

PROPOSAL FORM - SIGNAGE 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.

C	OMPANY OFFICE DETAILS (To be filled by insurer)
1. 2.	Office Code:
I	NTERMEDIARY DETAILS
1. 2. 3.	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.	Paid Up Capital of the firm Upto Rs 15 Crores Over Rs 25 Crores Between Rs 15 and 25 NA
5.	Financial Interest A

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6.	Period of Insurance (DD/MM/YYYY) From \(\bigcup_{\sqrt{\text{\sqrt{\text{\tiny{\tinte\text{\tinite\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi\text{\text{\text{\text{\tinit}\xi}\\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinite\text{\texi}\text{\text{\text{\text{\texi}\text{\texitil\tint{\text{\texict{\text{\texictex{\texict{\tintet{\text{\texictex{\tininte\text{\texit{\tex{
7.	Particulars of the Hoarding or Signage
	a) Type of Signage \square Display Hoarding / Boards \square Vinyl Sign Board / Acrylic Board \square LED Sign
	□Neon Sign/Glow Sign □LCD Sign Board
	b) Location
	c) Full description along with measurements of its size
	d) Year of manufacture
	e) By whom manufactured
	f) Price paid by proposer
8.	Basis of Indemnity \square Market Value \square Reinstatement Value
9.	Type of occupancy \square Offices & Business Services \square Hotels
	☐ Shopping Complex / Malls ☐ Other Occupancies
10.	Perils to be deleted from basic cover
	a. Fire and Allied Perils □Yes □No
	b. Riot, Strike and Malicious Damage ☐Yes ☐No
11.	Particulars of the Foundation and / or supporting structure on which Sign and / or Hoarding is erected
12.	Will the sign, its foundation, supporting structure, fastening, attachments etc. be regularly inspected by duly qualified Electrician and Engineer? If so, by whom and at what intervals
13.	Will the repairs or defects found by these inspections be immediately carried out or set right?
14.	What are the measures adopted for prevention of loss or damage occurring as a result of falling down

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	the Sign?					
15.	Particular of the property on which the sign is erected and/or attached to					
	a) Is the sign affixed to the wall or erected on the roof of a building					
	c) What is the approximate age of the building?					
	d) Is the building in sound condition?					
	e) Is the building abutting on to a main thoroughfare?	□□ stalled?				
	y) How far away is the building concerned situated from the road or street or curb on all sides	12				
	n) Give brief information and particular of the surrounding area of the building					
	If the Sign / Hoarding is erected or placed on the roof of a building, please state whether the is flat or gabled and how far in is it from the edge of the roof on all sides?	ne roof				
	If the Sign is erected on the ground, give full particulars of its surroundings. How far away from public or other pathways, thorough fares, streets, roads etc.?	is it				
	x) How high is the Sign/Hoarding from ground level?					
	How high is the Sign/ Hoarding from roof level?					
16.	emium / Claim details for the past 36 months excluding the expiring policy period					

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		Year	Premium in Rs	Claims (Pa	aid + outstanding) in Rs		
		Total					
17.	Have any claim been made against you in the last five years in respect of accidents caused directly or indirectly by the Sign/Hoarding? If so give full particulars.						
18.	18. Has any company						
	a) I	Declined your proposal?	Yes	□ No □			
	b) F	Refused to renew your policy	Yes Yes	\square No \square			
	c) I	Demanded an increased rate	on renewal? Yes	□ No □			
	d) (Cancelled any of your Insura	nces? Yes	\square No \square			
19.	Have	e you received any notice fro	om any person or authori	ty regarding any o	lefect in the Signage /		
	Ноа	rding? Yes □ No□					
20. Amount of Indemnity required in respect of loss of or damage to the Sign/Hoarding							
((To obtain full indemnity, it is necessary to insure the properties for the full value.)						
21.	Add on covers requested						
	Sr No	Additiona	ıl cover	Yes/ No	Sum Insured / Limit		
	1	Expenses towards clearand movement and protection sum insured subject to ma	(Not exceeding 5% of	Yes□ No□			
	2	Third Party Liability (Not insured subject to maximu	exceeding 10% of sum	Yes□ No□			

Yes□ No□

Terrorism Cover



22. Is there any other material information relevant to the acceptance of this Proposal which must known by the Company?				
PAYMENT DETAILS				
1. PAN card number (10 character number):				
2. Sources of funds: Please tick appropriate box				
☐ Salary ☐ Business ☐ Investments ☐ Others (please specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
 I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I/We understand that the Company has the right to call for documents to establish sources of funds. The Insurance Company has the 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 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				

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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