8. Give details of previous insurance, if any _____

Policy No. _____

Company _____

Expiry Date _____

9. Give details of other existing insurance if any _____

_____

10. Any other information relevant to this insurance _____

_____

11. Has any insurer refused insurance coverage for this property _____

_____

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/-

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 Industry Care Policy

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

Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name _____ Code _____

Branch Name _____ Code _____

Sales Manager Name _____ Code _____

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

1. Proposer's Full Name ☐ Mr. ☐ Ms. _____

2a. Address of 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 d d m m y y y y To d d m m y y y y

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 and V - whether on

Reinstatement Value (RIV) or Market Value (MV) Basis ☐ RIV ☐ MV

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

I Fire & Allied Perils

			Sum Insured
A.	Building		
	i. Superstructure		Rs.
	ii. Plinth & Foundation		Rs.
B.	Contents	(a) (i) Other than Stock & Stock in Trade	Rs.
		(ii) Stock and Stock in Trade	Rs.
		(b) Goods held in trust	Rs.

Do you require Terrorism cover? ☐ Yes ☐ No

II. Business Interruption

Total Sum Insured Amount to be insured on — Sum Assured

a. Gross Profit (net profit plus Standing Charges) — Rs.

b. Wages

i. On weeks basis — Rs.

ii. On dual basis — Rs.

State the basis of indemnity required:

a. Turnover basis or

b. Output basis or

c. Difference basis

Does the Proposer wish to include fees payable to Auditors for certifying particulars required in connection with claim? If so, ☐ Yes ☐ No

Please state the amount — Rs.

Does the Proposer require the following extensions?

a. His property at other situations ☐ Yes ☐ No

b. Electricity, Gas works or Water works ☐ Yes ☐ No

c. Supplier's premises ☐ Yes ☐ No

If so, give details

Period of Indemnity From d d m m y y y y To d d m m y y y y

III. Machinery Breakdown (Items are required to be covered on Current New Replacement Value basis)

S. No.	Description	Make & Model	Year of manufacture	Identification No.	Sum Insured (Rs.)
				Total	

IV. Electronic Equipment / Appliances (Items are required to be covered on Current New Replacement Value basis)

S. No.	Description	Make & Model	Year of manufacture	Identification No.	Sum Insured (Rs.)
				Total	

V. Burglary & Housebreaking

Contents (a) (i) Other than Stock & Stock in Trade — Rs.

(ii) Stock and Stock in Trade — Rs.

(b) Goods held in trust — Rs.

VI. Money Insurance

Please indicate the amount to be insured

a. In transit-limit per carrying — Rs.

b. In Safe — Rs.

C. In Till — Rs.

VII. Goods in Transit

Total Sum Insured (raw materials, finished goods, semi finished goods, spares, consumable) — Rs.

Per bottom limit — Rs.

Details/Description of goods

Description of Packing

Mode of Transit

VIII. Personal Accident

S. No.	Name	DOB	Designation	Total opted for	Capital Sum Insured (CSI) (Rs.)	Nominee Name	Relationship with Nominee

Do you wish to cover reimbursement of medical expenses due to accident ? ☐ Yes ☐ No

IX. Infidelity / Dishonesty of employees

Do you require a floater cover? ☐ Yes ☐ No

S. No.	Name	Designation	Limit of Liability (Rs.)

X. Legal Liability

A. Towards Employees

No. of Employees	Nature of work / duties	Estimated wages (Rs)

B. Towards third parties : AOA = AOY = Rs.

7. Please indicate if any claim has been reported in the past under any sections enumerated above? If so, give details of the same. Attach a separate sheet, if necessary.

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