THE NEW INDIA ASSURANCE CO. LTD., MUMBAL

Registered Office: 87, M.G. Road, Fort, MUMBAI - 400 001

Proposal For Standard Fire and Special Perils Policy

The Property is not covered until the risk is accepted and premium paid. In case the premium cheque is dishonoured policy will be null and void ab-initio

reduct Code	19		Office				Dev. Officer	Name: :	(Code:
	•		Risk / Rate Code				Broker / Agent	Name:	:	Code:
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elicy Period	From	1.1	1.	To			Time			
ielo :Do you have er	w other Fin	B Policy fo	r this location: YES	YN .CM	es please prov	ide Policy Numbe	rs & Period :			
isk Octalis										
ctails of Property Co	overed with	Sum Insu	red	×-	į. sv	dy kw				
Common of the second of the se	13.05				Su	m Insured (Rs.)				
Location	Occupi	 ed 89	Building	· "	Plinth & Foundation	Plant & Machinery Including	INSUMBRUCITS	Stocks	Stocks in Process	Total
	-					(Rs.)	(Rs.)	(Rs.)	(Rs.)	(Rs.)
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	1				1					
	1				1807				1	
Warket Value Basis	(Depreciate	d)								Yes / No
nstatement Value	a Basis									Yes / No
A) Piesse specify th 1) Stocks Declaration 2) Finater Policy 5) Finater Doclaration (Please tick type of	on Policy		red in case of Stoo	ks:				*		
B) Description of St					٦)£			
C) Are you holding		in trust / c	ommission. If Yes	, Value		Ç.			19	
D) Basis of Declara	uion.				Ø 10	*	(i)	ž	, i,	
1) The average of v	ralues at risi	k on each	day of the month	or			91		4	T 200 50
2) Highest value of					a) - 2/1	Si sense		11 11		
In case of storage of	of June / Cot	ton / Coal	, the maximum qu	antity store	ed to be mention	oned	-			
If used as an indus	trial Manufa	cturing ur	nit, state the details	of produc	cts manufactur	ed at the location	proposed.			
in case of Manufac								Yes / No		
If used as shor, ple slocks exceed 109	ease declar	e whether	the stocks stored	include ar	y Stocks appe	aring in the list gh	ven below. If ye	s, whether the	value of su	thylated Sou
1. Celluloid Goods 10. Vitro-Cellulose Inflammable base (Closed Cup Test) 2ry kind including	, 2. Coir Loc Plastics, 11 having flash • other than	ose, 3. Co Oils / Eth point be n in sealer	ackers & Fire Worl	Stiffe orting a	attiet miner			to be not be madeless to	a Elach noun	DEIDW 34 U

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							79 70					Sign
Have you sustain	ein yd eaol be	nd altied	perlis (during the le	ast 4 year	s7 Give full	particul	ers.				
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Hus any kisurana	e Company eve	r decline	ed a pro	oposel from	you or les	minated yo	our policy	. Give particula	IS SUU TOWAR	A13		
21 - 1				300				10 10000				
xtonsion Required							00.000	,	Yes.	Sum Ins	med	
1	Conthquake											
2	Terrorism											
3	Spontaneous	Combus	tion									
4	Any other exte	ension (f	Please	specify Ge	same)							
5								•				
8												X.
					g. Gr		50	4				
Peld up Capital of the	se Firm - Rs.											
Declaration by Insur			*		20			¥0				
We hereby declare	that the statem	ents ma	ede by	me / us in th	als Propos	sal Form ar	e true to	the best of myA	our ; nowled	ge and belief an	d I/We here	by agree that
his declaration sha	Il from the basis	of the c	contract	between m	ve / us and	d the THE	NEW IN	DIA ASSURAN	CE COMPA	Y UMITED.		
	1			•	- 9			•	*	Proposer's		
Date ·	1									Signature		
Place :								25		Name		
						n 41 cf Insi						
					PRO	HIBITION	OF REB	ATES	,			
1 No person shall a	allow or offer to	Allow el	ther dir	rectly or Indi	rectly as	an inducen	nent to a	ny person to tak	a out or ren	ew or continue o	en insurenc.	in respect of
tile of -0 -1-ti t-	Al A- M		In lad	a any rehal	a of the w	whole or ne	rt of the	oommission dev	VEDIS OF BOY	LEOSIS OF RISK NO.	BELMOLES BELOW	MIT OUT BLE DOUGH
any ring of his rela nor shall any parso prospectuses or tal	n taking out or r	atie wiud	or con	ntinuing a po	olicy acce	pt any rebe	ne, exce	br snou recess s	r may be a	IOMEO III BOOOIG	OILU WIELE	o poone
						41b1		ababla with Sax	which may	extend in five h	undred ruo	nes.
2 Any person mak	ing defaut in co	mplying	with th	e blovision:	s OI 17:15 9	ecuon anal	oe pun	SHEDIE MILITARE	, wime. iliay	existing to the co		
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						For Of	fice U	se Only.				
Jate ·		Place .				0 ×	Policy	No. :				
											50	
Recommendations	of Dev. Officer	/ Agent	1									
Broker								*				
Approving Authorit	w :					\$2.15				27		
Approval No.				Approval D	ate:		50					
	¥9									20		
Special Comments	s (if eny)									9. 5		
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Carat	aulnes :								-			
Consurance Parti	cuiars :											Shere
Leader	-											Share
Follower		1		1	1		1		-	posit Date		Other Details
Payment details	Oate			Amount	Bank	İ		Deposit Stip	De	hosir nare		
Cheque									2000			
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Coinsurance Partici	ulars :					
Leader				•		Shere
						Share
Follower						
Payment details	Date	amount	Bank	Deposit Stip	Deposit Date	Other Detail
Cheque						
Cash						
BG/Funds Transfer						

Type of Discount	
% Approved by	
Name of the designated underwriter	
Designation :	
Approval No.	
S R. NO.	
Signature	
Date :	