



general insurance

**CONSEQUENTIAL LOSS (FIRE) INSURANCE POLICY**

Please fill this form in **Block Letters** and **Tick the Boxes**  where appropriate PCI

(Please answer all questions completely. This policy commences only after the proposal is accepted and subject to realisation of premium.)

**INTERMEDIARY DETAILS**

Name  Code

Branch  Code

Manager's Name  Code

Business Type  Rural  Non-rural

**PROPOSER'S DETAILS**

Name Mr./Mrs./Ms./Dr./M/s.

Contact Person (in case of Corporate) Mr./Ms.

Communication (Postal) Address

Pin code  State

Contact Nos. Mobile No.  Office +91

Residence +91  E-mail ID

Business Category  Gender\*  Male  Female

Policy Period  To  Nationality\*  Indian  Others

Paid up Capital  Crs

\*applicable to individual proposers only

**FINANCIER DETAILS**

1) Name of Financier

Address of Financier

Pin code

2) Name of Financier

Address of Financier

Pin code

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**2) Risk Location**

Type of construction  Superior  Standard  Kutcha

Height of Building (in Mtrs.)

No. of Floors (excl. Basement)

No. of Basement Levels

Age of Building

**FEA DETAILS**

Type of Appliance	Risk Location 1	Risk Location 2
1) Hand Appliances & Trailer Pumps/Fire Engines	<input type="text"/>	<input type="text"/>
2) Hand Appliances & Hydrant System	<input type="text"/>	<input type="text"/>
3) Hand Appliances & Independent Sprinkler/ Fixed Water Spray System	<input type="text"/>	<input type="text"/>
4) Hand Appliances + Hydrant System & Independent Sprinkler/Fixed Water Spray System	<input type="text"/>	<input type="text"/>

**AMOUNTS TO BE INSURED**

Particulars	Amount of Insurance
1) Gross Profit (List of Standing Charges to be attached separately)	<input type="text"/>
2) Auditor's Fee	<input type="text"/>
3) Wages on Prorata Basis for ..... no. of Weeks	<input type="text"/>
4) Wages (on dual basis) - 100% for ..... Weeks and ..... % for the remainder period	<input type="text"/>
5) Supplier's Extension	<input type="text"/>
6) Customer's Extension	<input type="text"/>
7) Lay off and Retrenchment Compensation	<input type="text"/>

**TOTAL SUM INSURED**

**Please mention the Basis of Indemnity**  Turnover basis  Output basis  Difference basis

**Please specify the Indemnity Period in Months**  **Months**

**ADD ON PERILS**

**Would you like to opt for the below mentioned add on perils?**

1) Forest fire  Yes  No

2) Impact damage due to insured's own vehicle  Yes  No

3) Spontaneous combustion  Yes  No

4) Earthquake  Yes  No

5) Terrorism  Yes  No

**DELETION OF COVERAGES**

**Do you want to delete any of the following covers from the basic cover:**

a) Storm, Tempest, Flood and Inundation  Yes  No      b) Riots, Strikes and Malicious Damage  Yes  No

**DETAILS OF THE CONCURRENT MATERIAL DAMAGE (FIRE) POLICY**

Name of Insurer

Policy No.       Period of Insurance:

Sum Insured       To

Add on covers opted

