



## THE NEW INDIA ASSURANCE CO. LTD.

Regd. And Head Office : New India Assurance Bldg., 87, Mahatma Gandhi Road, Fort, Mumbai – 400001 (O)022-22708100

IRDA REG. NO. : 190 CIN NO. : L66000MH1919GOI000526

# NEW INDIA BHARAT LAGHU UDYAM POLICY

## PROPOSAL FORM

### **Important:**

1. This proposal is for covering an enterprise whose total value of insurable assets at a location exceeds ₹5 Crores but does not exceed ₹50 Crores, against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium paid.

Policy Issuing Office Address & Code	
Intermediary / Agent Name & Code	

### **A. Details About Proposer & Policy Period**

01	Name of Proposer	
02	Address of Proposer / Risk Location with Pin Code	
03	Contact : (A) Landline	
04	Contact : (B) Mobile	
05	E-mail ID GST No. of Proposer PAN	
06	Contact person details (where proposer is not an individual) a. Name b. Designation	
07	Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
08	Period of Insurance	From :    /    /                      To :    /    /





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12	If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored		
13	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable)		
14	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?		
15	Fire Protection devices installed	Portable Extinguishers	Yes / No
		Small bore hose reels	Yes / No
		Trailer Pumps/Fire engines	Yes / No
		Hydrant System	Yes / No
		Sprinkler System	Yes / No
		Fixed Water Spray System	Yes / No
		Foam System	Yes / No
		Fire Alarm System	Yes / No
		Gas Flooding System	Yes / No
		Others, please specify	Yes / No
16	Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force	Yes / No	
17	<b>Construction Details</b> a. Please state material used		<b>Construction*</b>
		Walls	Kutcha / Pucca
		Floor	Kutcha / Pucca
		Roof	Kutcha / Pucca
<p><b>*Please note the following:</b>  <i>(Building(s) having walls and / or roofs of wooden planks / thatched leaves and / or grass / hay of any kind/bamboo / plastic cloth / asphalt / canvas / tarpaulin and the like are treated as Kutcha Construction.</i></p> <p><b>Construction other than Kutcha Construction is a 'Pucca Construction')</b></p>			
b.	Number of Floors		



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c.	Age of Building	Less than 05 years	Year of Construction :		
		05-10 years	Year of Construction :		
		10-20 years	Year of Construction :		
		20-30 years	Year of Construction :		
		30-40 years	Year of Construction :		
		More than 40 years	Year of Construction :		
18	Distance between the risk to be covered and nearest Fire Brigade	_____ KMs.			
19	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)	Yes / No Policy No : Policy Period : From    /    /    To :    /    / Claim Details :			
20	Whether Insurance was declined by any other Company (Give details)	Yes / No			
21	Premium / Claim details for the past 36 months excluding the expiring policy period				
	Date of Loss	Cause of Loss	Claimed Amount	Settled Amount / outstanding	Premium

### D. Sum Insured and Other details of Insured Property

Indicate Sum Insured on the following basis :

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents : **Reinstatement Value**
- For raw material : **Landed Cost**
- For stock in process: **Input Cost**
- For finished stock : **Manufacturing cost** of the finished stock **or** the **Contract Price\*** of goods sold but not delivered, as applicable.

\***Contract Price** is in respect only of goods sold but not delivered, for which you are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price.





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### E. Standard Add-on :

I. Do you want to opt for Floater Cover? : Yes / No

23	Floater Cover (for stocks at various locations)			
		<b>Location Address with Pin Code</b>	<b>Occupancy</b>	<b>Sum Insured</b>
	1			
	2			
	3			
	4			
5				
i) Maximum value at any one location : ₹ _____				
ii) Whether stocks stored in open : Yes / No				

II. Do You want to opt for Declaration Policy? : Yes / No

24	Stocks which fluctuate in value to be covered on (monthly) declaration basis :
Amount (₹):	

### F. Premium Details :

Mode of Payment	Cash / Cheque / NEFT / RTGS / ECS / Other
Payment Details	
Amount (in ₹)	
Date of Payment	



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# **NEW INDIA BHARAT LAGHU UDYAM POLICY**

### **G. Declaration by Insured :**

I / We hereby declare that the value of insurable assets is more than ₹5 Crores (Rupees Five Crores) but less than ₹50 Crores (Rupees Fifty Crores) and the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / we hereby agree that this declaration shall form the basis of the contract between me / us and 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 should be conveyed to the insurers immediately.

Date :

Place :

Signature of the Proposer

### **INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates**

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

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.



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### DECLARATION TO BE SUBMITTED WITH FIRE PROPOSAL FORM / RENEWAL NOTICE

Name of Proposer :

Address of The Proposer :

### APPLICABLE FIRE SAILENT FEATURES DISCOUNT & ADVERSE RISK LOADING

SR. NO.	DISCOUNT / LOADING PARAMETER	DECLARATION TO BE MADE AS YES / NO
01	OPERATIONAL FIRE HYDRANT / SPRINKLER / WATER SPRAY SYSTEM / FIRE ALARM / SMOKE DETECTORS	YES / NO
02	ELECTRICAL INSTALLATION / WELL MAINTAINED STANDARD EQUIPEMENT & INSTALLATION	YES / NO
03	PROVISION OF STORM WATER DRAINAGE SYSTEM & BUILDING WITH PLINTH LEVEL AT LEAST 1.50 FEET ABOVE GROUND	YES / NO
04	HIGH STANDARD SECURITY WITH NO OF SECURITY GUARDS WITH 24X7 CAMERA	YES / NO
05	PAST 03 YEAR CLAIM RATIO BELOW 70% PREMIUM : RS. _____ CLAIM : RS. _____	YES / NO
06	PAST 03 YEAR CLAIM RATIO BETWEEN 70% TO 100% PREMIUM : RS. _____ CLAIM : RS. _____	YES / NO
07	PAST 03 YEAR CLAIM RATIO BETWEEN 100% TO 200% PREMIUM : RS. _____ CLAIM : RS. _____	YES / NO
08	PAST 03 YEAR CLAIM RATIO ABOVE 100% TO 200% PREMIUM : RS. _____ CLAIM : RS. _____	YES / NO
09	BASEMENT IN THE BUIDING USED FOR OPERATIONS / STORAGE / P&M INSTALLED THERE IN	YES / NO
10	INSURED PREMISES LOCATED WITHIN 1 KM DISTANCE OF WATER BODY LIKE SEASHORE / LAKE / RIVER	YES / NO
11	RISK LOCATED IN THICKLY POPULATED AREA WITH NO ACCESS TO FIRE BRIGADE	YES / NO
12	AGE OF BUILDING BEYOND 30 YEARS OR STRENGTH & CONDITION OF BUILDING BELOW AVERAGE (CONSTRUCTION YEAR : _____)	YES / NO

#### Declaration by Insured

I / We hereby declare and warrant that the above statements are true and complete and the declarations made by me / us in this declaration Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and 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 should be conveyed to the insurers immediately.

Date :  
Place :

Signature of the Proposer