Broker: Loyal Insurance Brokers Ltd.	
Downloaded from www.insureatclick.com -	

Policy No.	isting insurance, if any					
•						
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Any other information rel	evant to this insurance					
ayment Details						
Cheque	DD					
		ount in words (
			Crieque/L	DD Date [a] a] i	., , , , , , ,	
eclaration						
Ve hereby declare that the st	atements, answers and particul and agreed that the statements,	lars given by me / us in to answers and particular	his proposal form are to provided hereinabove	rue to the best of me are the basis on w	y / our knowledge an	
eing granted and that if, after	the insurance is effected, it is fo	ound that any of the stat				
	ve no liability under this insuran onvey to Reliance General Insu		any additions/alteration	ns carried out in the	e risk proposed for	
surance after submission of t	his proposal form.		-			
ace:	Date:		Signature of Prop	ooser		
ssignment						
				ce General Insurar	ce Company Limited	
the event of my death to Mr	/ Ms / Mrs re that his / her receipt shall be	a a full and affactive disc			(relation	
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rohibition of rebates - SECT	FION 41 of the Insurance Act					
rohibition of rebates - SEC	FION 41 of the Insurance Act allow, either directly or indirectly, as ia, any rebate of the whole or part of the	an inducement to any perso				
rohibition of rebates - SECT No person shall allow or offer to relating to lives or property in Ind or renewing or continuing a polic	allow, either directly or indirectly, as	an inducement to any perso the commission payable or a ate as may be allowed in acc	ny rebate of the premium sh ordance with the published	own on the policy, nor prospectuses or table	shall any person taking o	
Phone		1938				

Registered Office Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001

Corporate Office 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai - 400 031

For any assistance call **1800 3002 8282** (toll free) | **022-3989 8282** (charges apply)

An ISO 9001:2008 Certified Company





Proposal Form for Reliance Shopkeeper's Package Policy

The property proposed for insurance is not covered until the proposal is accepted and premium received

Inte	rmediary Details (To be	illed in BLOCK LETTERS)					
nter	mediary Name		Code L				
ran	ch Name		Code				
ale	s Manager Name		Code				
ro	ooser's Details (To be fill	ad in DLOCK LETTERS)					
	Proposer's Full Name	Mr Ms					
1 .	Address for Communicati		1				
	Flat Building	Road/Street/Sect					
	Area		」 City ∟				
	Pin Code	State	Country L				_
	Phone	Mobile					
	Email	Fax					
b.	Address of the Shop to be	Insured					
	Flat Building	Road/Street/Sect	or L				
	Area		☐ City ☐				
	Pin Code	State State	Country L				
	Phone	Mobile Mobile				1	
	Email	Fax L					
	Period of Insurance	From dddm,my,y,y,y	_m y _ y _ y	/ ју			
	Description of Business/tr						
	a. Whether the Shop own		Owned	Rented			
	-	e building under Section IA?	Yes	□No			
	c. Do you wish to cover p		Yes	□No			
		of valuation opted for under Section IA and IB - whether on					
		IV) or Market Value (MV) Basis	RIV	MV			
		lopted for Section II will be the same as that adopted for section IB)					
-		the Section opted by you in the format hereinbelow (Please note that sec	tion I(B) is com	ipulsory)			
	Fire & Allied Perils						
	A. Building			nsured			
	i. Superstructure		Rs.				
	ii. Plinth & foundation		Rs.				
	B. i. Contents-Other tha		Rs.				
	ii. Stock & stock in tra		Rs.				
о у	ou require Terrorism cover		Yes	□No			
	If Terrorism Cover is requ		_	_			
	a. Whether the risk was in	sured against terrorism in the previous year/s?	Yes	No			
	b. If yes, whether premiur reinsurers?	n was paid as per the terms of the Indian Market Terrorism Risk Insurance	Pool or as pe	r the terms qu	oted b	y oth	er

		manufacture	No.	(Rs.)
				l
				İ
				1
	1	1		1
	1			1
			Total	
IV Electronic Appliances (Items ar	re required to be covered on C	urrent Replacement Value basis	5)	
Do you require Terrorism cover				□No
,				
S. No. Description	Make & Model	Year of	Identification	Sum Ins
		manufacture	No.	(Rs.)
				1
				1
I				
			Total	1
VI. Baggage Insurance			Sum Insured (Rs.)	
VII. Fixed Plate Glass and sanitary	/ Fittings (Items are required	to be covered on RIV basis)		1
S. No.		Item		Sum Insured
		1		İ
	1	<u> </u>		1
I	1	1		1
I	1			1
				<u> </u>
				1
			Total	1
				1
VIII. Neon Sign and Glow Sign				
S. No.		Item		Sum Insure
	1	1 1		1
I	1			
		l I		1
				<u> </u>

Sum Insured

Sum Insured

Rs.

Rs.

Identification

Total

Intermediary Signature ____

II. Burglary & Housebreaking

ii. Stock & stock in trade

Description

S. No.

i. Contents-Other than stock & stock in trade

III. Electrical & Mechanical Appliances (Item are required to be covered on Current Replacement Value basis)

Make & Model

ame	Relationship with proposer	Date of Brith	Profession/ Occupation	Annual Income (Rs.)	Capital Sum Insured (CSI) (Rs.)	Table of Benefit	Cumulative Benefit	CSI under any existing P.A policy & (table of benefit)
		<u> </u> 	<u> </u>	<u> </u>				
		<u> </u> 	<u> </u> 	<u> </u> 		 		
rish to cover	reimbursement	of medical expe	enses due to ac	cident ?		□ Yes		0
ether floate	r cover require	ed ?				Yes	□ N	lo
	Name			Design	nation		Limit o	of Liability (Rs.)
						1		
bility limited to	50% of sum insu	red under section	er various Section	ons enumerated al		ny damage	previously?	☐ Yes ☐ No
			etails of Loss	Amou	Amount of Loss (Rs.)		Name of the Insurance Company	
ce	Details of Item	ns Lost De						
ce	Details of Item	ns Lost De						
ce	Details of Item	ns Lost De						
ce	Details of Item	ns Lost De						
ce	Details of Item	ns Lost De						
					(Rs.)			
ledgment (ral Insurance		(Rs.)			
ledgment (d			ral Insurance	Company Limite	(Rs.)	y Chequi	e/DD Amount	
ledgment (on behalf of R		ral Insurance		(Rs.)		e/DD Amount L	
	gal Liability wards Emplo No.	ish to cover reimbursement delity / Dishonesty of emprether floater cover require Name Name Name No. of Domestic se wards third parties: AOA = Ability limited to 50% of sum insu	ish to cover reimbursement of medical expendedity / Dishonesty of employees sether floater cover required ? Name Name No. of Domestic servants No. of Domestic servants wards third parties: AOA = AOY = Rs	proposer	proposer	proposer (NS) (Rs.)	proposer Section (18.) (18.) Section (18.)	proposer Cooption (18s) (Rs.) Continue