

FUTURE OFFICE SURAKSHA PROPOSAL FORM



FUTURE GENERALI

TOTAL INSURANCE SOLUTIONS

1. Name of Proposer / Insured along with correspondence address

City	State	Pin Code		

2. Address of Proposer / Insured premises

City	State	Pin Code		
Telephone (O) _____	® _____	(M) _____	Fax No _____	E-Mail _____

3. Occupation / Business Activity

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4. Policy Period : From To **5. Hypothecation :** _____

6. Coverage Proposed : (Please tick the relevant sections you require)

Fire and Special Perils - Contents	
Building Construction	
Walls / Roof	Brick wall in RCC Framework. Others (Please specify) Is the premises situated in Basement: Yes <input type="checkbox"/> / No <input type="checkbox"/>
Do you wish to opt for terrorism cover extension?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own the building? If yes, sum to be insured for insurance (Please take the reinstatement value for building / shop)	Yes <input type="checkbox"/> No <input type="checkbox"/> Rs.
Contents: (FFF/Office Equipments etc - Reinstatement Basis)	Rs.
Burglary and Housebreaking	
What is the value of contents (other than money)?	Rs.
% First Loss Basis	1) 25% <input type="checkbox"/> 2) 40% <input type="checkbox"/>
Furniture, Fixture, Fittings Please take the reinstatement value	Rs.
Whether 24-hrs security provided for the complex/building housing the Office	Yes <input type="checkbox"/> No <input type="checkbox"/>
Whether any burglar alarm or similar security devices are provided If 'Yes' please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>
Money Insurance	
Money in transit (Please indicate the limit required per transit)	Rs.
Transit details from where to where.	
Is there a daily written record of the money in transit and is it updated every day ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sum Insured for Money in Safe	
Description of Safe	
Sum Insured for Money in Counter	
Plate Glass	
Please provide a description & location of the Plate Glass, which you wish to insure, and its value (Attach separate sheet if required)	
Electrical and Mechanical Appliances (Excluding the equipments which are more than 7 years old)	
Air conditioner and Generator along with its reinstatement value, date of Mfg, Sr. No. of each	
Other Equipments other than above along with reinstatement value, date of Mfg, Sr. No. of each	
Neon Sign / Glow Sign	
Description	
Year of Production	
Name of manufacturer	
Reinstatement value for which you wish to insure	Rs.
Electronic Appliances (Excluding equipments which are more than 7 years old from the date of manufacture of such equipments)	
Please provide in respect of all the Electronic equipment that you wish to insure the following :	
Description	
Type of the items along with serial number.	
Date of manufacture	

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Name of manufacturer		
Reinstatement Value		
Fidelity Guarantee		
Please provide the following information in respect of all the employees in respect of whom insurance cover is sought :		
Name		
Designation		
Per Employee sum insured limit (Max Limit up to Rs. 25,000)		
Any One Accident (AOA) sum insured (Max Limit up to Rs. 1 Lacs)		
Any One Year (AOY) Sum Insured (Max Limit up to Rs. 2 Lacs)		
Is there a system to obtain references from previous Employers? If not, specify practice followed		
Has there been any occasion to question honesty or conduct of any person proposed for guarantee? If yes, please provide details		Yes <input type="checkbox"/> No <input type="checkbox"/>
How often are the employees required to account for money ?		
Are books of accounts balanced everyday?		Yes <input type="checkbox"/> No <input type="checkbox"/>
What independent system is there to check that all sums received by employees are accounted for		
Personal Accident		
Do you want personal accident cover for:		
Yourself, Sum Insured (Max Rs. 10 Lacs)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Office Employees, Sum Insured (Max Rs. 2 Lacs per employee)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you /and or your employees taken personal accident cover from any other insurance company and sum insured details		
Any pre-existing injury / disablement details of you / employees		
Name of the Nominee :		Nominee Relationship to the Insured :
Nominee Date of Birth :		Name of the Appointee : (If Nominee is a minor)
Public Liability		
Please provide the limit of Indemnity required : For Any One Accident and Any One Year (Maximum limit Rs. 5 Lacs)		Rs.
Workmen's Compensation		
Please provide following information if Workmen compensation cover is required. (Excluding Loaders and Hammal)		
Number of Workers		
Nature of Work		
Salary of Each Worker (Annual)		
Other Information		
Whether you have insured the same property with any other Insurance Company with the same type of coverage.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Whether Insurance was declined by any other Company or imposed any Special Conditions		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the premises has suffered any flood losses in last 5 years. If yes please provide loss / claims details		Yes <input type="checkbox"/> No <input type="checkbox"/> Details of Loss :
Please provide the section wise claim / Loss details if any under any of the opted section of last 3 years. (Mandatory Information). Please mention "NIL" if there are no claims/losses. Please attach Separate sheet if required.		

Declarations and Warranty

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 Future Generali India Insurance Company Ltd. and I/We agree to accept a policy, subject to the conditions prescribed by Future Generali India Insurance Company and to pay premium on the amount estimated above at the end of each policy period. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Prohibition or Rebates

"No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue and 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 rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer." Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to five hundred rupees.

I/we hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/our income. OR

I/we hereby declare that the premium is paid from the Bank Account of Mr./Ms. _____ the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

PAN No. : if premium payable is above Rs.1 lac (Please attach proof)

Date:

Proposer's Signature

Note: The liability of the Company does not commence until the proposal has been accepted by the Company and the full premium paid

Future Generali India Insurance Company Limited

Corporate & Registered Office:- 001, Delta Plaza, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400 025

Care Lines:- MTNL/BSNL subscribers- 1800-220-233, Any other service provider- 1860-500-3333, Email: care@futuregenerali.in, Website: www.futuregenerali.in