



STANDARD FIRE & SPECIAL PERILS POLICY (COMMERCIAL)

PROPOSAL FORM

Note: 1. The property proposed for insurance is not covered until the proposal is accepted and premium paid. 2. All the items proposed must be free of any defects and must be in perfect condition at the time of inception of the insurance cover. 3. Please complete all sections in capitals and tick the boxes wherever applicable. Please furnish all information that is sought and is having a bearing on the risk. Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void. We shall process the proposal within a reasonable period but not exceeding 15 days from the date of receipt of proposal or any other requirement called by us. Where a proposal deposit is refundable under any circumstances, We shall refund the same within 15 days from the date of underwriting decision on the proposal. We may share the information provided by you with statutory authority, if so required, due to operation of any law.

Proposer's Details

1. Name of the Proposer																	
2. Address of the Proposer	Plot No/Door No.				Building name												
	Road																
	Area																
	City					Pin code											
	State																
	Phone No.																
	E-mail Id																
3. Financial interests	1.					2.											
	3.					4.											
	5.					6.											
	7.					8.											
4. Location of risk to be covered	Plot No/Door No.				Building name												
	Road																
	Area																
	City					Pin code											
	District					State											
	Phone No.																
	E-mail Id																
5. Period of Insurance (hh:mm-dd:mm: yy)	From									To							
6. Do you want to delete?																	
a) Flood, Cyclone, group of perils	Yes/No																
b) Riot, Strike & Malicious damage,	Yes/No																
7. Do you want the Plinth & Foundation along with the building	Yes/No																
8. Add-on covers required	Provide Sum Insured (if opted)																
Architects Consulting & Engineers Fees (Maximum up to 7.5% of sum insured)																	
Debris Removal (Maximum upto 10% of sum insured)																	

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Deterioration of Stocks in cold storage premises on account of accidental power failure due to damage at power station due to an insured peril	Sum Insured.....												
Deterioration of Stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machineries in the insured's premises due to operation of insured peril.	Sum Insured.....												
Forest Fire	Sum Insured.....												
Leakage & contamination cover	Sum Insured.....												
Spoilage material damage cover	Sum Insured												
Temporary removal of stocks (Policy Sum Insured)													
Loss of rent	Sum Insured----												
Additional expenses of rent for an alternative Accommodation	Sum insured-----												
Start-up expenses	Sum insured-----												
Vehicle Impact damage due to insured's own Vehicles (Policy Sum Insured)													
Spontaneous Combustion (Sum insured of Related commodity)	Sum insured.....												
Omission to Insure additions 5% of Sum Insured of (Building, Plant & Machinery)	Sum insured.....												
Earthquake (fire & shock) (Policy Sum Insured)													
Terrorism (Policy Sum Insured)													
Others, please specify													
09. Whether you have insured the same property with any other insurance company with the same type of coverage (Give details)													
10. Whether insurance was declined by any other company or imposed any special conditions (Give details)													
11. Premium / Claim details for the past 3 policy periods	<table border="1"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>Claim Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Year	Premium	Claim Amount									
Year	Premium	Claim Amount											
Total													

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DETAILS ABOUT PROPERTY TO BE COVERED AT THE INSURED LOCATION

12. The Insured Property is		
Residence, Office, Shops, Hotel etc	Yes/No	
Industrial/Manufacturing risks	Yes/No	
Storages outside industrial risks	Yes/No	
Tanks/Gas Holders outside Industrial Manufacturing risks	Yes/No	
Utilities located outside Industrial Manufacturing risks	Yes/No	
13. Is 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.NitroCellulose Plastics, 11.Oils/Ether/Industrial Solvents and other inflammable liquids flashing at and below 32°C(Closed cup Test), 12.Paints with inflammable base having flash point below 32°C(Closed Cup test)-Other than in sealed tins or drums, 13. Varnishes having a Flash point below 32°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.		
14. If used as Warehouse/Godown (not located in a manufacturing unit) please give the list of goods stores.		
15. If used as an Industrial Manufacturing unit give products manufactured at the location proposed		
16. If used as an Industrial Manufacturing unit please state whether the factory is Working or Silent		
17. Fire Protection devices installed	Please Tick in the box below	
	Portable Extinguishers	
	Trailer Pumps	
	Fire Engine	
	Hydrant System	
	Sprinkler System	
Fixed Water		

SUM INSURED

18. The basis proposed for insurance (Building /Machinery/FFF)	
Market Value Basis	Yes/No
Reinstatement Value Basis	Yes/No
Voluntary Deductible	Yes/No
Escalation % opted for	
19. a) Construction details	Please state material used 5- 10 years i) Walls

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<input type="checkbox"/> b) Height of Building c) Age of Building	ii) <input type="checkbox"/> Floor iii) <input type="checkbox"/> Roof Metres Less than 5 Years <input type="checkbox"/> 10-20 Years 5-10 Years <input type="checkbox"/> Above 20 Years																																																																						
Note: Building 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.																																																																							
20. Building-wise values (Please include the kutchra buildings also in this list and give individual values against such buildings)																																																																							
Description of Block	Amount:																																																																						
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Note: ** Indicates those stocks which are covered on normal basis and do not fall under Serial No.23 A, B, C and D below																																																																							
21. Special coverage for Stocks only Please Tick in the box below and give the amount to be insured against each																																																																							
A. On Floater Basis Stocks at various locations (warehouses/go-downs and / or open etc.,) can be covered on floaters basis for a single Sum Insured																																																																							
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C. On Floater Declaration Basis Stocks which fluctuate in value as well as stored in various locations can be covered on (monthly) floater declaration basis.																																																																							
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Co-Insurance Details:

S. No.	Name of the Insurance Company	Office Code	Co-Insurance Share
1			
2			
3			
4			

Payment Details

Please fill in your payment details for either Cheque / Credit Card/NEFT/Others

For Cheque please pay by crossed Cheque (account payee only) in the name of **“DHFL General Insurance Ltd.”**

Cheque No. _____ Bank/Credit Card/Wallet Transaction Reference No _____

Bank/Wallet Name: _____

Branch _____ City _____

Bank Account No. _____ IFSC Code _____

Dated _____ For Rs. _____

PAN/TAN No _____

Bank Account Details for Refund and Claim Settlement

Name of Bank Account Holder _____
Account No _____
Bank Name _____
Branch _____
Account Savings Current
MICR Code _____
IFSC Code _____

I wish Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.

As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

Nationality: Indian Non-Indian Indian Specify Country - -----

PAN/TAN No _____

Place _____

Date _____

Signature of Proposer

DHFL General Insurance Limited

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Declaration:

“I/We desire to insure with DHFL GENERAL INSURANCE LTD (“Company”) in respect of the property described in this proposal form and statements contained herein, shared by me digitally or otherwise either through Company website, emails, Mobile application or any such mode of communication are true and accurate representations.

I/We undertake and confirm that:

- a) If any of the statements made herein are found to be false or incorrect, the benefits under this policy would stand forfeited.
- b) This application and declaration shall be promissory and shall be the basis of contract between me/us and the Company.
- c) I/We have read and understood the coverages, the terms and conditions and accept the Company’s policy of insurance along with said conditions.
- d) If any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information submitted by me/us after the submission of this proposal form, then the same would be conveyed to the Company immediately, failing which the benefits under the policy would stand forfeited.
- e) The Company may take appropriate measures to capture the voice log for all telephonic transactions carried out by me/us as required by the procedure/regulations internal or external to the Company and shall not hold the Company responsible or liable for relying/using such recorded telephonic conversation.
- f) The insurance would be effective only on acceptance of this application by the Company and the payment of requisite premium in advance. In the event of non-realization of the Cheque or non-receipt of the amount of premium by the company, the policy shall be deemed cancelled “ab initio” and the Company shall not be responsible for any liabilities of whatsoever nature under this policy.
- g) I/We agree to receive “Policy Schedule” only and shall access the policy terms, conditions and exclusions on the company’s website.
- h) I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds.

Place _____

Date _____

Signature of Proposer

SECTION 41 OF INSURANCE ACT, 1938

1) 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 premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the Insurers.

2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Rupees Ten Lakhs.

Branch office name and code			
Insurance Agent/Intermediary Name		Insurance Agent/Intermediary Code	
Point of Sale Person(POS)		Aadhar/PAN(POS)	

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