

PROPOSAL FORM – STANDARD FIRE AND SPECIAL PERILS POLICY (RETAIL)

(Acceptance of this proposal is subject to the rules & regulations of All India Fire Tariff. The property is not covered until the proposal is accepted and premium paid.)

Agent/Broker Name						
Agent/Broker Code						
Agent Mobile Number	Email Address					
Name of the Proposer						
Address of the Proposer						
	City State Pin Code					
Mobile Number	Email Address					
Policy to be issued in favour of	(List of all the parties who have insurable interest)					
Financial Institution Interest (if any)	(Attach annexure in case of multiple institutions)					
Business of the Proposer						
Period of Insurance	From To					
Whether you have insured the same	you have insured the same property with any other Insurance Company with the same type of Yes/No					
coverage. (Give details)						
Whether Insurance was declined by a	any other Company or imposed any Special Conditions (Give details)	Yes/No				
Risk Location/s to be Insured -						
Give complete address with						
pincode	CityStatePin Code					
Occupancy of the Risk Location						
	(Describe the activities carried out in the premises)					
Note - in case of multiple locations please attach annexure indicating risk location addresses and occupancies of each location. In case of						
Warehouse (Godown) not located in a manufacturing unit, please give the list of major goods stored. In case of industrial/mfg unit, please give details						
of product manufactured at the location. If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?						
If used as Shop please declare whether the goods handled are as per the following list. If yes, whether the stock value will exceed 5% of shops						
value. 1. Celluloid goods, 2. Coir Loose, 3. Crackers & Fire Works, 4. Explosives of any kind, 5. Hay/Straw, 6. Hemp, 7. Jute Loose, 8. Matches,						
9. Methylated Spirit, 10. Nitro-Cellulose Plastics, 11. Oils/Ether/Industrial Solvents and other inflammable liquids flashing at and below 32 Deg. C						
(Closed Cup test), 12. Paints with inflammable base having flash point below 32 Deg.C (Closed Cup test) - Other than in sealed tins or drums,						
13. Varnishes having a Flash point below 32 Deg.C (Closed Cup test) - Other than in sealed tins or drums, 14. Disinfectant liquids and liquid						
insecticides - Other than in sealed tins or drums, 15. Vegetable fibres of any kind including Rayon Fibre.						
Construction Details	Please state material used for					
	WallRoof					
Note: Buildings having walls and/ or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt						
cloth/canvas/tarpaulin and the like are treated as "Kutcha" construction						
Height of the Building	meters					
Age of the Building (Select)	Less than 5 yrs 🔲 5 to 10 yrs 🔲 10 to 20 yrs 🔲 above 20) yrs 🔲 Yes/No				
Fire Protection devices installed at	Portable Extinguishers					
Risk Location.	Small bore hose reels					
	Trailer Pumps/Fire engines	Yes/No				

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MAGMA

General Insurance Company Ltd.

	Hydrant System							Yes/No	
	Sprinkler System					Yes/No			
	Fixed Water Spray System								Yes/No
	Foam systems								Yes/No
	Fire alarm systems								Yes/No
Select as applicable	Gas flooding systems							Yes/No	
 (Note – in case of multiple locations please attach annexure indicating fire protection details of each location) Availability of 24*7 security Any Basement Exposure Any stock kept in open Basis for Building/Machinery/ FFF Would you like to delete any of follow basic cover? Would you like to cover Plinth & Four 	Yes No Yes No Yes No Yes No Market Value Reinstatement Value ring covers from the Flood Cyclone Group of Perils (STFI) Riot, Strike & Malicious Damage (RSMD))	Yes/No Yes/No Yes/No		
How far is the public fire brigade from	n the insured	location							
Sum Insured Details	Please mention block wise sum insured for various risk locations below							s below	
Risk Location /Block	Building	Machinery		Furniture/ Fixtures/ Fittings		Stocks and Stock in Process	Others (specify)		Total Sum Insured
Note – in case of multiple locations p	lease attach	annexur	es/add	itional s	sheets				
Special Coverage for Stocks Only								Sum Ir	nsured
(A) Floater - Stocks at various locations can be covered on floater basis for a single Sum Insured.									
(B) Declaration - Stocks which fluctua	ate in value c	an be co	overed	on (mo	nthly) dec	laration bas	is.		
(C) Floater Declaration - Stocks whic	h fluctuate in	value as	s well a	is store	ed in vario	us locations	can		
be covered on (monthly) floater declaration basis.									
(D) Stock stored in Open (Located ou		tory com	pound)					
Premium / Claim details for the pas							1		
Period of Insurance and Details of Loss			Claim Amount				Premiu	m Paid	
Add-on Covers / Clauses Opted Name of Add on Cover / Clauses Paguired Sum					C	Incured			
Name of Add-on Cover / Clause	oc (in over	c of 20/	olaim a	mount		Require	u	Sum	Insured
Architects consulting & Engineers Fe Standard Fire and Special Perils Policy (Retail)	es (in exces	5 01 3%	ciaim a	iniount))	Yes/No			
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Debris Removal (in excess of 1% claim amount) Yes/No Yes/No Earthquake (Fire & Shock) Escalation (%) Yes/No Yes/No Omission to Insure additions, alterations or extensions (%) Impact damage due to insured's own Rail/Road vehicles, fork lift and like & Yes/No articles dropped there from Spontaneous Combustion Yes/No Spoilage material cover Yes/No Yes/No Leakage and contamination cover Temporary removal of stocks Yes/No Forest Fire Yes/No Additional expenses of rent for an alternate accommodation Yes/No Start-up expenses Yes/No Deterioration of Stocks in cold storage premises on account of accidental power Yes/No failures due to damage at power station due to an insured peril Deterioration of stocks in cold storage premises due to change in temperature Yes/No arising out of loss or damage to the cold storage machinery (ies) in the Insured's premises due to operation of insured peril. **Terrorism Cover Extension** Yes/No Note - Any additional add-ons (if any) to be separately attached as an annexure / additional sheet Voluntary deductible opted, if yes, up to what limit? Yes/No Limit – **Premium Payment Details:** Total Premium Amount (Including GST) - INR Payee Name -Kindly select : Cheque NEFT Cash DD Cheque /DD/ PO /UTR No. Date IFSC Amount in Rs. Bank Account No. Bank Name Branch PAN Number Aadhaar Number Documents to be attached as per requirement for fulfillment of KYC Norms. Yes/ No **GST** Registered **GSTIN Number GST** State

ELECTRONIC INSURANCE DETAILS

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General Insurance Company Ltd.

Do you wish to have this Policy credited to an eIA? (Please select anyone)

□ No, I do not have an eIA and do not wish to open one € Yes, Credit this Policy to my e-Insurance account

If yes, please share existing e-Insurance Account No _____

Please select Insurance Repository Name (you have opened your account with)

€M/s NSDL Database Management Limited € M/s Karvy Insurance Repository Limited

€M/s Central Insurance Repository Limited € M/s CAMS Repository Services Limited (Please select any one) Or

€ I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account (Please submit electronic insurance account opening form (eIA form) along with relevant documents)

My CKYC No. (Central Know Your Customer registry number) is (if available): _____

Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)

First Name

Middle Name

Last Name

Gender

DOB

PAN

Address Line 1

Address Line 2

Address Line 3

Pin code

Telephone Number

Mobile Number

Relationship

Other Relationship

Email Id

UID

Landmark

State

City

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Magma HDI General Insurance Co. Ltd. | <u>www.magmahdi.com</u> | E-mail: <u>customercare@magma-hdi.co.in</u> | Toll-free no. : 1800 2663202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016. CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.

MHDI Version 4.0



Country

Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

INTERMEDIARY DECLARATION

Intermediary PAN number:

Intermediary Aadhaar number:

I, ______ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor: _____

DECLARATION BY INSURED

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 Magma HDI General Insurance Co. Ltd

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

I hereby consent to and authorize Magma HDI General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on my Whatsapp (other app) number.

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Magma HDI General Insurance Co. Ltd. | <u>www.magmahdi.com</u> | E-mail: <u>customercare@magma-hdi.co.in</u> | Toll-free no. : 1800 2663202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016. CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.



Place	
Date	
Signature of Pro	poser

AML Guidelines

I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of
proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that
the Company has the right to call for documents to establish sources of funds and to cancel the insurance
policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or
indirectly governing the prevention of money laundering law in India.

Date: DD/MM/YYYY

Signature of the Proposer: _____

Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?

 \Box YES \Box NO

If yes, please share the details of "Politically Exposed Persons" (PEPs):

* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

2. Additional Information:

Nationality: Indian

Non-Indian

If, Non-Indian, please specify Country:-----

3. Type of Organisation:

(i) Corporations

(ii) Trust

- (iii) Government
- (iv) Partnership
- (v) Non-Government Organisations
- (vi) Co-operatives
- (vii) Society
- (viii) Private Limited Company
- (ix) Public Limited Company
- (x) others, please specify------

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4. Source of Funds:

Business: ----- Others (please specify)------

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma HDI General Insurance Company Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place:

Proposer's Signature_____

Name: _____ Designation _____

Company stamp

Date: (DD-MM-YYYY)

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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.