



# **MAGMA GIL BHARAT SOOKSHMA UDYAM SURAKSHA POLICY**

## **Standard Proposal Form**

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | [www.magmainsurance.com](http://www.magmainsurance.com) |  
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Ambedkar Nagar, 2<sup>nd</sup> Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India | CIN:  
U66000MH2009PLC460693 | IRDAI Reg. No. 149 | Magma GIL Bharat Sookshma Udyam Suraksha Policy | Product UIN:  
IRDAN149RP0025V02202021 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy  
documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used  
by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789  
(PF.BSU.ver10.12.25)

## PROPOSAL FORM

**Important:**

1. This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed ₹ 5 Crore, against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	

**A. Details about Proposer and Policy Period**

1.	Name of Proposer	
2.	Address of Proposer	
3.	Telephone No. (Landline No.)	
4.	Mobile No.	
5.	Email	
6.	Contact person details (where proposer is not an individual) a. Name b. Designation	
7.	Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions	

8.	Period of Insurance	From :  To :  (No of Years in case of long term policy):
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**B. Details about Proposer and Policy Period**

1.	Name of Proposer	
2.	Address of Proposer	
3.	Telephone No. (Landline No.)	
4.	Mobile No.	
5.	Email	
6.	Contact person details (where proposer is not an individual) c. Name d. Designation	
7.	Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
8.	Period of Insurance  From :  To :  (No of Years in case of long term policy):	

**A. Details about business covered at the insured location**

11.	Details of insured property	Please tick in the space below :
a.	Offices, Shops, Hotels etc.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b.	Industrial / Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c.	Storage outside Industrial/ Manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>

d.	Tanks / Gas holders outside Industrial/ Manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e.	Utilities located outside Industrial/Manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f.	Boundary wall	Yes <input type="checkbox"/> / No <input type="checkbox"/>
g.	Basement storage	Yes <input type="checkbox"/> / No  If, yes value stored SI: ₹..... ....
h.	Others (please specify)	_____
12.	If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.	_____
13.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)	_____
14.	If used as an Industrial Manufacturing unit, Please state whether the factory is working or silent?	_____
15.	Fire Protection devices installed	<p>Please tick the correct answer in the box below.</p> <p><input type="checkbox"/> Portable Extinguishers</p> <p><input type="checkbox"/> Small bore hose reels</p> <p><input type="checkbox"/> Trailer Pumps/Fire engines</p> <p><input type="checkbox"/> <del>Hydrant System</del></p> <p><input type="checkbox"/> Sprinkler System</p> <p><input type="checkbox"/> Fixed Water Spray System</p> <p><input type="checkbox"/> Foam System</p> <p><input type="checkbox"/> Fire Alarm System</p> <p><input type="checkbox"/> <del>Gas Flooding System</del></p>

		Others, please specify below.									
16.	Indicate whether AMC( Annual Maintenance contract) for the Fire Protection Appliances is in force	Yes <input type="checkbox"/> / No <input type="checkbox"/>									
17.	Construction details										
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> <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										
c.	Age of the Building	<table border="1" style="width: 100px; margin-left: auto; margin-right: auto;"> <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											
18.	Distance between the risk to be covered and nearest Fire Brigade										
19.	Do you wish to exclude any of the inbuilt peril/s Earthquake  Terrorism	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>									

20.	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)			
21.	Whether Insurance was declined by any other Company (Give details)			
22.	Premium / Claim details for the past 36 months excluding the expiring policy period	Year	Premium	Claim
		₹	₹	
		₹	₹	
		₹	₹	
		₹	₹	
	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)

23.	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
									₹
									₹
									₹

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

Location (Postal Address with Pin Code)	Sum Insured (in ₹)
24. Floater Cover (for stocks at various locations)	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:

25.	Stocks which fluctuate in value to be covered on (monthly) declaration basis:
	Amount (₹):

**F. Premium Details**

25.	Mode of Payment	
	Payment Details	
	Amount	

<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

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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)**

#### **G. Declaration by Insured**

I/ We hereby declare that the value of insurable assets is less than ₹ 5 Crore (Rupees Five Crore) 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**

#### **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:

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### **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)-----

**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 rupee.

