | ı L | d d | lm | m | У | / <u> </u> |) | ′ _) | / | | | | То | d | d m | ın | п у у у | У | | | | | | |
| 4. | Description of Business | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Financial interests AB | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | C | | | | | | | | | | | | | | | | | | | | | | | | |
| | | D | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | a. Is the premises owned or rented? | | | | | | | | | | | | | | | Owned | Rented | | | | | | | | | |
| | b. Do you wish to cover the building under Section I? | | | | | | | | | | | | | | ☐ Yes ☐ No | | | | | | | | | | | |
| | c. Do you wish to cover p | olinth & | foui | ndatio | on al | so? | | | | | | | | | | | | | Yes | | No | | | | | |
| | d. Please state the basis of valuation opted for under Section IA and IB - Reinstatement \ | | | | | | | | | | | | | ement V | alue | e Market Value | | | | | | | | | | |
| 7. | Please fill in the details for the Sections opted by you in the format hereinbelow | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sections: I. Fire & Allied Perils | | | | | | | | | | | | | | | | | | | | | | | | | |
| | A. Building | | | | | | | | | | | | | | Sum Insured | | | | | | | | | | | |
| | i. Superstructure | | | | | | | | | | | | | 1 | Rs. | 1 | | | | | | | | | | |
| | ii. Plinth & foundation | | | | | | | | | | | | | | L | Rs. | I | | | | | | | | | |
| | B. i. Contents-Other | | cide | ntal s | tock | | | | | | | | | | | | | L | Rs. | | | | | | | |
| | ii. Incidental stock | | | | | | | | | | | | | | | | | L | Rs. | | | | | | | |
| | Do you require Terrorism | | | | | | | | | | | | | | | | | | Yes | \Box | No | | | | | |
| | 7 | | | | | | | | | | | | | | | | | | | | | | | | | |

Reliance General Insurance Co. Ltd. Registered Office 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001

| II. E | Burglary & Housebreaking | | | | | VIII. Neon Si | gn and Glow Sign | | | | | | | |
|--------|------------------------------------|--------------------------------|----------------------------|-------------------|-------------|----------------------------|--------------------------------|--------------------|---------------------------|--------------------|-------------|-----------------------|---------------|--|
| i | i. Contents-Other than incident | al stock | | Rs. | | S. No. | | | It | em | | | | Sum Insured |
| i | ii. Incidental stock | | | Rs. | | | | | | | | | | (Rs.) |
| i | iii. Do you wish to extend this se | ection to cover "Theft" ? | | Yes | □No | | | | | | | | | |
| i | iv. Do you wish to opt for covera | ige on First Loss basis ? | | Yes | □No | | | | | | | | | |
| If yes | s, Please mention the Percentage | opted for First Loss limit | | | | | | | | | | | | |
| III. E | Electrical & Mechanical Applianc | es (Item are required to be o | covered on Current Replace | ment Value basis) | | | | | | | | | | |
| S. No. | | Make & Model | Year of | Identification | Sum Insured | | | | | | | | | |
| | | | Manufacture | No. | (Rs.) | | | | | | | Tota | t | |
| | | | | | | IX. Persona | l Accident | | | | | | | |
| | | | | | | Name | Relationship with | | Profession/ Occupation | Annual Income Ca | sured (CSI) | Table of Benefit | Cumulative | CSI under any existing P.A polic & (table of benef |
| | | | | | | | Proposer | | Оссираціон | (RS.) | (Rs.) | benefic | Benefit | & (table of benef |
| | | | | | <u> </u> | | | | | | | | | |
| | | | | | | | | | | | | | | |
| l | | | | | 1 | | | | | | | | | |
| | | | | | 1 | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | Total | | | | | | | | | | |
| IV I | Electronic Appliances (Items are | required to be covered on Cu | urrent Replacement Value b | pasis) | | Do you | wish to cover reimburs | sement of medical | expenses du | e to accident ? | | ☐ Yes | □ N | 0 |
| | Do you require Terrorism cover? | | | ☐ Yes | □ No | X. Infidelit | y / Dishonesty of em | nployees | | | | | | |
| S. No. | | Make & Model | Year of | Identification | Sum Insured | Whether | r floater cover is requir | red? | | | | ☐ Yes | □ N | 0 |
| 311101 | Beschption | Make a Model | Manufacture | No. | (Rs.) | | lease mention the lim | | | | | | | |
| | | | | | | | Per person Rs Per annum Rs. | (| if required) | | | | | |
| | | | | | | | lease furnish the follow | | | | | | | |
| | | | | | | | Name | | 1 | Designati | on | 1 | Limit c | of Liability (Rs.) |
| | | | | | | | | | | | | | | |
| | | | | | <u> </u> | | | | 1 | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | 1 | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | Total | | XI. Legal Li | - | | | | | | | |
| V. 1 | Money Insurance | | | Sum Insu | rod (Ps.) | A. Towards | Employees | | | | | | | |
| | a. In transit-limit per carrying | | | | reu (KS.) | | No. of employe | ees ———————— | | Nature of work | / duties | | Estima: | ted wages (Rs) |
| | • • • | | | Rs. | | | | | | | | | | |
| | b. In safe | | | Rs. | | | | | | | | | | |
| (| C. In Till | | | Rs. | | | | | | | | | | |
| VI. | Baggage Insurance | | | Sum Insu | ired (Rs.) | | | | | | | | | |
| | | | | | | | | | | | | | | |
| VII. | Fixed Plate Glass and Sanitary F | ittings (Items are required to | be covered on Reinstatem | nent Value basis) | | | | | | | | | | |
| S. No. | | Ite | em | | Sum Insured | Acknowledg | ment (on behalf of F | Reliance General I | nsurance Co | mpany Limited) | | | | |
| | | | | | (Rs.) | | | | | | | | | |
| | | | | | | Proposer's Full N | lame M/s | | | | | | | |
| | 1 | | | | | Sum Insured | | | Charles (DE) | outled dom m | V V V | / 0 | (DD a | |
| | | | | | | Cheque/DD No. Drawee Bank | | | Cneque/DD [| Date d d m m | <u> </u> | Chequ | e/טע Amount L | |
| | | | | | | Intermediary Na | 1 | | | | | | ode L | |
| | <u> </u> | | | | | Branch Name | | | | | 1 1 1 1 | 1 | ouc I | |
| | | | | Total | | Sales Manager N | Name L L | | | | | C | ode L | |

Intermediary Signature ___

This acknowledgement is not an automatic acceptance of risk.