

**INDUSTRIAL ALL RISK INSURANCE POLICY**

Please fill this form in **Block Letters** and **Tick the Boxes**  where appropriate PAI  
 (Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.)

**INTERMEDIARY DETAILS**

Name  Code   
 Branch  Code   
 Manager's Name  Code   
 Business Type  Rural  Non-rural

**PROPOSER'S DETAILS**

Name M/s.   
  
 Contact Person (in case of Corporate) Mr./Ms.   
  
 Communication (Postal) Address  
  
  
  
 Pin code  State   
 Contact Nos. Mobile No.  Office +91   
 Residence +91  E-mail ID   
 Policy Period  To   
 Paid up Capital  Crs

**FINANCIER DETAILS**

1) Name of Financier   
 Address of Financier   
  
 Pin code   
 2) Name of Financier   
 Address of Financier   
  
 Pin code



## SECTION I - MATERIAL DAMAGE

### Sum Insured Details for Section I - (Material Damage)

| SI. No.                  | Particulars              | Risk Location |   |   |   | Remarks |
|--------------------------|--------------------------|---------------|---|---|---|---------|
|                          |                          | 1             | 2 | 3 | 4 |         |
| 1                        | Building                 |               |   |   |   |         |
| 2                        | Plant & Machinery        |               |   |   |   |         |
| 3                        | Furniture & Fixtures     |               |   |   |   |         |
| 4                        | Piping                   |               |   |   |   |         |
| 5                        | Cabling                  |               |   |   |   |         |
| 6                        | Stock & Stock in process |               |   |   |   |         |
| <b>Total Sum Insured</b> |                          |               |   |   |   |         |

## SECTION I - ADD ON COVERS

### Sum Insured

| SI. No. | Particulars  | Risk Location |   |   |   |
|---------|--|---------------|---|---|---|
|         |  | 1             | 2 | 3 | 4 |
| 1       | Architects, Surveyors & Consulting Engineers fees  |               |   |   |   |
| 2       | Debris removal                                     |               |   |   |   |
| 3       | Omission to Insure additions alternation extension |               |   |   |   |
| 4       | Terrorism  |               |   |   |   |

## VOLUNTARY DEDUCTIBLE DETAILS - SECTION I

**Do you want to opt for Voluntary Deductible?**     Yes     No

**In case of Yes please select the slab mentioned below:**

### Voluntary Deductible Slabs

- 1) 5% of the claim amount subject to minimum of Rs.10 lakhs
- 2) 5% of the claim amount subject to minimum of Rs.15 lakhs
- 3) 5% of the claim amount subject to minimum of Rs.20 lakhs
- 4) 5% of the claim amount subject to minimum of Rs.25 lakhs

### Please Tick

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## SECTION II - BUSINESS INTERRUPTION

### Amounts to be insured - Section II (Business Interruption Fire)

| SI. No.                  | Particulars   | Amount of Insurance |
|--------------------------|---------------|---------------------|
| 1                        | Gross Profit  |                     |
| 2                        | Auditor's Fee |                     |
| <b>Total Sum Insured</b> |               |                     |

Please specify the Indemnity Period in Months      Months

## VOLUNTARY DEDUCTIBLE DETAILS - SECTION II (BUSINESS INTERRUPTION FIRE)

**Do you want to opt for Voluntary Deductible?**     Yes     No

**In case of Yes please select the slab mentioned below:**

- 1) 7 days Gross Profit subject to minimum of Rs.10 lakhs
- 2) 14 days Gross Profit subject to minimum of Rs.15 lakhs
- 3) 21 days Gross Profit subject to minimum of Rs.20 lakhs
- 4) 28 days Gross Profit subject to minimum of Rs.25 lakhs
- 5) 35 days Gross Profit subject to minimum of Rs.30 lakhs

### Please Tick

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**Do you wish to extend Section II (Business Interruption) to Machinery Loss of Profits?**    Yes     No

In case of Yes please fill the details mentioned below

Please specify the Indemnity Period in Months - Machinery Loss of Profits      Months

Time Excess     7 Days     14 Days     21 Days     28 Days     45 Days     60 Days

