



general insurance

STANDARD FIRE AND SPECIAL PERILS INSURANCE POLICY

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

(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

Campaign Name Code

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

Policy Period To Gender* Male Female
 Nationality* Indian Others
 In case of others please mention below

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

RISK DETAILS

Brief Description of Business/
 Business Activity

Description of the Property
 Insured

RISK LOCATION DETAILS

1) **Risk Location** Address

	District <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 100%; height: 15px;"></td></tr></table>		
Pin Code <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 100%; height: 15px;"></td></tr></table>		State <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 100%; height: 15px;"></td></tr></table>	

2) **Risk Location** Address

	District <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 100%; height: 15px;"></td></tr></table>		
Pin Code <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 100%; height: 15px;"></td></tr></table>		State <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 100%; height: 15px;"></td></tr></table>	

In case of more risk locations kindly provide same information in separate sheet

OCCUPANCY DETAILS

(PLEASE MENTION THE SPECIFIC OCCUPANCY DETAILS UNDER ONE OF THE APPLICABLE HEADS)

1) **Risk Location** Residence/Office/Shops/Hotel etc.

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 Industrial/Manufacturing

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 Storage outside Industrial Complex

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 Tanks/Gas Holders outside Industrial Complex

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 Utilities outside Industrial Complex

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2) **Risk Location** Residence/Office/Shops/Hotel etc.

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 Industrial/Manufacturing

--

 Storage outside Industrial Complex

--

 Tanks/Gas Holders outside Industrial Complex

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 Utilities outside Industrial Complex

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CONSTRUCTION DETAILS

1) **Risk Location** Type of construction Superior Standard Kutcha
 Height of Building (in Mtrs.)

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 No. of Floors (excl. Basement)

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 No. of Basement Levels

--

 Age of Building

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2) **Risk Location** Type of construction Superior Standard Kutcha
 Height of Building (in Mtrs.)

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 No. of Floors (excl. Basement)

--

 No. of Basement Levels

--

 Age of Building

--

FEA DETAILS

Type of Appliance	Risk Location nos.	
1) Hand Appliances & Trailer Pumps/Fire Engines	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 100%; height: 15px;"></td></tr></table>	
2) Hand Appliances & Hydrant System	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 100%; height: 15px;"></td></tr></table>	
3) Hand Appliances & Independent Sprinkler/ Fixed Water Spray System	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 100%; height: 15px;"></td></tr></table>	
4) Hand Appliances + Hydrant System & Independent Sprinkler/Fixed Water Spray System	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 100%; height: 15px;"></td></tr></table>	

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

VOLUNTARY DEDUCTIBLE DETAILS

Do you want to opt for Voluntary Deductible? Yes No

In case of Yes please select the slab mentioned below

	AOG Perils	Other Perils	Pls. Tick
Slab No.	5% of Claim amount subject to minimum of Rs.	(in Rs. Lacs)	
1	10 lakhs	5	
2	20 lakhs	10	
3	30 lakhs	15	
4	60 lakhs	30	
5	100 lakhs	50	
6	> 100 lakhs	>50	

CLAIMS EXPERIENCE DETAILS (FOR THE PREVIOUS THREE YEARS PRECEDING THE EXPIRING POLICY)

Sl. No.	Policy Period	Premium Paid	Incurred Claim Amt. (Paid + Outstanding)	Nature of claim
1				
2				
3				

DECLARATION

I / We hereby declare that the statements, answers given by me / us in this proposal form are true to the best of my knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

Date: _____

Place: _____

Signature

PROHIBITION OF REBATES (SECTION 41) OF THE INSURANCE ACT 1938

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of 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 any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. 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 the subject matter of the solicitation.