

**MAGMA HDI GENERAL INSURANCE COMPANY LIMITED  
 PROPOSAL FORM – OFFICE PACKAGE INSURANCE POLICY**

<b>Name of the Proposer</b>			
<b>Address of the Proposer</b>			
<b>Name of the insured to whom the policy has to be dispatched</b>	<b>Telephone No.</b>		<b>Fax No.</b>
	<b>E Mail ID</b>		<b>Bank Account No.</b>
<b>Address of the insured</b>			
<b>Agent /Broker Name</b>		<b>Agent /Broker Code</b>	
<b>Period of Insurance</b>	<b>From</b>		<b>To</b>
<b>Occupation/ Business Activity</b>			
<b>Bank / Office Name to be incorporated in the policy</b>			
<b>Paid Up Capital</b>			

Section I & Section II – **Fire & Allied Perils** and **Burglary & Robbery Insurance** (Compulsory sections)

**A. Business and Location of Business-** Location of risk/business to be covered - full postal address with Pin Code.

Sl No.	Address	Pin code	Occupancy	Age of unit	Floor*
1.					
2.					
3.					

\*Floor: Ground floor (GF)/ Mezzanine Floor (MF)/ Higher Floor (HF)

**B. Details about Business covered at the insured location**

1.	Details of insured property	
a.	Boundary wall	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Basement storage	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Value stored SI : INR _____
c.	Others ( please specify)	_____
2.	If used as warehouse /godown (not Located in a manufacturing unit), please give the list of goods stored.	

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3.	Fire Protection devices installed	Please tick the correct answer in the box below.		
		<input type="checkbox"/>	Portable Extinguishers	
		<input type="checkbox"/>	Small bore hose reels	
		<input type="checkbox"/>	Trailer Pumps/Fire engines	
		<input type="checkbox"/>	Hydrant System	
		<input type="checkbox"/>	Sprinkler System	
		<input type="checkbox"/>	Fixed Water Spray System	
		<input type="checkbox"/>	Foam System	
		<input type="checkbox"/>	Fire Alarm System	
		<input type="checkbox"/>	Gas Flooding System	
		<input type="checkbox"/>	Others, please specify below	
4.	Indicate whether AMC ( Annual Maintenance contract) for the Fire Protection Appliances is in force	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
5.	Construction details			
a.	Please state material used	Please tick the correct answer in the box.		
i.	Walls	Kutchha <input type="checkbox"/>	/	Pucca <input type="checkbox"/>
ii.	Floor	Kutchha <input type="checkbox"/>	/	Pucca <input type="checkbox"/>
iii.	Roof	Kutchha <input type="checkbox"/>	/	Pucca <input type="checkbox"/>
		<p><b>Note</b></p> <p><b>Kutchha :</b> 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 Kutchha Construction.</p> <p><b>Pucca :</b> Buildings other than Kutchha are treated as Pucca constructions</p>		
b.	Number of Floors			
c.	Age of the Building	Less than 5 years		
		5- 10 years		
		10-20 years		
		Above 20 years		
6.	Distance between the risk to be covered and nearest Fire Brigade			




**D. Details for in-built cover for Floater**

11.	Floater Cover (for stocks at various locations)	Location (Postal Address with PINCODE)		Sum Insured (INR)
		i) Maximum value at any one location: ₹..... ii) Whether stocks stored in open: Yes/No		

**E. Standard Add-on**

Do You want to opt for Declaration Policy? -- Yes/No (strike off what is not applicable). If Yes, give details below:

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

1. What protection is provided to:
  - (a) Doors
  - (b) Windows
  - (c) Skylights, ventilators, exhaust fans, lights, airconditioners, trap doors

**NB: Mention any specific precautions you have adopted for safeguarding your Property**

2. Are the premises guarded by Watchmen? If so by how many and during what time?
3. Are all valuables secured in a safe(s) outside business hours?
4. How many keys are there to the safe (s) and with whom are they kept?

**Details of Safe** \_\_\_\_\_



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4								
5								
6								
7								
8								
9								
10								

**Total Sum Insured**

Is there any AMC for the Electronic Equipment YES  No

Note : (If the space provided is not sufficient separate sheet to be attached)

**Section VIII –Personal Accident**

Sr. No.	Employee Name	Occupation of Employee	Place of Employment	Date of Birth /Age	Nominee Name	Maximum Limit of Benefit	Coverage Type(Basic/Wider/Comprehensive)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Note : (If the space provided is not sufficient separate sheet to be attached)

**Section IX –Fidelity Guarantee Insurance**

Sr No.	Name of Person /Position	Designation	Limit of Liability	Any additional information
1.				
2.				
3.				
4.				
5.				

**Section X –Public Liability ( Non – Industrial)**

<b>Any one Accident Limit Rs.</b>	<b>Any one Year Limit Rs</b>

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Past Loss Record			
Date of Loss	Incident & Cause	Loss Amount	Improvement Made after the Loss

**DECLARATION**

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 and I/We agree to accept a policy in the standard form of Company's policy and, subject to the conditions prescribed by Magma HDI General Insurance Co. and to pay premium on the amount estimated above at the end of each policy period. I /We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

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

Place:

Date:

Signature of Proposer:

**SECTION 41 OF INSURANCE ACT, 1938**

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