



Bajaj Allianz Employee code, if Proposer is an Employee

Input boxes for employee code

SHOPKEEPERS INSURANCE POLICY PROPOSAL FORM

Important : This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted.

1. Name of Proposer

2. Address of Premises Proposed for Insurance

3. Business Address of Proposer

4. Tel. Nos.

5. E-mail ID

6. Occupation / Business Activity (Please state the commodities to deal in)

7. Period of Insurance From To

PAN No. Bank Details (in case of Premium equal to or more than Rs.1,00,000/-)

8. Coverage Proposed : (Please tick the relevant sections you require)

Fire & allied Perils :

Table with columns for Building Construction (Walls, Roof) and material options (Brick/Concrete, Tiles, AC sheet, etc.)

<p>b. BUILDING OCCUPANCY</p> <p>(i) Is the building solely occupied by the proposer ?</p> <p>If 'No' give brief details of other occupancies :</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c. Do you wish to opt for terrorism cover extension</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>d. Do you own the building ?</p> <p>If yes, sum to be insured for insurance (Please take the reinstatement value)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Rs.</p>
<p>e. CONTENTS</p> <p>What is the value of contents (other than money and electronic equipments) ?</p>	
<p>(i) Saleable items (Please take sales value) (Please give a description of items)</p>	<p>Rs.</p>
<p>(ii) Furniture, Fixture, Fittings (Please take the reinstatement value)</p>	<p>Rs.</p>
<p>(iii) Machinery / Equipments, if any</p>	<p>Rs.</p>

Burglary and Robbery

<p>a. What is the value of contents (other than money) ?</p>	
<p>(i) Saleable items (Please take sales value) (Please give a description of items)</p>	<p>Rs.</p>
<p>(ii) Furniture, Fixture, Fittings (Please take the reinstatement value)</p>	<p>Rs.</p>
<p>b. Describe in detail the nature of the Safes or : Strong Rooms if any, in the Insured Premises which are used to contain money</p>	
<p>c. All money in safe (Restricted to one day's collection)</p>	<p>Rs.</p>
<p>d. All money in, till/counter (Restricted to one day's collection)</p>	<p>Rs.</p>
<p>e. Whether 24-hrs security provided for</p>	
<p>(i) The complex/building housing the shop</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>(ii) Whether any burglar alarm or similar security devices are provided</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If 'Yes' please specify</p>	

f. Are there any special recommendations in regard to the maintenance of these installations or is there any special schedule of maintenance that has to be complied with in order to keep the above installations in good running condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' are you in compliance with the same ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Money

a. Money in transit (Please indicate the limit required per transit)	Rs.
b. Is there a daily written record of the money in transit and is it updated every day ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Plate Glass

a. Please provide a description & location of the Plate Glass, which you wish to insure, and its value	
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Breakdown of Business Equipment

(we do not cover equipments which are more than 10 years old)

a. Please provide in respect of all business equipment which you wish to insure, the following information :	
i. Description	
ii. Reinstatement Value	
iii. Date of manufacture	
b. Please provide details of breakdown and Repair cost incurred during the last 3 years : For the above equipments (Please attach separate sheet if required)	

Neon Sign / Glow Sign

a. Please provide in respect of all the neon signs and / or glow signs that you wish to insure, the following information :	
i. Description	
ii. Year of Production	
iii. Name of manufacturer	
iv. Reinstatement value for which you wish to insure :	

Electronic Equipment

Note : We will not provide insurance cover in respect of Electronic equipments, which are more than Ten years old from the date of manufacture of such equipments.

a.	Please provide in respect of all the Electronic equipment that you wish to insure the following :	
i.	Description	
ii.	Type of the items	
iii.	Date of manufacture	
iv.	Name of manufacturer	
v.	Reinstatement Value	
b.	Please provide details of breakdown and Repair cost incurred during the last 3 years For the above equipments (Please attach separate sheet if required)	
c.	Do you require cover for data media and software ? If so, provide	
i.	Reinstatement value of data media	Rs.
ii.	Repurchase cost for software	Rs.
d.	Do you require cover for reproduction of data lost following indemnifiable damage to data media ? If 'Yes', what is the limit required ?	<input type="checkbox"/> Yes <input type="checkbox"/> No Rs.
e.	Do you wish to opt for terrorism cover extension to protect your equipment from terrorism damage	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fidelity Guarantee

a.	Please provide the following information in respect of all the employees in respect of whom insurance cover is sought :	
i.	Name	
ii.	Designation	
iii.	Monthly Salary	
iv.	Amount of Cash / Stock held by the employee (Please attach separate sheet if necessary)	
b.	Is there a system to obtain references from previous Employers ? If not, specify practice followed	
c.	Has there been any occasion to question honesty or conduct of any person proposed for guarantee ? If yes, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	How often are the employees required to account for money ?	

e. Are books of accounts balanced everyday ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. What independent system is there to check that all sums received by employees are accounted for	
g. Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last five years ?	

Personal Accident

a. Do you want personal accident cover for:	
i. Yourself	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Family members (who assist you in the business)	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Other employees	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Please give the following details for all persons to be covered under this section (If necessary please attach separate list)

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)

Public Liability / Workmen's Compensation

a. Please provide the limit of Indemnity required : For Any One Accident and Any One Year (Maximum limit Rs. 10 lacs)	Rs.
b. Please provide following information if Workmen compensation cover is required	
i. Number of Workers	
ii. Nature of Work	
iii. Any security measures to prevent accidents	
iv. Any past history of accidents in the premises	

BUSINESS INTERRUPTION COVER

a. What is the Turnover for last 12 months <i>Answer b to c if TO is more than Rs.10 lacs</i>	Rs.
b. What is the estimated Turnover for next 12 months	Rs.
c. What is the sum to be insured	Rs.

NB : The sum to be insured is estimated Gross Profit for next 12 months which is Turnover less purchases and other variable business expenses

d. What is the estimated Net Profit for the next 12 months	Rs.
e. What is the indemnity period opted (Max 12 months)	6 / 9 / 12 months
f. Do you maintain upto date books of accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you wish to opt for terrorism cover extension (You can opt for terrorism extension for this section, only if you opt it for the fire section)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declarations and Warranty

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 Bajaj Allianz and I/We agree to accept a policy, subject to the conditions prescribed by Bajaj Allianz and to pay premium on the amount estimated above at the end of each policy period. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

I/we hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephone / email / web-inputs means or other means, as updated from time to time within group entities.

Date _____

Proposer's Signature

Note : The liability of the Company does not commence until the proposal has been accepted by the Company and the full premium paid

Prohibition or Rebates

- No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue and insurance in respect of any kind or 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 or continuing a policy accept rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakhs rupees.

FOR OFFICE USE ONLY

Premium Calculation

Total Premium	Rs.
Discount for Covering more than 4 Sections :%	Rs.
Net Premium :	Rs.
Service Tax ;	Rs.

Accepted by _____

Date & Time _____

Policy No. _____