BUSINESS PROTECT POLICY (COMMERCIAL)

Proposal Form

PROPOSAL FORM

(Acceptance of this proposal is subject to the rules & regulations of Magma General Insurance Package Policy. The property is not covered until the proposal is accepted and premium paid.)

1. FOR OFFICE USE ONLY			
For Policies sourced through Branch			
Branch Name (Intermediary)*		Branch Code (Intermediary)*	
Branch/Office Mobile Number (Intermediary)*		Branch/Office Email Address (Intermediary)*	
Intermediary Name*		Intermediary Code*	
Name of SP/ BQP/ POSP/Designated Person/Authorized Verifier/Authorized Salesperson*		Functional identity/Unique ID of SP/BQP/POSP/Designated Person/Authorized Verifier/ Authorized salesperson*	
Sales channel Type		If POSP then please provide the below:-* a) PAN of POSP b) AADHAR Number of POSP	
For Policies Sourced Digitally			
Principal Officer Name*		Principal Officer Telephone Number*	
Principal Officer Email Address*			

Agent/Broker Name			
Agent/Broker Code			
Agent Mobile Number	Email Address		
Name of the Proposer			
Address of the Proposer			
	City_____ State _____	Pin Code	
Mobile Number	Email Address		
Policy to be issued in favour of	*(List of all the parties who have insurable interest)*		
Financial Institution Interest (if any)	.....(*Attach annexure in case of multiple institutions)*		
Business of the Proposer			
Period of Insurance	From..... To		

Whether you have insured the same property with any other Insurance Company with the same type of coverage. (Give details)						Yes/No
Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)						Yes/No
Risk Location/s to be Insured – Give complete address with pincode	City_____ State _____Pin Code ☐☐☐☐☐☐					
Occupancy of the Risk Location	*(Describe the activities carried out in the premises)*					
Note – in case of multiple locations please attach annexure indicating risk location addresses and occupancies of each location.						
Construction Details	Please state material used for Wall…… Floor……Roof……					
Note: Buildings having walls and/ or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt cloth/canvas/tarpaulin and the like are treated as "Kutcha" construction						
Height of the Building	…….meters					
Age of the Building (Select)	Less than 5 yrs ☐ 5 to 10 yrs ☐ 10 to 20 yrs ☐ above 20 yrs ☐					
Fire Protection devices installed at Risk Location. Select as applicable (Note – in case of multiple locations please attach annexure indicating fire protection details of each location)	Portable Extinguishers					Yes/No
	Small bore hose reels					Yes/No
	Trailer Pumps/Fire engines					Yes/No
	Hydrant System					Yes/No
	Sprinkler System					Yes/No
	Fixed Water Spray System					Yes/No
	Foam systems					Yes/No
	Fire alarm systems					Yes/No
	Gas flooding systems					Yes/No
Availability of 24*7 security	Yes ☐		No ☐			
Is the premises fitted with an alarm system	Yes ☐		No ☐			
	Is it under a maintenance contract? (quarterly, half yearly or yearly)					
Any Basement Exposure	Yes ☐		No ☐			
Any stock kept in open	Yes ☐		No ☐			

SECTION 1 – FIRE INSURANCE COVER

Basis for Insuring Building/Machinery/ FFF	Market Value ☐		Reinstatement Value ☐			
Would you like to cover Plinth & Foundation along with your buildings						Yes/No
Sum Insured Details	**Please mention block wise sum insured for various risk locations below**					
Risk Location /Block	Building	Plant & Machinery	Furniture/ Fixtures/ Fittings	Stocks and Stock in Process	Others (specify)	Total
Note – in case of multiple locations please attach annexures/additional sheets						

Extensions / Clauses Opted	Required	Sum Insured
Architects consulting & Engineers Fees (in excess of 3% claim amount)	Yes/No	
Debris Removal (in excess of 1% claim amount)	Yes/No	
Earthquake (Fire & Shock)	Yes/No	
Escalation (%)	Yes/No	
Omission to Insure additions, alterations or extensions (%)	Yes/No	
Impact damage due to insured's own Rail/Road vehicles, fork lift and like & articles dropped there from	Yes/No	
Spontaneous Combustion	Yes/No	
Spoilage material cover	Yes/No	
Leakage and contamination cover	Yes/No	
Temporary removal of stocks	Yes/No	
Forest Fire	Yes/No	
Additional expenses of rent for an alternate accommodation	Yes/No	
Start-up expenses	Yes/No	
Deterioration of Stocks in cold storage premises on account of accidental power failures due to damage at power station due to an insured peril	Yes/No	
Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery (ies) in the Insured's premises due to operation of insured peril.	Yes/No	
Terrorism Cover Extension	Yes/No	
Note – Any additional extensions (if any) to be separately attached as an annexure / additional sheet		
Voluntary deductible opted, if yes, up to what limit?	Yes/ No	Limit_____

SECTION 2 – FIRE LOSS OF PROFIT COVER

Financial Details:	
Net Profit	
Standing Charges *(name the standing charges to be covered)*	
Annual Gross Profit	
Indemnity period *(months)*	
Basis of Indemnity *(Turnover/Output/ Difference basis)*	
Sum Insured proposed for Coverage	
Who Audits your accounts and what is the Frequency of Audit	

Extensions / Clauses Opted		Required	Sum Insured
Suppliers Extension *(please attach annexure in case of multiple suppliers)*		Yes/No	
	Number of suppliers to be covered		
	Named/ Unnamed suppliers with location Address		
	% of dependency		

Customers Extension *(please attach annexure in case of multiple customers)*		Yes/No	
	Number of customers to be cover		
	Named/ Unnamed customers with location Address		
	% of dependency		
Accidental Failure of Public utilities (Water/ Gas/ Electricity)		Yes/No	
Auditors Fee		Yes/No	
Insured's Property Located at other situations		Yes/No	
Wages on Prorate basis (___ Number of weeks)		Yes/No	
Wages on Dual basis (100% for ___ weeks and ___% for remainder period)		Yes/No	

SECTION 3 – BURGLARY AND HOUSE BREAKING COVER

Sum Insured Details	**Please mention block wise sum insured for various risk locations below**					
Risk Location /Block	Building	Plant & Machinery	Furniture/ Fixtures/ Fittings	Stocks and Stock in Process	Others (specify)	Total

Note – in case of multiple locations please attach annexures/additional sheets

What Protection is Provided to	Doors	
	Windows	
	Sky Lights, Ventilators, Exhaust Fans, Lights, Air Conditioners, Trap Doors	
	Any other openings	
	Mention and special precautions you have adopted for safeguarding your property	

Will the premises at any time be left un-occupied? If so, how often and for how long		
Coverage details	Riot, Strike & Malicious Damage (RSMD)	Yes/No
	Theft	Yes/No
	First Loss Percentage	

SECTION 4 – MACHINERY BREAKDOWN COVER

Sum Insured Details *(Items are to be covered on RIV basis)*

Sr. No	Quantity and Location	Description, Type, Model, Capacity of Machines / Serial Nos./ HP/ KVA Volts, AMPS,RPM	Maker's Name & Country of origin	Year of Make	Sum Insured

		(Please attach separate sheet, if necessary)			

Extensions / Clauses Opted		**Required**	**Sum Insured**
Escalation Amount/ percentage		Yes/No	
Express Freight (excluding Airfreight), overtime and Holiday rates of wages)		Yes/No	
Air Freight		Yes/No	
Owners surrounding property		Yes/No	
Additional Customs duty		Yes/No	
Third Party Liability		Yes/No	
	AOA_____		AOY_____

Do the Machineries listed represent the whole of the plant	Yes/No
Are you aware of any defects / damages existing in the machinery? If so, give details thereof	Yes/No
Are regular periodical inspections of the machinery carried out? If so, by whom and at what intervals?	Yes/No

SECTION 5 – ELECTRONIC EQUIPMENT COVER

Sum Insured Details *(Items are to be covered on RIV basis)*

Sr. No	Quantity and Location	Description of Property	Identification Make/Model/Serial No's	Year of Make	Sum Insured
		(Please attach separate sheet, if necessary)			

Is the equipment maintained in accordance with the manufacturer's instructions?	Yes/No
Have operators been trained by the manufacturer?	Yes/No
Is there any Annual Maintenance Contract (AMC) in force	Yes/No
Claims details for the last 3 years, Give details, If yes	Yes/No

Extensions / Clauses Opted		**Required**	**Sum Insured**
Fire and Allied perils including Earthquake		Yes/No	
STFI		Yes/No	
Escalation Amount/ percentage		Yes/No	
Express Freight (excluding Airfreight), overtime and Holiday rates of wages)		Yes/No	
Air Freight		Yes/No	
Owners surrounding property		Yes/No	
Additional Customs duty		Yes/No	
Third Party Liability		Yes/No	
	AOA_____		AOY_____

SECTION 6 – BOILER AND PRESSURE PLANT COVER

Sum Insured Details ***(Items are to be covered on RIV basis)***

Sr. No	Quantity and Location	Description – Maker's Name, Maker's No., Capacity	Registration Number	Year of Make	Sum Insured
		(Please attach separate sheet, if necessary)			

How is the Boiler Fired?	☐ Oil	☐ Gas	☐ Coal	☐ Pulverized Fuel

Is it a Water Tube Boiler Evaporative Capacity _____Per Hour	Yes/No
Do you wish to include the main steam piping within 100 meters radius of the Boiler?	Yes/No
Are you aware of any defects / damages existing in the machinery? If so, give details thereof	Yes/No
Are regular periodical inspections of the machinery carried out? If so, by whom and at what intervals?	Yes/No
Claims details for the last 3 years, Give details, If yes	Yes/No

Extensions / Clauses Opted	**Required**	**Sum Insured**
Escalation Amount/ percentage	Yes/No	
Express Freight (excluding Airfreight), overtime and Holiday rates of wages)	Yes/No	
Air Freight	Yes/No	
Owners surrounding property	Yes/No	
Additional Customs duty	Yes/No	
Third Party Liability	Yes/No	
AOA_____	AOY_____	

SECTION 7 – MONEY / CASH COVER

ESTIMATED TOTAL AMOUNT OF CASH IN TRANSIT per annum: INR…….

*(**Note:** The estimated total amount of Money in transit should not be less than turnover of Money in transit of previous policy period except for occasional circumstances when due to business forecast, Demerger of the entity during the period or any other external factors it is going to be less. Please state the reasons for such anticipated shortfall in estimated total amount of Money in transit in the ensuring period of Insurance.)*

Money in Transit Coverage	**Limit of Liability Any One Occurrence**	**Estimated total amount of money (other than crossed cheques) in transit during ensuing Twelve months.**
For payment of Wages/ salaries		
Being other than Wages/ salaries		
Others (to be described)		
Money in premises: • In safe		

• In Counter		
Note – in case of multiple locations please attach annexures/additional sheets		
Details of Transit:		
Is there any Transit to or from branch, outlying contracts or elsewhere? If so, give particulars including address.		
Mode of Transit: Details if public Transport are being used		Owned Car ☐ Public transport ☐
Are the persons carrying the money accompanied by an armed guard? If not state what protection is provided for them?		
Approximate distance between Bank and proposer's premises		_____ Kms
Are the employees engaged in the handling of wages and/or Money guaranteed under a Fidelity Policy?		Yes/No
Extension Coverage details	Riot, Strike & Malicious Damage (RSMD)	Yes/No
	Infidelity cover for cash carrying Employees up to discovery period of 48 hours	Yes/No

SECTION 8 – FIDELITY GUARANTEE COVER

Sum Insured Details: Total Annual Aggregate Limit .....

Sr. No	Name/Designation Of employees	Nature of Duties	Sum Insured/Limit of Liability

Note – in case of multiple categories please attach annexures/additional sheets

Is there a system to obtain references from previous Employers at the time of Recruitment? If not, specify	
What independent system is there to check that all sums received by employees are accounted for?	
Frequency of Audit	

SECTION 9 – ALL RISK COVER

Sum Insured Details

Sr. No	Full Description of Property (Jewellery, Mobile phones, laptops etc.)	Quantity	Sum Insured (Full replacement Value)

Note – in case of multiple categories please attach annexures/additional sheets

Note: Coverage for any article in excess of INR 1 lac without Valuation Report /Bill will not be accepted.

Coverage Details	Within India ☐	Worldwide ☐
Breakdown(Unless specifically requested and accepted by us, Breakdown cover is excluded)	☐ Yes	☐ No
If Jewellery is proposed for insurance please confirm the following		Yes/No
Whether the Jewellery is valued by an approved Valuer? If yes, Date of valuation? NB: Pl. attach Valuation Certificate		

SECTION 10 – PLATE GLASS COVER

What Type of Plate glass are proposed for insurance? (Exterior building glass, fixed glass on door/ window/ table tops etc.)			
Is there any selection? If so, Give details		Yes/No	
Do you desire to insure Damage to woodwork of showcase or Window- frames		Yes/No	
Please furnish value of the Plate glass with dimension and of framework and any tinted embossed, ornamental, or painted glass			
Sr. No	Description	Dimension	Value/ Sum Insured
Are the Premises situated at the corner of a street or exposed to any special risk? Give Details			Yes/No
Is there at present any broken or damaged glass If so, describe its position and Size			Yes/No
What precautions have been adopted to prevent such recurrence?			

SECTION 11 –NEON SIGN/GLOW SIGN COVER

What Type of Neon / Glow Signs are proposed for insurance?			
Please furnish value of the Neon/ Glow Sign with dimension and of framework and paneling			
Sr. No	Description	Dimension	Value/ Sum Insured
Are the Premises situated at the corner of a street or exposed to any special risk? Give Details			Yes/No
Is there at present any broken or damaged Neon sign? If so, describe its position and Size			Yes/No
What precautions have been adopted to prevent such recurrence?			

SECTION 12 – BAGGAGE INSURANCE COVER

Please specify the limit to be insured per loss		
Please specify the total limit during the policy period		
Please specify the territorial limits	Within India ☐	Worldwide ☐
Note: Please attach separate sheet if required		

SECTION 13 – PUBLIC LIABILITY COVER

Paid Up capital	
List of Hazardous substances handled by the group, if any	
Annual Estimated Turnover	
Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)	
Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim?	
Indemnity Limits	
AOA_____	AOY_____

Premium / Claim details for the past 5 years

Section	Policy Period	Details of loss	Claim Amount	Premium Paid

Premium Payment Details:

Total Premium Amount (Including GST) – INR _____

Payee Name -

Kindly select : ☐ Cheque ☐ DD ☐ NEFT ☐ Cash

Cheque /DD/ PO /UTR No.

Date IFSC

Amount in Rs.

Bank Account No.

Bank Name Branch

PAN Number

Aadhaar Number

Documents to be attached as per requirement for fulfillment of KYC Norms.

GST Registered	Yes/ No
GSTIN Number	
GST State	

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: (DD-MM-YYYY) Name: _____ Designation _____

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 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 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.

Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relations to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.