3.	Give details of previous insurance, if any
	Policy No.
	Company
	Expiry Date
9.	Give details of other existing insurance if any
10.	Any other information relevant to this insurance
11.	Has any insurer refused insurance coverage for this property
knov this i	hereby declare that the statements, answers and particulars given by me / us in this proposal form are true to the best of my / our vledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove are the basis on which insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect itrue in any respect, the Company shall have no liability under this insurance.
	e agree and undertake to convey to Reliance General Insurance Company Limited any additions/alterations carried out in the risk proposed for ance after submission of this proposal form.
Place	::
Date	Signature of Proposer

Prohibition of rebates - 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 renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses 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 Rs. 500/-



A Reliance Capital Company

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

Proposal Form for Reliance Industry Care Policy

The property proposed for insurance is not covered until the propose is accepted and premium received

Intermediary Details (To b	e filled	in Bl	LOCK I	LETTE	RS)																					
Intermediary Name																		Code L								
Branch Name									_									Code L								
Sales Manager Name																		Code L								_
Proposer's Details (To be fi	lled in l	BLOC	K LETI	TERS)																						
Proposer's Full Name	□м			,																						
2a. Address of the proposer	IVI	п. 🗀	IV15.																							_
Flat Building	1														1						1	1				
Road/Street/Sector																										
Area																										
Taluka/Village/District/City	ـــــــــــــــــــــــــــــــــــــ																1	Pin Code								_
State	у∟ .																						_			
Phone																110	bile	Country								_
Email														Fav		IVIO	bite									_
	be Inc	-urad												Fax												_
2b. Address of the premises to	be ins	surea																								
Flat Building																										_
Road/Street/Sector																										_
Area	ـــــا															_		Pin Code								_
Taluka/Village/District/City	у <u></u> І .																_ I									_
State															1	N 4 =	L:Ia	Country								_
Phone														_		IVIO	bile									
Email		Ld	d	Lm	m I	\/ \	\/ \/	, ,	, I				т.	Fax		Im	m	у у у								_
3. Period of Insurance	From	U	u	1111	111	У	у у	(/				To	u	u	1111	1 1111	у у у	У							
4. Description of Business																										_
5. a. Whether the premises on	wned o	or rer	nted															Owned		Re	ente	d				
b. Do you wish to cover the	e build	ding u	ınder	Sect	ion I	?												Yes		No	0					
c. Do you wish to cover Pli	inth &	Foun	datio	n als	0?													Yes		No	0					
d. Please state the basis of	valuat	tion (opted	for u	ınde	r Sec	tion	I an	d V	- w	heth	ner d	חכ													
Reinstatement Value (RI	IV) or I	Mark	et Val	lue (I	MV)	Basis												RIV		M	V					
6. Please fill up the details fo	r the S	Section	ons op	oted	bу у	ou in	the	forn	nat	here	inbe	low	(Ple	ease	note	e tha	at se	ction I(B)	s co	mp	ulsc	ory)				
I Fire & Allied Perils																										
A. Building																		Sum I	nsur	ed						
i. Superstructure																	L	Rs.				١				
ii. Plinth & Foundation	()	(I) =		. 1	C .												L	Rs.								
B. Contents			ther t					k in '	īrad	е							L	Rs.				_				
	(b) (tock			cin li	rade										L	Rs.				_				
Do you require Terrorism or		JUUU	ש ווכנל	. 111 L	iust													Yes		1 N		_		10	4001,20	6



II. Busi	ness Interruption					VII. Goods in Transit
Total Sum	Insured Amount to be insur	ed on		Sum Assu	red	Total Sum Insure
a.	Gross Profit (net profit plus	Standing Charges)		Rs.		Per bottom limit
b. '	Wages					
i	i. On weeks basis			Rs.		Details/Descripti
i	ii. On dual basis			Rs.		Description of Pa
State the b	basis of indemnity required:					Mode of Transit
	Turnover basis or					VIII. Personal Accide
	Output basis or			-		
C.	Difference basis					S. No.
	Proposer wish to include fees n with claim? If so,	s payable to Auditors for cert	cifying particulars required in	Yes	No	
Please stat	te the amount			Rs.		
Does the F	Proposer require the following	ng extensions?				
	His property at other situation				No	
	Electricity, Gas works or Wat	ter works			No	
С.	Supplier's premises			Yes	No	
If so, give	details					
Period of I		rom	To d d m	n_m[y_y_y_y]		
III. Mac			Current New Replacement Val			Do you wish to cover
S. No.	Description	Make & Model	Year of	Identification	Sum Insured	IX. Infidelity / Dish
			manufacture	No.	(Rs.)	
				1		Do you require a
						S. No.
		1		Total		
				Totat		X. Legal Liability
IV. Elect	tronic Equipment / Applian	ices (Items are required to be	e covered on Current New Rep	lacement Value basis)		
S. No. _I	Description	Make & Model	Year of	Identification	Sum Insured	
3. 140.	Description	Make & Model		•		<u>N</u>
			manufacture	No.	(Rs.)	
1				1		
i						
						B. Towards third pa
				1		7. Please indicate it
				Total		Attach a separa
				I		Date of
V. Burg	glary & Housebreaking					occurrence
Cont	tents (a)	(i) Other than Stock & Stoc	k in Trade	Rs		
20		(ii) Stock and Stock in Trade		Rs		
		Goods held in trust		Rs		
VT Ma-	ney Insurance	The state of the s				
	se indicate the amount to b	e insured				
a. I	In transit-limit per carrying			Rs		
b. I	In Safe			Rs		
	In Till			Rs.		

um Insured (raw materials, finishe	ed goods, semi	finished goods,	spares, consur	mable)	Rs.	
tom limit					Rs.	
/Description of goods						
otion of Packing						
of Transit						
Name	DOB	Designation	Total opted	Capital Sum	Nominee	Relationship
			for	Insured (CSI) (R	s.) Name	with Nominee
to cover reimbursement of medic	al expenses du	e to accident ?		Y	es No	
ity / Dishonesty of employees						
require a floater cover?					es No	
Name	1		Designation		Limit of L	iability (Rs.)
					1	
					1	
					l	
						(5.)
No. of Employees		Nat	ure of work / o	duties	Estimated	wages (Rs)
					1	
					1	
s third parties : AOA = AOY = Rs.						
	oorted in the pa	ast under any se	ections enumer	rated above? If so	, give details of the	same.
	5				N 6.1 7	
Details of item lost	Det	tails of Loss	Am	(Rs.)	Name of the Insu	irance Company
			1	1		
 				L		
	iability s Employees No. of Employees No. of Employees s third parties : AOA = AOY = Rs. indicate if any claim has been repairs a separate sheet, if necessary. Details of	tom limit // Description of goods tion of Packing of Transit al Accident Name DOB to cover reimbursement of medical expenses du ty / Dishonesty of employees require a floater cover? Name iability s Employees No. of Employees No. of Employees I continue to the pack of	tom limit //Description of goods tion of Packing of Transit al Accident Name DOB Designation Dob Lesignation Dob Designation Dob Designation Dob Designation Dob Designation Dob Designation Dob Dob Designation Dob Dob Dob Dob Dob Dob Dob D	to cover reimbursement of medical expenses due to accident? Name Dosignation of cover? Name Dosignation of cover? Name Dosignation Designation of cover reimbursement of medical expenses due to accident? Ity / Dishonesty of employees require a floater cover? Name Designation	Accident Name DOB Designation Total opted Capital Sum for Insured (CSI) (R Ins	tom limit Rs. //Description of goods tion of Packing if Transit al Accident Name DOB Designation For Insured (CSJ) (Rs.) Name Insured (CSJ) (Rs.) Name to cover reimbursement of medical expenses due to accident? Yes No ty / Dishonesty of employees require a floater cover? Name Designation Limit of L iability s Employees No. of Employees Nature of work / duties Estimated Indicate if any claim has been reported in the past under any sections enumerated above? If so, give details of the as separate sheet, if necessary. Details of Details of Details of Loss Amount of Loss Name of the Inst