

Call (Toll free) - Number Website Address

PROPOSAL FORM INDUSTRIAL ALL RISK POLICY

(The property proposed for insurance is not covered until the proposal is accepted by the company and premium paid in advance. Coverage is as per the terms and conditions of Liberty General Insurance Limited Standard Policy Wordings)

	COMPANY OFFICE	DETAILS (To be filled by insurer)			
1. 2.	Office Code: Office Address: City District State				
I	NTERMEDIARY D	ETAILS			
1. 2. 3.	Agent/ Broker Name: Agent/ Broker Licens Agent/ Broker Contac	e Code:			
F	PROPOSER DETAILS				
1.	Name of Proposer:				
2.	Address of proposer: Road	Area District District Pin Code			
3.	Business of Proposer				
4.	Financial Interest	A. B. D.			
5.	Location of risk to be Road	Area District District Pincode			
6.	Period of Insurance (I				
7.					
	If yes furnish the follo A. Name of Insurer B. Policy Period (DD	wing details			

8.	Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)
	$\Box_{\mathrm{Yes}} \Box_{\mathrm{No}}$
	A. Reason for declinature B. Conditions imposed
9.	Premium / Claim details for the past 5 years excluding the expiring policy period
	Year Premium in Rs Claims (Paid + outstanding) in Rs
Plea	Total
	ms Data for each claim be furnished in the format given in Annexure B
D	ETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION
A. 1.	MATERIAL DAMAGE DETAILS Give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed).
	1. 1. <td< td=""></td<>
2.	If used as an Industrial Manufacturing unit, please state whether the factory is \(\subseteq \text{Working} \) \(\subseteq \) Silent
3.	Fire Protection detection devices installed Portable Extinguishers Trailer Pumps/ Fire engines Hydrant System Sprinkle System Fixed Water Spray System Foam systems Fire Alarm systems Gas flooding systems Any other, please provide the details
	A. Construction details – Please state materials used i) Walls
В.	BUSINESS INTERRPTION DETAILS
i)	Fire loss of Profit (FLOP)
1.	Indemnity Period in Months
2.	Basis of Indemnity Turnover Basis Output Basis Revenue Basis
3.	Number of Production lines at Risk location
4.	Number of shifts for Production \square One shift \square Two shifts \square Three shifts
5.	Name and Address of Independent Accountants/ Auditors
	A. Name B. Address Road Address Road Area
	Proposal Form- Industrial All Risk 2

Liberty General Insurance Limited, 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: care@libertyinsurance.in

Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in

IRDA of India registration number: 150 1 CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0006V01201213

State i) Machinery Loss . Do you want to o	extend Section	n II (Busines		n Code 🗌 🗀		□ of Profit □v	'es □ No
 If yes Please prov A. Indemnity Pe 		_					
B. Details of Cr	itical Machine	ry					
Description of Critical Machinery	Relative importance	Reserve Capacity	Spare Parts Available (Y/N)	Number of shifts	Age	Foreign Machinery	Remarks
]						
No of Location	Main Com	nmunicating	of Risk	Constructio	Buildir Plinth founda Plant & Machin FFF Piping	& ation & area area area area area area area ar	d in if ar
B. Business Interr Annual Gross Pr Gross Profit for (If Indemnity Pe	ofit (in Rs) selected inden	•			Stocks	☐ Not app	licable, as eriod is 12
						Months	
VOLUNTARY D	EDUCTIBLE	ES					
VOLUNTARY DEVOULD YOU like to average for yes, If the answer is a Material Damage	ail Voluntary l	Deductibles the choice			□Yes to Rs □	□ No	
Vould you like to av	ail Voluntary lis yes, indicate	Deductibles the choice	of Claim Amo	ount subject	to Rs \square	□No □□□□□□ inimum of I	□□□□□ Rs

ADD ON COVERS REQUIRED

A. MATERIAL DAMAGE ADD ONS

Sr No	Add on cover		О	Sum Insured (in Rs)
1	Architects, Surveyors and consulting Engineers Fees (in excess of 3% claim amount)	Yes	□No	Same as Material Damage Sum Insured
2	Debris Removal (in excess of 1% claim amount)	□Yes	□No	
3	Deterioration of Stocks in cold storage premises due to Accidental power failure Consequent to the premises of power station due to an insured peril	Yes	No	
4	Deterioration of stocks in cold storages 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	
5	Forest Fire	Yes	□No	
6	Impact damage due to insured's own Rail/ Road vehicles, forklifts, Cranes, Stackers and the like and articles drop therefrom	Yes	□No	Same as Material Damage Sum Insured
7	Spontaneous Combustion	Yes	□No	
8	Omission to insure additions, altercation or extensions	Yes	□No	
9	Earthquake(Fire &Shock)	Yes	□No	
10	Spoilage Material damage cover	Yes	□No	
11	Leakage and Contamination cover	Yes	□No	
12	Loss of rent - Indemnity Period (in Months)	Yes	□No	
13	Temporary Removal of Stocks clause	Yes	□No	
14	Additional expenses of rent for an alternative	Yes	□No	
	accommodation Indemnity Period (in Months) \Box			
15	Start-up expenses	Yes	□No	
16	Molten Material Spillage	Yes	□No	
17	Terrorism	Yes	No	Same as Material Damage Sum Insured
18	Escalation - 🗆 🗆 %	Yes	□No	
19	Express freight (air freight excluded), holiday and overtime rates of wages	Yes	□No	
20	Air Freight only	Yes	□No	

22	Third Party Liability	□Yes □N	1) AOA- 2) AOY -
	AOA stands for Any one accident limit, AOY stands for USINESS INTERRUPTION ADD ONS	or Any one year li	/
Sr No	Add on cover	Yes/ No	Sum Insured (in Rs)
1	Loss due to accidental failure of public electricity/gas/water supply	□Yes □No	Same as Business Interruption Sum Insured
2	Suppliers Premises extension 1) No of Suppliers 2) dependency %	□Yes □No	Same as Business Interruption Sum Insured
3	Customers" Premises extension 1) No of Suppliers	□Yes □No	Same as Business Interruption Sum Insured
	2) dependency % \square \square		
4 5	Auditors fees	☐Yes ☐No	
5 6	Lay-off and Retrenchment Compensation	☐Yes ☐No	
U	Insured's Property Stored at other situations - No of locations	□Yes □No	
7	Wages - Prorata basis	□Yes □No	
8	Wages - Dual basis Option to consolidate -	□Yes □No	(100% wages) for First Weeks and \(\sqrt{\text{\tint{\text{\tin}\text{\texi}\text{\text{\text{\texi{\texi{\text{\texi}\text{\text{\ti}\text{\text{\texi}\text{\text{\texi}\text{\tiint{\text{\
PAY.	MENT DETAILS		
1.	PAN card number (10 character number):		
2.	Sources of funds: Please tick appropriate box		
	☐ Salary ☐ Business ☐ Others (please specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		nvestments
Do	eclaration:		

- 1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will bepaid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
- 2. I understand that the Company has the right to call for documents to establish sources of funds.
- 3. The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

DECLARATION BY INSURED

I/We hereby declare that the statements made by me / us in this Proposal Form and Annexure if any are true to the best of my / our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/ us and the "Liberty General Insurance Limited"

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should

be conveyed to the insurers immediately.

Date:	Place:
	Signature of Proposer

Recommendations of Officer/ Agent / Broker:

Prohibition of Rebates (Section 41) of the Insurance Act

No person shall or offer to allow either directly or indirectly as an inducement to any person to take out or renew of continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of 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 any 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 punishable with fine, which may extend to Five Hundred Rupees.

	ANNEXURE A – PREMIUM DATA						
Sr	Location/	Policy	Period	Sum Insured (Rs)	Premium (Rs)		
No	Premises	/Perils			, ,		
ANNEXURE B – CLAIMS DATA							
	Material Damage Business Interruption						
Date of Loss							
Policy Period							

Policy/Peril					
Cause of Loss					
Sum Insured (Rs)					
Amount Assessed by Surveyor (Rs)					
Amount Paid (Rs)					
Deductible					
For Business Interruption Losses pleas	For Business Interruption Losses please give following additional information:				
Indemnity Period	Months				
Interruption Period	Days				
Time Excess	Days				