

# PROPOSAL FORM - STANDARD FIRE & SPECIAL PERILS POLICY

(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.)

## BASIC INFORMATION

Agent/Broker Name																															
Agent/Broker Code																															
Agent Mobile Number																															
Email Address																															
Name of the Proposer																															
Address of the Proposer																										State					
City																															
Pin Code						Landline																									
Mobile Number																															
Email Address																															
Policy to be issued in favour of																															
<i>(List of all the parties who have insurable interest)</i>																															
Financial Institution Interest																															
<i>(if any) Attach annexure in case of multiple institutions</i>																															
Business of the Proposer																															

Period of Insurance From 

D	D	M	M	Y	Y	Y	Y
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 To 

D	D	M	M	Y	Y	Y	Y
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Whether you have insured the same property with any other Insurance Company with the same type of coverage. (Give details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Risk Location/s to be Insured – Give complete address with pin code																															
City:																										State:					
Pin Code:						Landline:																									
Mobile Number																															
Email Address																															

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  
Wall \_\_\_\_\_ Floor \_\_\_\_\_ Roof \_\_\_\_\_

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

Fire Protection devices installed at Risk Location (Select as applicable)  (Note – in case of multiple locations please attach annexure indicating fire protection details of each location)	Portable Extinguishers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Small bore hose reels	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Trailer Pumps/Fire engines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Hydrant System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Sprinkler System	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Fixed Water Spray System	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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	Foam systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Fire alarm systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Gas flooding systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Availability of 24*7 security		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any Basement Exposure		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any stock kept in open		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Basis for Building/Machinery/ FFF	Market Value <input type="checkbox"/>	Reinstatement Value <input type="checkbox"/>	
Would you like to delete any of following covers from the basic cover?	Flood Cyclone Group of Perils (STFI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Riot, Strike & Malicious Damage (RSMD)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like to cover Plinth & Foundation along with your buildings?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
How far is the public fire brigade from the insured location?			

Sum Insured Details	Please mention block wise sum insured for various risk locations below					
Risk Location /Block	Building	Plant & Machinery	Furniture/ Fixtures/ Fittings	Stocks and Stock in Process	Others (specify)	Total Sum Insured

Note – in case of multiple locations please attach annexures/additional sheets

Special Coverage for Stocks Only	Sum Insured
(A) Floater - Stocks at various locations can be covered on floater basis for a single Sum Insured.	
(B) Declaration - Stocks which fluctuate in value can be covered on (monthly) declaration basis.	
(C) Floater Declaration - Stocks which fluctuate in value as well as stored in various locations can be covered on (monthly) floater declaration basis.	
(D) Stock stored in Open (Located outside the factory compound)	

### Premium / Claim details for the past 5 years

Period of Insurance	Details of Loss	Claim Amount	Premium Paid

### Add-on Covers / Clauses Opted

Name of Add-on Cover / Clause	Required	Sum Insured
Architects consulting & Engineers Fees ( in excess of 3% claim amount)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Debris Removal ( in excess of 1% claim amount)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Earthquake (Fire & Shock)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Escalation (%)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Omission to Insure additions, alterations or extensions (%)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Impact damage due to insured's own Rail/Road vehicles, fork lift and like & articles dropped there from	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Spontaneous Combustion	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Spoilage material cover	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Leakage and contamination cover	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Temporary removal of stocks	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Forest Fire	Yes <input type="checkbox"/> No <input type="checkbox"/>	

