

SHOPKEEPER'S PACKAGE POLICY (RETAIL)

Proposal Form

PROPOSAL FORM

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

| | |
|---|----------------|
| 1) Agent/Broker Name | |
| 2) Agent/Broker Code | |
| 3) Name of the Proposer | |
| 4) Address of the proposer | |
| 5) Phone Number | |
| 6) Email id 7) Bank Account No. | |
| 8) Occupation/ Business Activity (Please state the commodities to deal in) | |
| 9) Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions. | |
| 10) District in which the risk is located | |
| 11) State in which the risk is located | |
| 12) Pin code of the location of risk | |
| 13) Period of Insurance | From To |

COVERAGE PROPOSED (PLEASE FILL IN THE RELEVANT SECTIONS YOU REQUIRE)

| |
|--|
| SECTION 1 Fire and Allied Perils- Building & Contents |
|--|

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) | | | | | |

A. Details about Business covered at the insured location

| | | |
|----|--|--|
| 1. | Details of insured property | Please tick in the space below : |
| a. | Boundary wall | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| b. | Basement storage | Yes <input type="checkbox"/> / No <input type="checkbox"/> If, yes value stored Sl: ₹..... |
| c. | Others (please specify) | _____ |
| 2. | If used as warehouse / godown (not Located in a manufacturing unit), please give the list of goods stored. | |
| 3. | Fire Protection devices installed | Please tick the correct answer in the box below. <input type="checkbox"/> 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 <input type="checkbox"/> Fixed Water Spray System <input type="checkbox"/> Foam System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> 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"/> |
| 5. | Construction details | |
| a. | Please state material used | Please tick the correct answer in the box. |
| i. | Walls | Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/> |
| ii | Floor | Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/> |
| iii | Roof | Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/> |

| | | | | | | | | | | | |
|--|---|---|---------|-------------------|--|------------|--|-------------|--|----------------|--|
| Note Kutchha : 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 Kutchha Construction. Pucca : Buildings other than Kutchha are treated as Pucca constructions | | | | | | | | | | | |
| b. | Number of Floors | | | | | | | | | | |
| c. | Age of the Building | <table border="1"> <tr> <td>Less than 5 years</td> <td></td> </tr> <tr> <td>5-10 years</td> <td></td> </tr> <tr> <td>10-20 years</td> <td></td> </tr> <tr> <td>Above 20 years</td> <td></td> </tr> </table> | | Less than 5 years | | 5-10 years | | 10-20 years | | Above 20 years | |
| Less than 5 years | | | | | | | | | | | |
| 5-10 years | | | | | | | | | | | |
| 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 | Year | Premium | | | | | | | | |
| | | ₹ | ₹ | | | | | | | | |

| | | | | |
|--|------------------------|-------|---|---|
| | expiring policy period | | ₹ | ₹ |
| | | | ₹ | ₹ |
| | | | ₹ | ₹ |
| | | TOTAL | ₹ | ₹ |

B. 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 | Plant & Machinery | Furniture & Fixtures, Fittings and other equipment | Raw Material | Stock in Process | Finished Stock | Other Contents (Please Specify) | Total |
|-----|----------------------|---|-------------------|--|--------------|------------------|----------------|---------------------------------|-------|
| | | | | | | | | | ₹ |
| | | | | | | | | | ₹ |
| | | | | | | | | | ₹ |

C. Details for in-built cover for Floater

| Location (Postal Address with Pin Code) | Sum Insured (in ₹) |
|---|--------------------|
| | |
| | |
| | |

| | | |
|-----|---|--|
| 11. | Floater Cover (for stocks at various locations) | <p>i) Maximum value at any one location: ₹.....</p> <p>ii) Whether stocks stored in open: Yes/No</p> |
|-----|---|--|

D. Standard Add-on

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

| | |
|-----|---|
| 12. | <p>Stocks which fluctuate in value to be covered on (monthly) declaration basis:</p> <p>Amount (₹):</p> |
|-----|---|

| |
|---|
| SECTION 2 Burglary & Robbery |
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| | |
|---|-------------------------------|
| <p>1. What protection is provided to:</p> <ul style="list-style-type: none">(a) Doors(b) Windows(c) Skylights, ventilators, exhaust fans, lights, airconditioners, trap doors <p>NB: Mention any specific precautions you have adopted for safeguarding your Property</p> <p>2. Are the premises guarded by Watchmen? If so by how many and during what time?</p> <p>3. Are all valuables secured in a safe(s) outside business hours?</p> <p>4. How many keys are there to the safe (s) and with whom are they kept?</p> <p>5) Is the insured location protected by a burglar alarm system ? If yes, please specify</p> | <p>Rs.....</p> <p>Rs.....</p> |
|---|-------------------------------|

| | |
|---|---------|
| 6) Sum to be Insured for contents: | Rs..... |
| (i) Saleable Items (Market Value ie.procurement value) | Rs..... |
| (ii) Furniture, Fixture, Fittings (Reinstatement Value) | Rs..... |
| (iii) Business Equipments/Electronic Equipments (Reinstatement Value) | Rs..... |
| (iv) Money in safe (Restricted to one day's collection) | |
| v) Money in till/counter (Restricted to one day's collection) | |
| vi) Other Valuables (pl. specify) | |

| SECTION 3 MONEY | |
|---|---------|
| 1. Money in transit (Please indicate the limit required per transit) | Rs..... |
| 2. Is there a daily written record of the money in transit and is it updated everyday | Yes/No |

| SECTION 4 Plate Glass and Neon Signs/Glow Signs | |
|---|--|
| A. Plate Glass | |
| (i) Description & location | |
| (ii) Insured Value of Plain Glass (pl. provide Replacement value) | |
| (iii) The cost of tinting, lettering, painting, embossing, silvering or another ornamental work, if propose to insure | |

| | |
|--|--|
| B. Neon Sign/ Glow Sign | |
| i. Description & Location : | |
| ii. Year of installation | |
| iii. Name of manufacturer | |
| iv. Insured Value (pl. provide Reinstatement value) | |

| SECTION 5 | | | | |
|--|-------------|---------------------|---------------------|---------------------|
| Electronic Equipment Insurance | | | | |
| (Only Equipments which are less than 10 years of old from the date of manufacture can be covered. Following details must be provided in respect of each equipment) | | | | |
| Item No | Description | Date of Manufacture | Name of manufacture | Reinstatement Value |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|---|---------|
| Do you require cover for data media and system software? If so, provide | |
| (i) Reinstatement value of data media | Rs..... |
| (ii) Repurchase cost for system software | Rs..... |
| Do you require cover for reproduction of data lost following identifiable damage to data media? If 'Yes', what is the limit required? | Rs..... |
| Details of breakdown and Repair cost incurred during the last 3 years for the above Equipments: | |

| SECTION 6 | | | | |
|--|-------------|---------------------|---------------------|---------------------|
| Breakdown of Business Equipments | | | | |
| (Only Equipments which are less than 10 years of old from the date of manufacture can be covered. Following details must be provided in respect of each equipment) | | | | |
| Item No | Description | Date of Manufacture | Name of manufacture | Reinstatement Value |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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|---|--|--|--|--|
| | | | | |
| | | | | |
| Details of breakdown and Repair cost incurred during the last 3 years for the above Equipments: | | | | |

| SECTION 7 PERSONAL ACCIDENT (Please give the following details for all persons to be covered under this section) | | | | |
|--|--------------------------------|---------------------|---------------|------------------------|
| Name of the Person | Relationship with the proposer | Nature of functions | Date of Birth | Sum to be insured (Rs) |
| | | | | |
| | | | | |
| | | | | |

(*Please limit the sum insured to 5 times annual income of the person to be covered)

| SECTION 8 FIDELITY GUARANTEE (Please give the following details for all persons to be covered under this section) | | | |
|---|-------------|----------------|---|
| Name of the Person | Designation | Monthly Salary | Amount of cash/stock held by the employee |
| | | | |
| | | | |
| | | | |
| Has there been any occasion to question the honesty or conduct of any person proposed for coverage? If yes, please provide details | | | |
| How often are the employees required to account for the money? | | | |
| Are books of accounts balanced everyday? | | | |
| Detail the system in place to check that all sums received by employees are accounted for. | | | |
| Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners during the last 5 years. | | | |

| | |
|---|---------|
| SECTION 9 Public Liability (The maximum amount of Limit of liability can be Rs 10 lakhs only) | |
| Limit of Liability (Any one Accident and Any one Year) | Rs..... |

| SECTION 10 Employees Compensation | | | |
|--|---------------------|-------------------|---|
| Serial No. | Category of Workers | Number of workers | Annual Wage for each Category or workers put together |
| | | | |
| | | | |

| | |
|--|---------|
| SECTION 11 Business Interruption | |
| A) APPLICABLE WHERE ANNUAL TURNOVER IS LESS THAN RS. 10 LAKHS | |
| 1) What was your turnover for last financial year? | Rs..... |
| 2) What is the estimated turnover for this year? | Rs..... |
| 3) Do you keep proper books of accounts? | Yes/No |
| 4) Is the books of accounts are audited by a Chartered Accountant? | |
| 5) If yes, give the name and address of the Chartered Accountant | |
| 6) What is the indemnity period opted? (Maximum 12 months only) | |
| 7) What is the sum insured for saleable items under Section 1? | |

| | |
|--|---------|
| B) APPLICABLE WHERE ANNUAL TURNOVER IS MORE THAN RS. 10 LAKHS | |
| 1) What was your turnover for last financial year? | Rs..... |
| 2) What is the estimated turnover for this year? | Rs..... |
| 3) Do you keep proper books of accounts? | Yes/No |
| 4) Is the books of accounts are audited by a Chartered Accountant? | |
| 5) If yes, give the name and address of the Chartered Accountant | |
| 6) What is the indemnity period opted? | |
| 7) Gross Profit To be Covered | Rs..... |
| Net Profit (before Tax) | Rs..... |
| Standing Charges | Rs..... |

NOTE:

- If the indemnity period is more than 12 months, the gross profit to be proportionately increased.
- All the fixed expenses are to be considered as standing charges.

| | |
|--|--------------------|
| Premium Payment Details: | |
| 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 <input type="checkbox"/> | |
| 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: ---

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)---

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.