

Call (Toll free) - Number Website Address

## PROPOSAL FORM BURGLARY AND HOUSEBREAKING INSURANCE

The property proposed for insurance is not covered and the liability of the Company does not commence until the proposal is accepted by the company and premium paid in advance and upon full realization of the premium payment by the Company. The Company is under no obligation to accept this proposal. Receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance.

Coverage is as per the terms and conditions of our Standard Policy Wordings.

The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular.

С	OMPANY OFFICE DETAILS (To be filled by insurer)	
1.	Office Code:	
2.	Office Address:	
•	VIERWEDIART DETAILS	
1. 2. <b>3.</b>	Agent/ Broker Name: Agent/ Broker License Code: Agent/ Broker Contact Number: Agent/ Broker Contact Number:	] 🗆
P	ROPOSER DETAILS	
1.	Name of Proposer:	
2.	Address of proposer:	
3.	Business of Proposer	] [
4.	Financial Interest  A	
5.	Location of risk to be covered*  Road  City  District  Pin Code	]   ]   ]
6.	Period of Insurance (DD/MM/YYYY) From \( \bigcup / \bigcup / \bigcup / \bigcup	

7.	The	Proposer Property is									
		Open Storage									
		Stadiums, Auditorium									
8.	Оре	erating Hours at Proposer's Premise									
9.	Тур	e of Goods stored at the premises									
10.	Hov	v long is the premises occupied by The Proposer									
11.	Is Ti	he Proposer the Sole Occupant of the Premises									
	If N	o, Who are the Other Occupants									
12.	12. Basis of Sum Insured Reinstatement Value Market Value										
		t materials are used for construction? e.g. Concrete, Bricks, Iron Sheet or Timber etc									
	A.	Walls									
	В.	Roof									
	C.	Floor									
14.	Wha	at protection is provided to									
	A.	Doors									
	В.	Windows									
	C.	. Skylights, Ventilators, Exhaust Fans, Lights, Air conditioners, Trap Doors?									
	D.	Any other opening									
	E.	Mention any special Precautions you have adopted for safeguarding your property?									
15.	A.	Are the premises occupied by you in at night  If no then by whom									
	В.	Are the premises occupied by you in at night  Yes  No									
		If yes, then provide i) No of watchmen's     ii) during what time									
	C.	Are the premises left unoccupied at any time									
		If so how often and how long									
	D.	Are the premises fenced Yes $\square$ No $\square$									
	E.	Protection Devices available at the Premises Alarm Systems Alarm System and CCTV Monitoring									
	F.	Is there any Physical Barrier / Access Control at the Proposer Premise Yes No									
		If Yes, please describe									

	G. Distance from the nearest Police Station  More than 10 Kms  Less than 10 Kms
16.	A. Are all valuables secured in safe(s) outside business hours? Yes \Box
	Give details of safe, i) Makers Name
	ii) Height
	iv) Depth
	B. How many keys are there to the Safe(s) and with whom are they kept? Can the safe(s) be opened by a single key or
	by a combination of two or more keys?
17.	A. Are stock and sales book maintained  B. How frequently are these entered  Yes  NO  NO  NO  NO  NO  NO  NO  NO  NO  N
	C. How often is stock taken  D. Where are these books kept out of business hours
18.	A. Have any premises occupied by you entered by Burglars  Yes  No
	B. If so, give full particulars stating when and how access was obtained and the extent of loss
	C. What precautions have been adopted to prevent such loss
19.	Whether you have insured the same property with any other Insurance Company with the same type of coverage. $\square$ Yes $\square$ No (Give details)
	A. Name of Insurer
	B. Policy Number  C. Policy Period (DD/MM/YYYY)  From \( \bigcup \cdot \bigcup
20.	Whether Insurance was declined by any other Company or imposed any Special Conditions  Yes No
	A. Reason for declinature
21.	B. Conditions imposed
21.	If yes give details
22.	Premium / Claim details for the past 36 months excluding the expiring policy period  Year Premium in Rs Claim in Rs
	Total
23.	Amount for which contents are currently Insured against fire and name of the Company  Amount Rs Rs C C C C C C C C C C C C C C C C C
	Name of company
24.	Give full description of contents (i.e. the Property to be insured) of the premises

Sum Ir	TO DE INICUEED (C. )			
Sr no			SUM TO BE INSURED (Rs.)	
4	Stock-in-Trade			
В	Goods held by the Proposer in Trust or on commission fo which he is responsible.	or		
С	Furniture, Fixtures, Fittings, Utensils and Appliances in trade.			
)	Coins and/or Currency Notes in Locked safe			
E	Others, please specify,			
<u> </u>	Total			
	ional Covers Required			
SN	Additional covers		YES / NO	Sum Insured / Limit
1	Capital Addition / Newly acquired Property / Interest (Not Exceeding 25% of Sum Insured)		Yes □No	
2	Expenses towards restoring paper files, plans, records and drawings, data and installation costs for computer programs (Not Exceeding 10% of sum insured subject to maximum of Rs 1 Crore)		Yes No	
3	Theft cover unaccompanied by housebreaking		Yes No	
4	Expenses towards clearance of debris and movement and protection (Not Exceeding 10% of sum insured subject to maximum of Rs 1 Crore)		Yes No	
5	Loss or damage to the properties of the employees of the Insured (Not Exceeding Rs. 50,000 per employee)		Yes □No	
6	Costs for changing locks and cost for repair of damage caused to the insured premises after an insured event (Not Exceeding 10 % of the total sum insured subject to maximum of Rs. 1 lac)		Yes No	
<mark>7</mark>	Riot and Strike cover		Yes No	
8	Terrorism Cover		Yes No	
	PAYMENT DETAILS  rd number (10 character number):			
ources	s of funds: Please tick appropriate box	ners (plea	se specify)	
. I/v	ve hereby confirm that all premiums have been/will be pa t of proceeds of crime related to any of the offence listed in			

## **DECLARATION BY INSURED**

I/We hereby declare that the statements made by me / us in this Proposal Form are true, accurate and complete to the best of my / our knowledge and belief and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein 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 will be conveyed by me 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.

**INSURANCE IS A SUBJECT MATTER OF SOLICITATION** 

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