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7. Have any of the items opted for coverage under various Sections enumerated overleaf suffered any damage previously?

If so, give detail of the same, Attach a separate sheet, if necessary.

Details of Loss

occuri	rence	item lost		(Rs.)	
8. G	iive detai	Is of previous insurance, if	any		
E	xpiry Dat	e			
9. A	ny other	information relevant to th	is insurance		
_		,			
belief. I being g	It is herel ranted ar	by understood and agreed	that the statements, answers and partic nce is effected, it is found that any of th	ulars provided hereinabo	true to the best of my/our knowledge and ve are the basis on which this insurance is r particulars are incorrect or untrue in any
	9	undertake to convey to F ubmission of this proposal f		nited any additions/alter	ations carried out in the risk proposed for
Place:					
Date:				Signatur	e of Proposer

Amount of Loss | Name of the Insurance Company

Prohibition of rebates - Section 41 of The Insurance Act 1938

Detail

| Date of

- 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 or 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 published prospectuses 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 Rs. 500/-

Reliance General Insurance Anil Dhirubhai Ambani Group

A Reliance Capital Company

1800 3002 8282 (toll free) 3989 8282 (local charges apply) www.reliancegeneral.co.in

Proposal Form for Reliance Commercial Care Policy

The property proposed for insurance is not covered until the propose is accepted and premium received

D etc.	- No Doballa (m. 1. mil. 1. m																									
Age	nt's Details (To be filled in B	BLOCK	CAP.	ITAL:	5)																					
Ager	it's/Broker's Name													1	1	1			1 1				1		ш	
Code	No.		ш					1		1																
Sign	ature																									
Pror	ooser's Details (To be filled	l in BI	ock (СДРІ	rais)																					
1.	Proposer's Full Name	Ш	Mr.	M	rs. L																					
2a.	Address for the proposer	1																								
	Flat Building								_	1						1	_						1			
	Road/Street/Sector		ш						_	1					1	1	_						1			
	Area		ш							1						1									ш	
	Taluka/Village/District/City	tyL							1	1	1	1			_	1			Pin C	ode					ш	
	State								1	1	_				1	1			Coun	try			1			
	Phone							1							1	1		Mobile			1		1		ш	
	Email															Fax									ш	
2Ь.	Address of the premises to	o be I	nsure	ed																						
	Flat Building							1		1						1		1 1			1					
	Road/Street/Sector				1	1		1		1					1	1		1 1								
	Area								1							1										
	Taluka/Village/District/City	tv								1		1				1			Pin C	ode	ī			I		
	State	-) 													1				Coun					1		
	Phone																	Mobile		. ,						
	Email															Fax		Mobile								
7			l c	1.0	d m	. m	V.	V .	٧/ .	\/							d I	m m	V . V	. V .	v I					
3.	Period of Insurance	FIOI	III <u></u>	J (7	,	7	,					10 L	Ŭ.	Ci		<i>y y</i>)	,					
4.	Description of Business																									
5.	a. Whether the premises o)WD 60	d or r	onto	.d														Own	od		Rent	tod			
٥.	b. Do you wish to cover the					oction	n I2												Yes	cu		No	ccu			
																			Yes			No				
	c. Do you wish to cover pli								T			de e e							l res			INO				
	d. Please state the basis of								on 1	. – v	vnet	iner	on						7							
	Reinstatement Value (RIV)																		RIV			MV				
6.	Please fill up the detail for	r the	Secti	ion c	pted	by у	ou ii	n the	e for	mat	t hei	reint	oelov	w (F	Pleas	e no	te t	hat sect	ion I(E	3) is (comp	oulsc	ory)			
I	Fire & Allied Perils																									
A.	Building																			ım Ir	isure	d				
	i. Superstructureii. Plinth & foundation																	L	Rs.							
B.	Contents	(a)	(i)	Othe	er tha	n Sta	ock 8	& Sto	ock i	n tr	ade								Rs.							
- •		/			k in t														Rs.							
		(b)			eld ir														Rs.							



Do you required Terrorism cover?

Yes

☐ No

Downloaded from www.insureatclick.com - Broker: Loyal Insurance Brokers Ltd. II. Business Interruption The indemnity: The amount which the Insured is entitled to recover under the provisions of the attached specification which is declared to be incorporated in and to form part of this Schedule but not exceeding the total sum insured hereby Total sum insured Rs. __ iii. Period of Indemnity Months III. Machinery Breakdown (Items are required to be covered on RIV basis) S. No. Description Make & Model Year of Identification Sum Insured (Rs.) manufacture No. Total IV Electronic Equipment / Appliances (Items are required to be covered on RIV basis) Do you required Terrorism cover ? Yes ☐ No S. No. Make & Model Description Year of Identification Sum Insured manufacture No. (Rs.) Total V. Burglary & Housebreaking (a) (i) Other than Stock & Stock in trade Contents (ii) Stock in trade (b) Goods held in transit VI. Money Insurance Please indicate the amount to be insured a. In transit-limit per carrying b. In safe C. In Till VII. Baggage Insurance Sum Insures Rs.

VIII. F	ixed Plate Glass and sanitary F	ittings (Items are required	to be covered on RIV basis)			
S. No.		:	Item			Sum Insured
						(Rs.)
				Tota	L	
IX. N	leon Sign and glow sign					
S. No.		:	Item			Sum Insured
						(Rs.)
	<u> </u> 					
				Total	L	
X. P	Personal Accident					
S. No.	Name	Age	Designation	Table op	ted	Capital Sum
				for		Insured (CSI) (Rs.)
			1			
			<u> </u>			
	Oo you wish to cover reimbursen	nent of medical expenses d	ue to accident ?	Yes	[No
XI. I	nfidelity / Dishonesty of emplo	oyees				
	Oo you require a floater cover?			Yes		No
S. No.	Name		Designation		Lir	nit of Liability (Rs.)
		<u> </u>				
	<u> </u>	<u> </u>		1		
	<u> </u>	<u> </u>				
XII. L	egal Liability					
	owards Employees					
	No. of Employees	T.	Nature of work / dut	ies	Est	cimated wages (Rs)
		1				
	owards third parties: AOA = AO Liability limited to 50% of sum insur		0.000/- whichever is less)			