



4. Occupation / Business Activity :

5. Policy Period: : From:  
To :

6. Coverage Part (Please tick mark the Covers required and answer the relevant questions)

COVER 1 - BUILDING AND CONTENTS (EXCLUDING VALUABLES)

**Note: This section is compulsory. Please attach separate sheet wherever required.**

a. Building:

Construction of External Walls: Brick / Concrete / Glass/ Asbestos / Others  
(Please specify)

Construction of Roof: Concrete / Asbestos / Tiles / Others (Please  
specify)

b. Age of the building :

c. Is the Building owned by you? : Yes / No

d. Are you the sole occupant of the Building?: Yes / No

If No, who are the other occupants? Please give details:

f. If you are the owner of the Building please indicate the sum

To be insured: : Rs.

**(Please note that the sum to be insured should represent the new reinstatement value of the building)**

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g. Contents (Please specify the sum to be insured for contents)

Item	Sum to be Insured (Rs)
Furniture, Fixture and Fittings	
Office Equipments (Other than Electronic Equipments and Portable Computers covered under Section 7)	
Cash in safe or locked cupboard	
Other items (Please specify)	

COVER 2 – BURGLARY & ROBBERY INCLUDING THEFT

*(Please note that the sum insured for this section will be the same as that for contents under Section 1A other than Money.)*

a. Do you wish to opt this section? : Yes / No

b. Please give break up of sum to be insured:

Item	Sum to be Insured (Rs)
Furniture, Fixture and Fittings	
Office Equipments (Other than Electronic Equipments and Portable Computers covered under Section 7)	
Cash in safe or locked cupboard	
Cash in Till /counter	
Other items (please specify)	

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COVER 3 – DAMAGE TO MOTOR VEHICLES

- a. Please specify the maximum value of the model of the :  
Vehicle handled by you?
- b. What is the Any One Incident Limit :
- c. What is the annual limit :
- d. Do you provide pick & drop facility to customers? :
- e. Do you want to cover damage to motor vehicle by an employee or by a customer, while driving a motor vehicle for a trial run ?
- f. Have you ever suffered any losses due to damage to motor vehicle by an employee or by a customer, while driving a motor vehicle for a trial run:
- g. Did you have or are you having any Insurance Policy for this Cover with any other Insurer,

COVER 4 – NEON SIGN

- a. Please give the location of the Neon Sign in the insured Premises:
- b. What is the year of installation :
- c. What is the estimated Reinstatement Cost :

COVER 5 – BUSINESS INTERRUPTION

- a. What is the Turnover for last 12 months :
- b. What is the estimated Turnover for next 12 months :
- c. What is the sum to be insured :

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

d. What is the indemnity period opted (Max 12 months) : 6 / 9 / 12 months

COVER 6 – BREAKDOWN OF BUSINESS EQUIPMENT

*Note: 1. Equipments older than 10 years cannot be insured under this section*

*2. The sum to be insured should represent the new replacement value of the same type of equipment*

*3. Please add separate sheet, if required*

Sr. No.	Description of the equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	Sum to be Insured (Rs)

COVER 7 – MONEY INSURANCE

a. Please specify the locations between which the transit :  
Of money to be covered?

b. What is the Any One Transit Limit :

c. How many transits take place in a month: :

d. What is the estimated Annual Transit :

e. What is the mode of transit :

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f. Please specify security provided, if any? :

g. Whether casual employees are used for carrying money? :

COVER 8 - PLATE GLASS

b. Please provide brief details of the Plate Glass to be insured and the value:

Position of each square of pane of glass	Size of each square of plane of glass		Description of glass State whether plain, plate or plain sheet, silvered, embossed, stained, bent or ornamental etc	Value (Rs)
	Height in cm	Width in cm		

*Note: Please attach separate sheet if required. In the event of a loss all glass is considered as plain and of ordinary glazing quality unless specifically stated to the contrary here and in the schedule of the policy.*

c. Is there any plate glass in the insured premises that is  
Not included in the above? :

c. Is there at present any broken or damaged plate glass? :

If Yes, please describe the position and size :

COVER 9 – ELECTRONIC EQUIPMENT

*Note: 1. Computers older than 5 years and other Equipments older than 10 years cannot be insured under this section*

*2. The sum to be insured should represent the new replacement value of the same type of equipment*

*3. Please add separate sheet, if required*

*4. Please specify the External Data Media that you wish to insure.*

Sr. No.	Description of the equipment	Sr. No. , Type and Capacity of the Equipment	Year of Manufacture and Name of Manufacturer	Sum to be Insured (Rs)

- a. Please specify which of the equipments are covered under:  
Maintenance agreement?

COVER 10 – FIDELITY GUARANTEE

A. Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last five years?	Yes/No. If yes please provide details (Please attach a separate sheet of paper if necessary)		
	Date	Circumstances	Amount of loss (Rs)

B. Details of Employees to be covered

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Category of staff	No. of employees	Employee Sum Insured (Rs)

<p>C</p> <p>a) Is there a requirement of dual signatories for cheques issuance, and is such requirement met?</p> <p>b) Do the employees who receive cash and cheques in the course of their duties issue pre-numbered official receipts as confirmation of the receipt?</p> <p>c) Are all the cash and cheques received banked in daily or at the latest the next banking day? If no please specify</p> <p>d) Is there an imprest system for handling of petty cash funds? If yes, please specify the persons who are authorised to manage the petty cash funds.</p> <p>e) What is the system of operation of Bank account followed and what are the precautions taken?</p> <p>f) Whether such payments/ withdrawals are authorized by a senior employee and compared with supporting documents?</p>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No.</p> <p>Yes/No.</p>
<p>D.</p> <p>a) How often are the bank reconciliations and check of receipt counterfoils and vouchers being carried out?</p> <p>b) Under what circumstances will your customers qualify for credit privileges?</p> <p>c) How often is the balancing and control of debtor accounts with statements sent to all debtors?</p> <p>d) Are there stocks (of any kind) kept for the conduct of your business?</p> <p>e) How often are stock-takings conducted?</p> <p>f) Please list the persons responsible for carrying out stock-taking</p>	

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<p><b>E</b></p> <p>a) Please state the maximum amount of stocks each employee can requisition at any one time? Is this ever exceeded?</p> <p>b) Is there close supervision of storage and custody of all stocks maintained?</p> <p>c) Are all deliveries to and from stores properly authorised?</p> <p>F. When was the last stock audit undertaken, by whom, and what did it reveal?</p>	
<p>G. When was the proposer last audited, by whom, and what did the audit reveal?</p>	

**COVER 11 – PERSONAL ACCIDENT**

Note: 1. Please attach separate sheet wherever required

2. The sum to be insured per employee to be restricted to .....times the monthly salary

3. Please provide the details of the employees to be covered and the cover opted. The maximum age is restricted to 60 years.

4. Please indicate under the column cover required:

Part A for Death only

Part A & B for Death and Permanent Total Disability

Part A, B & C for Death, Permanent Total Disability and Permanent Partial Disability

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Please add Part D if Temporary Disability is opted (available only if A,B and C are opted)

Sr. No.	Name of the Employee	Monthly Salary	Sum Insured (Rs)	Coverage Required

COVER 13 – ADDITIONAL EXPENSES FOR RENT

Note: Coverage is for maximum 24 months

Do you wish to opt this extension? : Yes / No

What is the extent of cover required : 12 months / 18 months / 24 months

What is the sum insured opted? : Rs.

COVER 14 – PUBLIC LIABILITY & WORKMEN COMPENSATION

Note: Liability under Public Liability Insurance Act is not covered

Please select the limit to be insured per accident : Rs.

Please select the limit to be insured in the aggregate : Rs.

PLEASE ANSWER THE FOLLOWING IF WC COVER IS REQUIRED.

Category/ Position	No. of workers	Annual wages

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**DECLARATION BY INSURED**

I / We hereby declare that 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 "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 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.

**Place**

**Date**

**Signature of 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.