



Leadership and beyond

दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड
The New India Assurance Co. Ltd
India's Premier Multinational General Insurance Company

PROPOSAL FORM

NEW INDIA UDYAM BIMA

This proposal for insurance will be the basis of 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. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, mis-declaration, non-description, fraud, failure to disclose or suppression of any material facts in response to the questions in the Proposal Form or on non-disclosure of any material particular. 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.

- Note: 1) Please complete the Proposal Form in BLOCK LETTERS and tick the boxes whichever are applicable.
2) Attach additional sheets if space given is insufficient.

INTERMEDIARY DETAILS

1. Agent / Broker Name: _____
2. Agent / Broker Licence Code: _____
3. Agent / Broker Contact Number : _____

PROPOSER DETAILS

1. Proposer Name:
MSME Certificate No./UDYAM Adhaar No _____
2. Office Address:
Road _____ Area _____
City _____ District _____
State _____ Pin Code _____
3. Description of Business/ trade: _____
4. Financial Interest:
5. Period of Insurance (DD/MM/YYYY) From: _____ To _____
6. Location of Risk: _____
Road _____ Area/Pi
City _____ ncode _____
District/
State _____

DETAILS ABOUT SUBJECT MATTER COVERED

Section - Standard Fire and Special Perils

Building wise values for each location (please include the Kutcha building also in this list and give individual values against such buildings) All Amount in Rs.

<i>Descr Iption Of Block S</i>	<i>Occupancy</i>	<i>Buildin g</i>	<i>Plinth & Foundati on</i>	<i>Plant & Machiner y</i>	<i>Furnitur e, Fixtures & Fittings</i>	<i>Stocks</i>	<i>Stocks in process *</i>	<i>Total</i>	<i>Age (yrs)</i>	<i>Heigh t (mts)</i>	<i>Construct ion</i>
Total											

NOTE *In case of multiple locations kindly provide the information in separate sheet, duly signed and also furnish details of other fire insurance policies taken for same location.

GOODS HELD IN TRUST – YES/NO. _____

IF YES, SPECIFY SUM INSURED – RS _____

COMPOUND WALL – YES/NO

IF YES, SPECIFY SUM INSURED – RS _____

Section – Business Interruption

Note: Please provide separate sheet wherever required.

a. Do you wish to opt for this cover? Yes /No

If yes, please provide the following details:

b. What is the Turnover for last 12 months? Rs. _____

1. What is the estimated Turnover for next 12 months? Rs. _____

d. What is the sum to be insured? Rs. _____

NB: The sum to be insured is estimated Gross Profit for next 12 months which is Turnover less purchases and other variable business expenses.

1. What is the estimated Net Profit for the next 12 months? Rs. _____

2. What is the indemnity period opted? 6 months / 9 months / 12 months

g. Do you maintain up to date books of accounts? Yes /No

h. Do you wish to opt for terrorism cover extension? Yes /No

(You can opt for terrorism extension for this section, only if you opt it under Section 1)

Section – Personal Accident/Group Personal Accident

All items are compulsory

1. Cover required for Self: _____

2. Name (Self) : _____

3. Age (Self) : _____

4. Occupation (Self): _____ Sum Insured _____

5. Name of Assignee: _____

6. Relation with the insured : _____

Cover required for Employees :

7. Number of Employees :

8. Policy on named/unnamed basis :

9. Occupation of employees :

10. Attach a list of named employees along with their Employee number, Age and Assignee (Name and Relation) details: Yes/No

Section – Burglary and Housebreaking Section

Sum Insured Details (Rs)

Risk Location	Stock-in-Trade	Goods held by the Proposer in Trust or on commission for which he is responsible.	Coins and/or Currency Notes in Locked safe	Furniture, Fixtures, Fittings, Utensils and Appliances in trade.	Other Assets (please Specify)	Total

Section – Public Liability

SN	Location Address	Limit of liability - Each Occurrence (Rs)	Limit of liability - All Occurrences (Rs)
1			
2			

A. Annual Turnover revenue receipts:

Year	Sales Turnover (Rs)
Next	
Current	
Prior	

B. Retroactive Date (DD/MM/YYYY):

C. Extensions desired:

(a) Sudden and Accidental Pollution Extension Yes No

(b) Liability arising out of Transportation Yes No

If Yes, please state the sublimit required: -----

(c) Act of God Extension

Yes No

(d) Terrorism Extension

Yes No

(e) Goods kept in Care, Custody and Control

Yes No

Section – Employers' Compensation

Would you like to opt for cover against Liability under Employers' Compensation Act? Yes No
If yes, please fill in the details in the following table:

Employee Details

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment
Employees drawing monthly wages upto Rs 15,000.			
Own Employee			
Clerical Staff			
Travelling Sales Staff			
Others (Please specify)			
Contract Employee			
Clerical Staff			
Travelling Sales Staff			
Others (Please specify)			

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment
Employees drawing monthly wages above Rs 15,000.			
Own Employee			
Clerical Staff			
Travelling Sales Staff			
Others (Please specify)			
Contract Employee			
Clerical Staff			
Travelling Sales Staff			
Others (Please specify)			

E. Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk? Yes No

If yes, please provide details

F. Are you currently covered under any of the existing policies from The New India Assurance Company Limited? Yes No

If yes, please provide details

1. PAN card number (10 character number):

Declaration:

2. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
3. I/we understand that the Company has the right to call for documents to establish sources of funds.
4. The Insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the Prevention of Money Laundering in India.

DECLARATION BY PROPOSER

3. I/We hereby declare that the statements made by me / us in this Proposal Form are true, accurate and complete to the best of my / our knowledge and belief and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein which is relevant to my/our application for Insurance under this Proposal Form and I/ We hereby agree that this declaration shall form the basis of the contract between me/ us and the "THE NEW INDIA ASSURANCE CO LTD".

If any additions or alterations are carried out in the risk proposed after the submission of this Proposal Form then the same will be conveyed by me to the Insurers immediately.

Date:

Place:

Signature of Proposer

Prohibition of Rebates (Section 41) of the Insurance Act

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 or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

