

STANDARD FIRE AND SPECIAL PERILS POLICY (RETAIL) Proposal Form



Version no. PF.SFSP.ver01.08.24



PROPOSAL FORM

(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 (if any) <i>(Attach annexure in case of multiple institutions)</i>		
Business of the Proposer			
Period of Insurance	From..... To		
Whether you have insured the same property with any other Insurance Company with the same type of coverage. (Give details)			Yes/No
Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)			Yes/No
Risk Location/s to be Insured – Give complete address with pincode			
		City _____ State _____ Pin Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Occupancy of the Risk Location		<i>(Describe the activities carried out in the premises)</i>	
<p><i>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.</i></p>			
Construction Details		Please state material used for Wall..... Floor.....Roof.....	
<p><i>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 "Kutchra" construction</i></p>			
Height of the Buildingmeters		
Age of the Building (Select)	Less than 5 yrs <input type="checkbox"/>	5 to 10 yrs <input type="checkbox"/>	10 to 20 yrs <input type="checkbox"/> above 20 yrs <input type="checkbox"/>
Fire Protection devices installed at Risk Location.	Portable Extinguishers		Yes/No
	Small bore hose reels		Yes/No
	Trailer Pumps/Fire engines		Yes/No
	Hydrant System		Yes/No
	Sprinkler System		Yes/No

Select as applicable (Note – in case of multiple locations please attach annexure indicating fire protection details of each location)	Fixed Water Spray System		Yes/No		
	Foam systems		Yes/No		
	Fire alarm systems		Yes/No		
	Gas flooding systems		Yes/No		
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/No		
	Riot, Strike & Malicious Damage (RSMD)		Yes/No		
Would you like to cover Plinth & Foundation along with your buildings			Yes/No		
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
<i>Note – in case of multiple locations please attach annexures/additional sheets</i>					
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 and 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/No	
Debris Removal (in excess of 1% claim amount)				Yes/No	
Earthquake (Fire & Shock)				Yes/No	
Escalation (%)				Yes/No	

Omission to Insure additions, alterations or extensions (%)	Yes/No	
Impact damage due to insured's own Rail/Road vehicles, fork lift and like & articles dropped there from	Yes/No	
Spontaneous Combustion	Yes/No	
Spoilage material cover	Yes/No	
Leakage and contamination cover	Yes/No	
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 failures due to damage at power station due to an insured peril	Yes/No	
Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery (ies) in the Insured's premises due to operation of insured peril.	Yes/No	
Terrorism Cover Extension	Yes/No	
<i>Note – Any additional add-ons (if any) to be separately attached as an annexure / additional sheet</i>		
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 : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> Cash		
Cheque /DD/ PO /UTR No.	_____	
Date	_____	IFSC _____
Amount in Rs.	_____	
Bank Account No.	_____	
Bank Name	_____	Branch _____
PAN Number	_____	
Aadhaar Number	_____	
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>		
GST Registered		Yes/ No
	GSTIN Number	
	GST State	

ELECTRONIC INSURANCE DETAILS

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

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/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC.

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

Place

Date

Signature of Proposer



AML Guidelines

1. 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*?

YES 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-----

4. Source of Funds:

Business: -----

Salaried: -----

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_____

Company stamp

Date: Name: _____ Designation _____
(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.