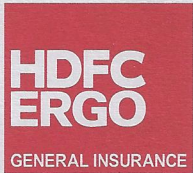


# HDFC ERGO General Insurance Company Limited



## BUSINESS SURAKSHA CLASSIK

(All fields are mandatory and fill in CAPITALS only)

### INTERMEDIARY DETAILS

Loan Account Number  Location

LG Code  LC Code  IMD Code

Sub IMD Code  HEGIC SM Code

### INSURED DETAILS

Name of the Insured Mr./Ms./Mrs.  (First Name)  (Middle Name)  (Last Name)

Contact Person

Risk Location (Address)

City  State  Pincode

Occupancy

Correspondence Address

City  State  Pincode

Tel.(Res.)  (Off.)  Mobile

E-mail

Period of Insurance From  To  Is the premise: Owned  Rented

Description of Business

Financial Interest

### Section I - Fire and Special Allied Perils

Sum Insured Details:

Building	Plinth and Foundation	Furniture/ Fixtures/ Office Equipment	Plant/ Machinery/ Equipment	Stock	Others to be specified	Total Rs.

Attach separate sheet if the space provided is not sufficient  
Full break up of Sum Insured mandatory except for Office and Contents

Premises History: Any history of Earth quake/flood/windstorm/water or Fire damage during the last 5 years? If so give details. If Nil, Please mention "NIL"

### SECTION II BURGLARY & HOUSEBREAKING

Sum Insured Details:

Building / Lease hold improvement	Furniture/ Fixtures / Fittings	Office equipment	Plant/ Machinery/ Equipment	Stock	Others to be specified	Total Rs.



**SECTION III (A) PUBLIC LIABILITY**

LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN RECEIVED IN ACCORDANCE WITH THE PROVISIONS OF SECTION 64VB OF THE INSURANCE ACT, 1938

THE TERRITORIAL LIMIT AS APPLICABLE TO THIS POLICY IS ANYWHERE IN INDIA

1. Projected Annual Revenue	
2. Number of Employees	
3. Projected Annual Salaries	
4. For each premise please provide the following details (if applicable):	
A. Occupancy/Activities being carried on in the premises :	
B. Type of construction	
C. Age of the building	
D. No. of floors and height of the building	
E. Which floor is occupied by you?	
F. Details of other occupants	
G. Details of the lifts, elevators, escalators etc., (please specify make and capacity.)	
H. Details of surrounding areas/property.	
I. Do the premises have boundary/ fencing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
J. Security/safety arrangements	
K. Details of systems provided for prevention of fire, explosion etc.	
L. Occupied Square footage	
M. Number of seats	
N. Number of Pupils	
O. Number of Beds	
5. Do you handle or use or store gases/ hazardous/ toxic/ radioactive materials and/or equipments in the premises. If yes, please give details of max. Capacity stored/used/handled at a time.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you complied with all statutory rules/ regulations pertaining to the premises and your business activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Please indicate the limits of indemnity required:-	
a) Any one accident Rs.	
b) Any one year annual Aggregate Rs.	

**PREVIOUS CLAIM HISTORY**

Sr. No.	Claim Amount	Insurer	Cover name	Amount paid

Any Past Accident Details : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I/We hereby declare and warrant that the above statements are true and complete and that I/We have withheld no information whatsoever which is material for the acceptance of this proposal.

I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void.

I/We undertake to exercise all reasonable and ordinary precaution for the safety of the machinery and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.

Place   
 Date

Signature of the Proposer

If the space above is insufficient for any answer please continue on separate sheet and attach hereto.

The Proposer understands that if a proposal has been completed for this insurance, then the statements and all particulars provided in such proposal, and any attachments thereto, are material to the insurance company's decision to provide this insurance. The applicant further understands that the insurance company will, in its sole discretion, issue this Policy in reliance upon the truth of such statements and particulars.

THIS POLICY SHALL BE VOIDABLE AT THE OPTION OF THE COMPANY IN THE EVENT OF MIS-REPRESENTATION, MIS-DESCRIPTION OR NON-DISCLOSURE OF ANY MATERIAL PARTICULAR BY THE INSURED. ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD THE INSURANCE COMPANY OR OTHER PERSONS, FILES A PROPOSAL FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH WILL RENDER THE POLICY VOIDABLE AT THE INSURANCE COMPANY'S SOLE DISCRETION AND RESULT IN A DENIAL OF INSURANCE BENEFITS.

**PROHIBITION OF REBATES**

Section 41 of 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 of 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 prospectus or tables of the insurer.
- Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to five hundred rupees.