

**SMARTPLAN BUSINESS ADVANTAGE PACKAGE POLICY**

Please fill this form in **Block Letters** and **Tick the Boxes**  where appropriate SMC  
 (Please answer all questions completely. Attach additional sheets if space given is insufficient. This policy commences only after the proposal is accepted and subject to realisation of premium.)

**INTERMEDIARY DETAILS**

Name	<input type="text"/>	Code	<input type="text"/>
Branch	<input type="text"/>	Code	<input type="text"/>
Manager's Name	<input type="text"/>	Code	<input type="text"/>
Campaign Name	<input type="text"/>	Code	<input type="text"/>

**PROPOSER'S DETAILS**

Name	Mr./Mrs./Ms./Dr./M/s.	<input type="text"/>
Contact Person (Name and Designation)	Mr./Ms.	<input type="text"/>
Communication (Postal) Address	<input type="text"/>	
Pin code	State	<input type="text"/>
Contact Nos.	Mobile No.	Office +91 <input type="text"/>
Residence +91	E-mail ID	<input type="text"/>
Description of Business / Trade	<input type="text"/>	

**FINANCIER DETAILS**

Name of Financier	<input type="text"/>
Address of Financier	<input type="text"/>
	<input type="text"/>
	Pin Code <input type="text"/>
Period of Insurance	[D] [D] [M] [M] [Y] [Y] [Y] [Y] To [D] [D] [M] [M] [Y] [Y] [Y] [Y]

**RISK LOCATION DETAILS**

1) Risk Location	Address	<input type="text"/>
		<input type="text"/>
		District <input type="text"/>
	Pin Code	State <input type="text"/>
2) Risk Location	Address	<input type="text"/>
		<input type="text"/>
		District <input type="text"/>
	Pin Code	State <input type="text"/>

In case of more risk locations kindly provide same information in separate sheet

Risk Location No.	Building of Standard Construction	Owned Premises	Rented Premises	Age of the Building	Premises/ Contents in Basement	Premises in low lying/flood/natural catastrophe prone areas	Distance from nearest water body less than 750 metres
(Please mention only <b>YES</b> or <b>NO</b> where applicable)							
1.							
2.							
3.							
4.							

### Section I - Standard Fire and Special Perils

Coverage Details		
Covers to be Excluded	Add on Covers	Fire Protection Systems
Riot Strike and Malicious Damage <input type="checkbox"/>	Terrorism <input type="checkbox"/>	Hand Appliances & Trailer Pumps / Fire Engines <input type="checkbox"/>
		Hand Appliances & Hydrant System <input type="checkbox"/>
Storm Tempest Flood <input type="checkbox"/>	Loss of rent <input type="checkbox"/>	Hand Appliances & independent Sprinkler / Fixed Water Spray System <input type="checkbox"/>
	Rent for Alternate Accommodation <input type="checkbox"/>	Hand Appliances + Hydrant System & Independent Sprinkler / Fixed Water Spray System <input type="checkbox"/>

Risk Location No.	Building (without Plinth and Foundation)	Plinth and Foundation	Boundary Wall	Furniture, Fixture Fittings	Office Equipment	Electrical Fittings	Stock
1.							
2.							
3.							
4.							

Sum Insured for Loss of Rent:

Sum Insured for Rent for Alternate Accommodation:

Basis of Valuation you would like to opt for: Reinstatement Value  Market Value

**Section II - Fire Loss of Profits Rs.**

**Section III - All Risks** (This section can cover all assets covered in Section I excluding Building incl. Plinth & Foundation and Boundary wall. Mechanical & Electrical Appliances, Electronic Equipment, Burglary and Housebreaking, Baggage covers can be included in this section at the option of the proposer. In that case one opts for the same filling in Sections IV, V, VI and XIII of this proposal form is not required.)

Risk Location No.	Description of Asset	Make	Model	Year of Mfg.	Identification No.	ISI / ISO Certified (Yes/No)	Under AMC/ Warranty(Yes/No) If Yes, mention expiry date of AMC/Warranty	Sum Insured (in Rs.)
1.								
2.								
3.								

**Section IV - Mechanical & Electrical Appliances**

(Limited to 100% of Sum Insured of Contents. Please fill this section in case you are not opting to cover your mechanical and electrical appliances in Section III)

Risk Location No.	Description	Make	Model	Year of Mfg.	Identification No.	ISI / ISO Certified (Yes/No)	Under AMC/ Warranty (Yes/No)	If under AMC, Mention Expiry Date	Sum Insured (in Rs.)
1.									
2.									
3.									
4.									
5.									

**Section V - Electronic Appliances**

(Limited to 100% of Sum Insured of Contents. Please fill this section in case you are not opting to cover your electronic appliances in Section III)

Risk Location No.	Description	Make	Model	Year of Mfg.	Identification No.	ISI / ISO Certified (Yes/No)	Under AMC/ Warranty (Yes/No)	If under AMC, Mention Expiry Date	Sum Insured (in Rs.)
1.									
2.									
3.									
4.									
5.									

**Section VI - Burglary**

(Limited to 100% of Sum Insured of Contents. Please do not fill this section in case you are opting for Section III)

Risk Location No.	Sum Insured in Rs.					In case coverage on first loss basis is opted for please mention first loss percentage (25% to 50%)
	Furniture, Fixture, Fittings	Stock	Electrical Fittings	Machinery Equipment	Other Assets (Please Specify)	

Do you desire theft extension to this coverage section? Yes  No

**Section VII - Money Insurance**

Money in Safe

Rs.

(Limited to a maximum of 50% of Sum Insured for contents in Section I)

Money in Transit

Rs.  Single Carrying Limit

(Limited to a maximum of 25% of Sum Insured for contents in Section I)

Rs.  Estimated Annual Turnover

Please give details of transit \_\_\_\_\_

Do you have any Security Systems / Measures/ Alarm Systems? Yes  No

If yes, please explain \_\_\_\_\_

**Section VIII - Infidelity and Dishonesty of Employees**

Sl. No.	Name of Employee	Designation	Employed since (Mention Years & Months)	Nature of Duties	Limit of Liability (Rs.)

Do you require Floater Cover? Yes  No

If yes, please mention limits of liability:

Per person Rs.

Per annum Rs.  (Limited to a maximum of 50% of Sum Insured for contents in Section I)

**Section IX - Fixed Glass and Sanitary Fittings** (Limited to a maximum of 50% of Sum Insured for contents in Section I)

Sl. No.	Measurement	Location	Sum Insured (Rs.)
1.			
2.			

**Section X - Glow Sign/Neon Sign/Hoarding** (Limited to a maximum of 50% of Sum Insured for contents in Section I)

Sl. No.	Measurement	Location	Sum Insured (Rs.)
1.			
2.			

**Section XI - Legal Liability**

a) Would you like to opt for cover against Liability under Workmen's Compensation Act?  Yes  No

If yes, please fill in the details in the following table:

Sl. No.	Nature of Job	No. of Employees	Average Monthly Wages	Total Annual Wages
1.	Clerical Staff			
2.	Traveling Sales Staff			
3.	Others (Please specify)			
4.				
5.				
	Total			

b) Would you like to opt for cover against Legal Liability against Third Parties?  Yes  No

If yes, please mention the limits of Liability.

Any One Accident Rs.

Any One Year Rs.

(Limited to a maximum of 100% of Sum Insured for contents in Section I or Rs. 5 crore whichever is less)

c) Would you like to opt for Food and Beverages Extension?  Yes  No

If yes, please mention the limits of Liability.

Any One Accident Rs.

(Limited to a maximum of 10% of Sum Insured for contents in Section I or Rs. 2 crore whichever is less)

Any One Year Rs.

(Limited to a maximum of 100% of Sum Insured for contents in Section I or Rs. 5 crore whichever is less)

d) Would you like to opt for Tenant's Legal Liability cover in case you are occupying rented premises?  Yes  No

If yes, please mention the limits of Liability.

Any One Accident Rs.

(Limited to a maximum of 10% of Sum Insured for contents in Section I or Rs. 2 crore whichever is less)

Any One Year Rs.

(Limited to a maximum of 100% of Sum Insured for contents in Section I or Rs. 5 crore whichever is less)

**Section XII - Personal Accident**

Sl. No.	Name	Gender	Date of Birth	Nature of Duties	Annual Income (Rs.)	Capital Sum Insured (Rs.)	Benefit	Nominee's Name & Relationship with Insured Person
1.								
2.								
3.								
4.								

**Section XIII - Baggage** (Please fill this section in case you are not opting to cover your Travel Baggage in Section III)

Sl. No.	Name of Employee / Partner / Proprietor / Director	Description of Baggage	Sum Insured (Rs.)
1.			
2.			

**Existing Insurance and Claims Experience Details**

Sl. No.	Name & Address of Insurance Company	Sum Insured	Period of Insurance		Discount if any (%)	Claims Received / Receivable (Rs.)	Nature of Losses
			From	To			
			DD/MM/YY	DD/MM/YY			
1.							
2.							
3.							

No. of coverage sections have opted for \_\_\_\_\_

**DECLARATION**

I/We hereby declare that the statements, answers and particulars given by me / us in the proposal form are true to my / our best knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is been granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I / We agree and undertake to convey to Bharti AXA General Insurance Company Limited any additions / alterations carried out in the risk proposed for insurance after submission of this proposal form.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Proposer's Signature**PROHIBITION OF REBATES (SECTION 41) OF THE INSURANCE ACT 1938**

- 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 or 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 or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the insurer.
- Any person making default in complying with the provision/s of this section shall be punishable with fine, which may extend to five hundred rupees.

Insurance is the subject matter of the solicitation.