



# My Business My Choice Hotel & Restaurant



Note: 1) Policy wordings are available on request, 2) Please complete all sections in capitals and tick boxes wherever applicable, 3) Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract VOID, 4) Attach separate sheets if space given is insufficient.

Insured / Business Name											
Contact Person											
Address for Correspondence											
Tel:		Fax:			M					PIN	
Description of Business											
Bank/Financing Institution											
Paid-up Capital <input type="checkbox"/> < 15 Cr <input type="checkbox"/> > 15 Cr											
										Period of Insurance From: ____:____ hrs D D M M Y Y To: (midnight) D D M M Y Y	

**Risk Location (L) & Details: (RCC / Brick Work structure aged < 30 yrs only is covered. Kutchha / Temporary structure, Basements not covered)**

L	RISK LOCATION					Occupancy*	Location**	Age of Structure (Yrs)	EQ Zone	SIC Code	HG Code
	D.No.	Street	Village / City	District / State	PIN						
1											
2											
3											

\*Occupancy: Residential (R) / Office (O) / Shop (S) / Godown (G) / Mfg. Unit (MU) / Others - Specify \*\*Location: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H) / Dwelling in Mfg. Unit (DMU)

### STANDARD COVER : FIRE & ALLIED PERILS

<input type="checkbox"/> to Exclude Covers		<input type="checkbox"/> to Include Add-on Covers		<input type="checkbox"/> Fire Extinguishing Appliances Installed		<input type="checkbox"/> Voluntary Deductible Desired	
<input type="checkbox"/> Riot Strike & Malicious Damage  <input type="checkbox"/> Storm Tempest Flood & Inundation		<input type="checkbox"/> Earthquake (Fire and shock) <input type="checkbox"/> Terrorism damage  <input type="checkbox"/> Other Add-on Covers: 1) Omission to Insure additions etc., 2) Spoilage Material Damage Cover, 3) Start-up Expenses, Architects, Engineers etc., Fees, 4) Leakage & Contamination Cover, 5) Spontaneous Combustion, 6) Temporary Removal of Stocks, 7) Deterioration of Stocks due to power failure, 8) Deterioration of stocks due to change in temperature, 9) Removal of Debris, 10) Forest Fire, 11) Impact Damage by own Vehicle 12) Loss of Rent 13) Addl. Rent for alternate accommodation.		I confirm FEA is maintained in efficient working condition. (Attached certificate of approved agency of TAC)  <input type="checkbox"/> Hand appliance & Trailer pump/ Fire engine <input type="checkbox"/> Hand appliance & Hydrant system <input type="checkbox"/> Hand appliance & Independent sprinkler / Fixed water spray <input type="checkbox"/> Hand appliance + Hydrant & Independent sprinkler/ Fixed water spray		<input type="checkbox"/> AOG 10 lakhs / Others 5 lakhs <input type="checkbox"/> AOG 20 lakhs / Others 10 lakhs <input type="checkbox"/> AOG 30 lakhs / Others 15 lakhs <input type="checkbox"/> AOG 60 lakhs / Others 30 lakhs <input type="checkbox"/> AOG 100 lakhs / Others 50 lakhs	
<input type="checkbox"/> Age of Construction <= 5 yrs.		<input type="checkbox"/> Type of Construction 'AA' or 'A' i.e. 'AA': RCC and Brickwork A: Flame proof steel structure and Brickwork		<input type="checkbox"/> No Claims in last 3 Years if yes furnish details.			

**Enter Sum Insured Particulars per Location(L). (Inadequate Sum Insured will attract provisions of Under Insurance clause).**

	L	Building (without P&F)	Plinth & Foundation (separate SI)	Compound Wall	Sum Insured Total	Basic Fire (1)	Discounts (1-1) Age <= 5 yrs, Type AA or A	Exclusions RSMD(2) STFI (3)	Discounts FEA (4), % (1-2-3) VD(5), % (1-2-3-4)	Add on Covers		Rate %	Premium	
										EQ	Terrorism			
BUILDING	1													
	2													
	3													
CONTENTS	L	Furniture & Fixture / Off. Equipment	Electrical Fittings	Plant & Machinery / Equipment	Sum Insured Total	<input type="checkbox"/>	'✓' for Reinstatement Value Policy(Bldg. & Contents only) Not for Stocks							
	1													
	2													
STOCKS	L	Stock in trade												
	1													
	2													
3														
<b>TOTAL</b>														

**Note: Stocks-in-open cannot be covered unless approved by Office**

### OPTIONAL COVERS (Select minimum 2 cover)

	L	Furniture & Fixture / Office Equipment	Plant & Machinery / Equipment	Stocks	Others - specify	Sum Insured	First Loss (50%)	First Loss Sum Insured	Rate %	Premium
	2									
	3									
Covers Theft by visible and forcible means only.							<b>TOTAL</b>			
Do you have dedicated security arrangement round the clock? <input type="checkbox"/> YES <input type="checkbox"/> NO										
Are the insured premises protected with <input type="checkbox"/> Solid Doors / Gates / Grills/ Rolling Shutters / Glass Door <input type="checkbox"/> Burglary Alarm system										

	L	Portable Equipments	Equipment Details	Make	Year of Mfg.	Serial No. For Identification	AMC	Sum Insured (Reinstatement Value)	Rate %	Premium
							Yes / No			
* Basis of SI should be new replacement value of same make / model. # Mobile Phones/PDA's are excluded.										
<b>TOTAL</b>										

	L	Electronic Eqpt/ Machinery Breakdown	Equipment Details	Make	Year of Mfg.	Serial No. For Identification	UPS	AMC	Sum Insured (Reinstatement Value)	Rate %	Premium
	2	EEL / MB					Yes / No	Yes / No			
	3	EEL / MB					Yes / No	Yes / No			
Covers Electronic Equipment (upto 7 yrs) / Data Media Storage / Machinery Breakdown (upto 7 yrs)							<b>TOTAL</b>				
If above Equipment is also covered for Fire & Allied perils, 10% discount is given on the base rate.											

MONEY ATM	L	<input type="checkbox"/> Money in Safe	<input type="checkbox"/> Money in Till	<input type="checkbox"/> Money in Transit			Limit per Transit	<input type="checkbox"/> First Loss	Rate %	Premium
				From	To	Approx Annual Carrying (Rs.)				
	1									
	2									
	3									
Covers Money / Monetary Instruments (Indian currency) belonging to your business while in Transit or in Safe. Choose either Money in Transit on Annual basis or First Loss basis.								<b>TOTAL</b>		
Sum insured: _____										

PLATE GLASS/ NEON SIGN	L	Description	Site Location	No's	* Dimensions (L x B)	Sum Insured	Rate %	Premium	
									1
2	Plate Glass / Neon Sign				X				
3	Plate Glass / Neon Sign				X				
Covers All Plate Glass and Neon Signs secured & fixed within the stated premises only. * For ornamented / curved / glazed / etched glass and cover for specific items, give item wise dimensions.								<b>TOTAL</b>	

WORKMEN'S COMPENSATION	Nature of Work	Work Place (office / Godown etc.)	No. of Employees (Permanent)	Total Annual Wages / Salaries	Contract Workers (attach details)	Sum Insured	Rate %	Premium	
Covers permanent employees on Un-Named & Total Annual Wages basis. Contractual employees are covered on Name & Annual Wages basis.								<b>TOTAL</b>	

PERSONAL ACCIDENT	Name	Age	Occupation	Any Infirmary / Disability	Nominee Name	Relation	Category I/II/III	Benefit Table A/B/C/D	Capital Sum Insured (Rs.)	Rate %	Premium
1. Covers only persons in the Age Group 18 to 65 years. 2. Death, permanent disability, partial disability & temporary total disability covers are available. Temporary total disability is available only for class I & II employees.											<b>TOTAL</b>

PUBLIC LIABILITY	Liability Type	Paid up capital (Rs.)	Annual Turnover (Rs.)	Any One Accident Limit (Rs.)	Any One Year Aggregate (Rs.)	Rate %	Premium

T.L. P.P. BAGGAGE	Sum Insured	Rate %	Premium
Purchase Protection Sum insured			
Tenant's Legal Liability Sum insured			

FIDELITY	Permanent Employees	Designation	Department	Any One Event Limit	Any One Year Aggregate Limit	Rate %	Premium
Named							

PAST 3 Year LOSS RECORD	Details	Location	Year of Loss	Cause of Loss	Loss Amount

**Assignment for Personal Accident Insurance**

I / We hereby assign the money payable by Tata-AIG General Insurance Co. Ltd, in the event of my death to the nominee named above and I further declare that his/her/their receipt shall be sufficient discharge to the Company.

**Declaration by Proposer**

I / We hereby declare that the statements made by me / us herein and in the attachments hereto are true to the best of my knowledge and belief and I / We hereby agree that this Proposal shall form the basis of the insurance contract between me / us and Tata AIG General Insurance Company Ltd. (referred to as the Company). I / We further confirm that if any additions or alterations are carried out in the risk proposed for insurance herein after the submission of this proposal then particulars of such shall be forthwith conveyed to the Company. I / We further agree that the submission of this Proposal to the Company and its receipt thereof shall not constitute an acceptance of risk by the Company.

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

Producer's name : \_\_\_\_\_ Producers code \_\_\_\_\_ Signature of Proposer \_\_\_\_\_

Cheque/Card No:		<b>A) TOTAL PREMIUM (All Coverage Sections):</b>	
Date: DDMMYY	Valid upto: MMYY	<b>B) Service Tax: _____</b>	
Bank:		<b>A + B) Total Amount Payable:</b>	

**IMPORTANT**

Prohibition of Rebates (Section 41 of the Insurance Act\*1938)

- No person shall allow or offer to allow either directly or indirectly as inducement to any Person to take 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 such a rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- Any Person making default in complying with the provision of this section shall be punishable with fine which may extend to five hundred rupees only.