

**PROPOSAL FORM – PLATE GLASS/ NEON SIGN INSURANCE POLICY (COMMERCIAL)**

*(Acceptance of this proposal is subject to the rules & regulations of MHDl Plate Glass/Neon Sign Insurance Policy. 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"/>
Mobile Number		Email Address	
Policy to be issued in favour of	<i>(List of all the parties who have insurable interest)</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 you have insured the same property for coverage under Fire Insurance. (Give details)			Yes/No
Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)			Yes/No
Property to be Insured	Plate Glass <input type="checkbox"/>	Neon Sign	<input type="checkbox"/>
Risk Location/s to be Insured – Give complete address with pincode			
City _____		State _____	Pin Code <input type="text"/>
Occupancy of the Risk Location		<i>(Describe the activities carried out in the premises)</i>	
<i>Note – in case of multiple locations please attach annexure indicating risk location addresses and occupancies of each location.</i>			
Are the Premises situated at the corner of a street or exposed to any special risk? Give Details			Yes/No
Are you the owner or tenant			
Height of the Building	.....meters	No. of Storeys	
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"/>	
<b>Sum Insured Details</b>			
<i>Please mention details in annexure provided along</i>			
<b>Premium / Claim details for the past 5 years</b>		Claim Amount	Premium Paid
Date of Loss	Details of Loss		

Is there at present any broken or damaged glass/Neon sign? If so, describe its position and Size			
What precautions have been adopted to prevent such recurrence?			
<b>Premium Payment Details:</b>			
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

**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: \_\_\_\_\_

Plate Glass and Neon Sign Insurance Policy (Commercial)  
UIN - IRDAN149CP0012V01201819

Magma HDI General Insurance Co. Ltd. | [www.magmahdi.com](http://www.magmahdi.com) | E-mail: [customercare@magma-hdi.co.in](mailto:customercare@magma-hdi.co.in) | 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

**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.

**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:-----

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MHDI Version 4.0

**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: (DD-MM-YYYY) Name: \_\_\_\_\_ Designation \_\_\_\_\_

**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.

**ANNEXURE**

State whether Glass/Sign is fixed in shop front, rear or side or door	PARTICULARS AND DIMENSIONS					Sum Insured Rs.
	No. of panes	Whether Plate or Sheet and whether Plain, Silvered Embossed, Curved, Stained, Lettered or Ornamented or more than 1/4 in. thick	Size of each Pane in Cms.		Square Cms (Each Pane)	
			Height	Width		
State whether Frame/Frameworks are attached with the Neon Sign/Glow Sign/Hoarding and are to be covered	PARTICULARS AND DIMENSIONS					Sum Insured Rs.
	No. of Frame/ Frame Works	Position of Each Neon Sign/Glow Sign/Hoarding and Description whether plain plate or plain sheet, painted, rough, Silvered, embossed, stained, bent or ornamental	Size of each Neon Sign/Glow Sign/Hoarding in Cms		Square Cms (Each Sign)	
			Height	Width		

**Note:** In the event of a loss All Glass is considered plain and of ordinary glazing quality unless the **CONTRARY** is specially named in the Policy. No Lettering, Embossing, Silvering or any Ornamental work is considered insured unless named on the Policy and the additional premium paid thereon. No insurance is granted in respect of glass not completely and securely fixed.