

# OFFICE PACKAGE INSURANCE POLICY Proposal Form

## PROPOSAL FORM – OFFICE PACKAGE INSURANCE POLICY

<b>Name of the Proposer</b>			
<b>Address of the Proposer</b>			
<b>Name of the insured to whom the policy has to be dispatched</b>	<b>Telephone No.</b>		<b>Fax No.</b>
	<b>E Mail ID</b>		<b>Bank Account No.</b>
<b>Address of the insured</b>			
<b>Agent /Broker Name</b>			<b>Agent /Broker Code</b>
<b>Period of Insurance</b>	<b>From</b>		<b>To</b>
<b>Occupation/ Business Activity</b>			
<b>Bank / Office Name to be incorporated in the policy</b>			
<b>Paid Up Capital</b>			

Section I & Section II – **Fire & Allied Perils** and **Burglary & Robbery Insurance** (Compulsory sections)

**A. Business and Location of Business-** Location of risk/business to be covered - full postal address with Pin Code.

Sl No.	Address	Pin code	Occupancy	Age of unit	Floor*
1.					
2.					
3.					

*\*Floor: Ground floor (GF)/ Mezzanine Floor (MF)/ Higher Floor (HF)*

**B. Details about Business covered at the insured location**

1.	Details of insured property		
a.	Boundary wall	Yes	No
b.	Basement storage	Yes	No
		If Yes, Value stored SI : INR _____	
c.	Others ( please specify)	_____	

	2.	If used as warehouse /godown (not Located in a manufacturing unit), please give the list of goods stored.	
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3.	Fire Protection devices installed	Please tick the correct answer in the box below.		
		Portable Extinguishers		
		<input type="checkbox"/>	Small bore hose reels	
		<input type="checkbox"/>	Trailer Pumps/Fire engines	
		<input type="checkbox"/>	Hydrant System	
		<input type="checkbox"/>	Sprinkler System	
		Fixed Water Spray System		
		Foam System		
		Fire Alarm System		
		Gas Flooding System		
		Others, please specify below		
4.	Indicate whether AMC ( Annual Maintenance contract) for the Fire Protection Appliances is in force	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
5.	Construction details	<input type="checkbox"/>		
a.	Please state material used	Please tick the correct answer in the box.		
i.	Walls	Kutcha <input type="checkbox"/>	/ Pucca <input type="checkbox"/>	
ii.	Floor	Kutcha <input type="checkbox"/>	/ Pucca <input type="checkbox"/>	
iii.	Roof	Kutcha <input type="checkbox"/>	/ Pucca <input type="checkbox"/>	
		<b>Note</b> <input type="checkbox"/> <b>Kutcha</b> : Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction. <b>Pucca</b> : Buildings other than Kutcha are treated as Pucca constructions		
b.	Number of Floors	<input type="checkbox"/>		
c.	Age of the Building	Less than 5 years <input type="checkbox"/>		
		5- 10 years <input type="checkbox"/>		
		10-20 years		
		Above 20 years		
6.	Distance between the risk to be covered and nearest Fire Brigade			



7.	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)			
8.	Whether Insurance was declined by any other Company (Give details)			
9.	Premium / Claim details for the past 36 months excluding the expiring policy period	Year	Premium (INR)	Claim (INR)
		TOTAL		

**C. Sum Insured and Other details of Insured Property**

*(Indicate Sum Insured on the following basis:*

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: **Reinstatement Value;**
- For raw material: **Landed Cost;**
- For stock in process: **Input cost;**
- For finished stock: **Manufacturing cost** of the finished stock **or the Contract Price\*** of goods sold but not delivered, as applicable.

*\* **Contract Price** is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).*

10	Description of Block	Building including plinth, Basement and additional structures (INR)	Plant & machinery (INR)	Furniture & Fixtures, Fittings and other equipment (INR)	Raw Material (INR)	Stock in Process (INR)	Finished Stock (INR)	Other contents (PI specify) (INR)	Total (INR)


#### D. Details for in-built cover for Floater

11.	Floater Cover (for stocks at various locations)		
		Location (Postal Address with PINCODE)	Sum Insured (INR)
		i) Maximum value at any one location: ₹.....	
ii) Whether stocks stored in open: Yes/No			

#### E. Standard Add-on

Do You want to opt for Declaration Policy? -- Yes/No (strike off what is not applicable). If Yes,

give details below: Stocks which fluctuate in value to be covered on (monthly) declaration basis:  
 Amount (₹):

##### 1. What protection is provided to:

- (a) Doors
- (b) Windows
- (c) Skylights, ventilators, exhaust fans, lights, airconditioners, trap doors

**NB: Mention any specific precautions you have adopted for safeguarding your Property**

- 2. Are the premises guarded by Watchmen? If so by how many and during what time?
- 3. Are all valuables secured in a safe(s) outside business hours?
- 4. How many keys are there to the safe (s) and with whom are they kept?

#### Details of Safe

5. Is the insured location protected by a burglar alarm system? If yes, please specify
6. Sum to be Insured for contents (Please provide details in reference to Fire Section Sum Insured)

Add On Cover Under Burglary and Robbery Section									
Coverage (please tick the boxes if selected)	Location 1	Location 2	Location 3	Location 4	Location 5	Location 6	Total Amount		
Theft									
RSMD									
<b>Section III- Fire Loss of Profit</b>									
		Amount In Rs		Select the indemnity period required					
Annual Gross Revenue				3 Months	6 Months	9 Months	<input type="checkbox"/> 12 Months		
				15 Months	18 Months	24 Months	<input type="checkbox"/> 30 Months		
<b>Section IV - Money In Transit &amp; Safe</b>									
Sr. No.	Location	Transit Between		Limit of Liability					
		From	To	Maximum amount at any one time Rs	Estimated Annual total Amount Rs				
1									
2									
3									
4									
<b>Section V - Plate Glass and Neon Signs/Glow Signs</b>									
Sr . No.	Location	Type of Sign( Metal / Plastic/Glow sign/ Neon Sign)	Dimension of Plate Glass/ Glow Sign	Sum Insured					
1.									
2.									
3.									
Sr . No.	Location	Type of Frame & Frameworks( Metal / Plastic/Glow sign/ Neon Sign)	Dimension of Frame / Frameworks	Sum Insured					
1.									
2.									
<b>Section VI, VII – Electronic Equipment , Machinery Breakdown Insurance</b>									



Sr . No.	Coverage (EEI/ MBD)	Location	Type of Equipment	Make	Identification /Serial no	Specification KVA/HP/Kg/cm 2	Year of Mnfg.	Sum Insured
1								
2								
3								

4								
5								
6								
7								
8								
9								
10								
Total Sum Insured								

Is there any AMC for the Electronic Equipment YES No  
Note : (If the space provided is not sufficient separate sheet to be attached)

#### Section VIII –Personal Accident

Sr. No.	Employee Name	Occupation of Employee	Place of Employment	Date of Birth /Age	Nominee Name	Maximum Limit of Benefit	Coverage Type(Basic/ Wider/Comprehensive)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Note : (If the space provided is not sufficient separate sheet to be attached)

#### Section IX –Fidelity Guarantee Insurance

Sr No.	Name of Person /Position	Designation	Limit of Liability	Any additional information
1.				
2.				
3.				





4.			
5.			
<b>Section X –Public Liability ( Non – Industrial)</b>			
<b>Any one Accident Limit Rs.</b>		<b>Any one Year Limit Rs</b>	

Past Loss Record			
Date of Loss	Incident & Cause	Loss Amount	Improvement Made after the Loss

<b>Premium Payment Details:</b>	
Total Premium Amount (Including GST) – INR _____	
Payee Name - _____	
Kindly select : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> Cash	
Cheque /DD/ PO /UTR No.	_____
Date	_____ IFSC _____
Amount in Rs.	_____
Bank Account No.	_____
Bank Name	_____ Branch _____
PAN Number	_____
Aadhaar Number	_____
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>	
GST Registered	Yes/ No
	GSTIN Number
	GST State

## ELECTRONIC INSURANCE DETAILS

Do you wish to have this Policy credited to an eIA? (Please select anyone)

☐ No, I do not have an eIA and do not wish to open one ☐ Yes, Credit this Policy to my e-Insurance account

If yes, please share existing e-Insurance Account No \_\_\_\_\_



Please select Insurance Repository Name (you have opened your account with)

- ☐ M/s NSDL Database Management Limited ☐ M/s Karvy Insurance Repository Limited
- ☐ M/s Central Insurance Repository Limited ☐ M/s CAMS Repository Services Limited (Please select any one) Or
- ☐ I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account (Please

submit electronic insurance account opening form (eIA form) along with relevant documents)

My CKYC No. (Central Know Your Customer registry number) is (if available): \_\_\_\_\_

Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)

First Name

Middle Name

Last Name

Gender

DOB

PAN

Address Line 1

Address Line 2

Address Line 3

Pin code

Telephone Number

Mobile Number

Relationship

Other Relationship

Email Id

UID

Landmark

State

City

Country

**Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check**

**mark against each before signing)**

INTERMEDIARY DECLARATION

**Intermediary PAN number:**

**Intermediary Aadhaar number:**

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor: \_\_\_\_\_

**DECLARATION BY INSURED**

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 Magma General Insurance Limited

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

I hereby consent to and authorize Magma General Insurance Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC.

I wish to get all policy related communications on my Whatsapp (other app) number.

**Place**

**Date**

**Signature of Proposer**

**AML Guidelines**

1. I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

Date: DD/MM/YYYY

Signature of the Proposer: \_\_\_\_\_

Are you or any of the proposal applicants PEPs\* or a close relative/associate of PEPs\*?

☐ YES ☐ NO

If yes, please share the details of "Politically Exposed Persons"(PEPs):

\* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

**2. Disability, If any:** Type of Disability \_\_\_\_\_ Percentage of Disability: \_\_\_\_\_

**3. Additional Information:**

Nationality: Indian ☐ Non-Indian ☐ If, Non-Indian, please specify Country:-----  
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Residential Status: ☐ Resident Individual ☐ Non-Resident Indian ☐ Foreign National

Person of Indian Origin ☐

**4. Type of Organisation:**

(i) Corporations

(ii) Trust

(iii) Government

(iv) Partnership

(v) Non-Government Organisations

(vi) Co-operatives

(vii) Society

(viii) Private Limited Company

(ix) Public Limited Company

(x) others, please specify-----

**5. Source of Funds:**

Business: ----- Salaried:----- Others (please specify)-----  
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**VERNACULAR DECLARATION**

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma General Insurance Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: \_\_\_\_\_ Proposer's  
Signature \_\_\_\_\_

Company stamp

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Designation \_\_\_\_\_  
(DD-MM-YYYY)

**Disability Declaration**

I hereby declare that I have been duly authorized by the proposer to give this declaration and that I have fully explained the contents of the proposal form and all other documents incidental to availing of the insurance from Magma General Insurance Limited to the proposer. The same has been fully understood by me and the replies have been recorded as per the information provided by the proposer. Replies have also been explained, fully understood and confirmed by the proposer.

Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015**

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 a policy accept any 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 ten lakhs rupees.