

**FIRE AND SPECIAL PERILS INSURANCE - PROPOSAL FORM**

(Please fill in CAPITALS only)

**CUSTOMER INFORMATION\***

Customers PAN No.

Name of the Insured (Full Registered Name)

Address of the Insured : Building Name / Block No.

Street Name  Locality

Floor No.  City  Pincode  State

Tel.  Mobile  Fax No.

STD Code  Email

Name of Contact Person

Business of Insured  Code

Paid up Capital  Up to Rs. 15 Crores  Between Rs. 15 and 25 Crores  Over Rs. 25 Crores  NA

Intermediary Details  Broker  Agent  Dealer  Direct  Banc assurance

Intermediary Code  Intermediary Name

Client Type  SME\*  Corporate\*  Government  PSU  Individual  Patnership  Others

Period of Insurance From  To

**PREMIUM DETAILS**

Amount Rs.  Rupees

**SOURCES OF FUND**

Salary  Business  Other  (Please Specify)

**BANK ACCOUNT DETAILS**

Bank Account No.  Bank Name

Branch Name & Address

**COVERAGE INFORMATION\***

Period of Insurance From  To

Financial Interest:  Yes  No If yes, pls specify Name

Basis of Valuation for Building, P&M, Contents:  Market Value  Reinstatement Value

Details of Add on covers along with their Sum Insured:

1) Architects Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value <input type="text"/>
2) Removal of Debris	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value <input type="text"/>
3) Spontaneous Combustion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value <input type="text"/>
4) Additional Rent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value <input type="text"/>
5) Impact Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value <input type="text"/>
6) Earthquake	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7) Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8) Other Covers required	<input type="text"/>	Value <input type="text"/>
9) Other Covers required	<input type="text"/>	Value <input type="text"/>
10) Other Covers required	<input type="text"/>	Value <input type="text"/>
11) Other Covers required	<input type="text"/>	Value <input type="text"/>

Perils to be deleted:

RSMD (Riot, Strike, Malicious Damage group of Perils)

STFI (Storm, Tempest, Flood, Inundation group of Perils)

Escalation Required?  Yes  No If Yes, Specify %age  5%  10%  Other  %

Plinth & Foundation to be covered for Fire?  Yes  No

Special Coverage -  Floater Basis  Declaration Basis  Floater Declaration Basis

Voluntary Deductible Option  Yes  No

Voluntary deductible will be 5% of Claim Amount Subject to a minimum of Rs.10 Lacs for AOG Perils & Rs 5 Lacs for Other Perils

**RISK/OCCUPANCY INFORMATION**

LOCATION PARTICULARS: (Please use additional sheet for more than 1 locations)

Address of the Insured : Building Name / Block No.

Street Name  Locality

Floor No.  City  Pincode  State

Tel.  Mobile  Fax No.

STD Code

Email

**SUM INSURED PARTICULARS:**

Building	Value	<input type="text"/>
Plinth & Foundation	Value	<input type="text"/>
Plant & Machinery	Value	<input type="text"/>
Electrical Installation	Value	<input type="text"/>
Furniture, Fixture and fittings	Value	<input type="text"/>
Stock In Process	Value	<input type="text"/>
Stocks	Value	<input type="text"/>
Stocks in Open	Value	<input type="text"/>
Others (pls specify)	Value	<input type="text"/>
<b>TOTAL SUM INSURED</b>	<b>Value</b>	<input type="text"/>

**RISK DETAILS**

1. Occupancy  Code

2. Construction : Roofs  RCC  ACC  Metallic  Combustible  
 Walls  Brick  RCC  Others

3. Age of Occupancy  Upto 5 years  5 – 10 years  More than 10 years

4. Use of Flammable Materials  No  Yes, If Yes give details \_\_\_\_\_

5. Fire Protection  Yes,  No  
 If Yes specify:  Hand appliances  Sprinkler  Hydrant  Smoke detectors

6. Whether 24 X 7 security is available?  Yes,  No

7. If Basement exists, specify kind of goods stored therein, percentage of asset value in Basement, No. of Basements \_\_\_\_\_

8. Is the risk located in a low lying area or is the premises near to any sea, lake, river ?  Yes,  No  
 If yes, pls specify the nearness distance \_\_\_\_\_

9. History of Past Floods, If any \_\_\_\_\_

10. Previous Loss / Claims History till date –  
 No. of claims in last 3 Yrs  Nil  1 to 5  More than 5  
 Total claim amount including outstanding claims in past 5 Yrs. \_\_\_\_\_  
 Type of claims  Fire  STFI  RSMD  Others, Pls Specify \_\_\_\_\_

**DECLARATION BY INSURED**

I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my /our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and the Insurer – M/S HDFC ERGO General Insurance Company Ltd.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Place

Date

Signature of Proposer

Sr. No.	Location	Construction		Fire Protection	Occupancy	Description	Sum Insured
		Walls	Roof				
						Building	
						Plant & Machinery	
						Stocks	
						Stocks In Process	
						Others	
						Total	
						Building	
						Plant & Machinery	
						Stocks	
						Stocks In Process	
						Others	
						Total	
						Building	
						Plant & Machinery	
						Stocks	
						Stocks In Process	
						Others	
						Total	
						Building	
						Plant & Machinery	
						Stocks	
						Stocks In Process	
						Others	
						Total	

Insurance is the subject matter of the solicitation. Form No. 302