

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.

Date of occurrence	Detail item lost	Details of Loss	Amount of Loss (Rs.)	Name of the Insurance Company

8. Give details of previous insurance, if any _____

Policy No. _____

Company _____

Expiry Date _____

9. Any other information relevant to this insurance _____

I/We hereby declare that the statements, answers and particulars given by me/us in this proposal form are true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided hereinabove 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.

I/We agree and undertake to convey to Reliance General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

Place: _____

Date: _____

Signature of Proposer

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 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/-

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

Agent's Details (To be filled in BLOCK CAPITALS)

Agent's/Broker's Name _____

Code No. _____

Signature

Proposer's Details (To be filled in BLOCK CAPITALS)

1. Proposer's Full Name Mr. Mrs. _____

2a. Address for the proposer

Flat Building _____

Road/Street/Sector _____

Area _____

Taluka/Village/District/City _____ Pin Code _____

State _____ Country _____

Phone _____ Mobile _____

Email _____ Fax _____

2b. Address of the premises to be Insured

Flat Building _____

Road/Street/Sector _____

Area _____

Taluka/Village/District/City _____ Pin Code _____

State _____ Country _____

Phone _____ Mobile _____

Email _____ Fax _____

3. Period of Insurance From / / To / /

4. Description of Business _____

5. a. Whether the premises owned or rented Owned Rented

b. Do you wish to cover the building under Section I? Yes No

c. Do you wish to cover plinth & foundation also? Yes No

d. Please state the basis of valuation opted for under Section I - whether on Reinstatement Value (RIV) or Market Value (MV) Basis RIV MV

6. Please fill up the detail for the Section opted by you in the format hereinbelow (Please note that section I(B) is compulsory)

I Fire & Allied Perils

A. Building Sum Insured

i. Superstructure Rs. _____

ii. Plinth & foundation Rs. _____

B. Contents (a) (i) Other than Stock & Stock in trade Rs. _____

(ii) Stock in trade Rs. _____

(b) Goods held in transit Rs. _____

Do you required Terrorism cover? Yes No



