



THE ORIENTAL INSURANCE COMPANY LIMITED

REG OFFICE: ORIENTAL HOUSE, P.B. NO. 7037, A-25/27, ASAF ALI ROAD, NEW DELHI – 110 002

SAMPURNA UDYAM SURAKSHA POLICY

PROPOSAL FORM

This form is to be completed by the **Proposer**.

Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.

The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

Minimum three sections need to be opted under the policy. Section 1 and Section 2 are mandatory and minimum 1 section from the optional covers is to be taken.

Discount in premium for covering more than 3 sections.

A.

1. Name of the proposer:

2. Address for correspondence:

Pin Code

Contact details:

a) Telephone No.:

b) Email Id:

3. Address of business premises which is to be insured (to Auto Populate if Same as above)

Pin Code

Contact details:

a) Telephone No.:

b) Email Id:

4. Description of Business:

5. Registration No. of the proposed Sampurna Udyam :

6. Is the Proposed Business Government Owned? Yes/No.

7. Paid up capital (if a company):

8. Name of Mortgagee / Financer, if Any

9. Period of Insurance required:

From: Date: (Time:) to Date: (Time).

10. Please fill the details and indicate the sum insured for the selected sections:

S.No.	SECTION NAME	YES/NO	SUM INSURED
1	Fire and Allied Perils		
2	Burglary & Housebreaking		
3	Machinery Breakdown		
4	Public Liability		
5	A. Electronic Equipment		
	B. Portable Equipment		
6	Loss of Profits (Fire)		
7	Personal Accident		
8	Employee's Compensation		
9	Directors & Officers Liability		
10	Money Insurance		

Section 1 - Fire and Allied Perils – Building and Contents - This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed ₹ 5 Crore, against Fire and Allied Perils

Business and Location of Business:

1.	Business of Proposer						
2.	Location of risk / business to be covered – full postal address with Pin Code	SL No.	Address	Pin Code	Occupancy	Age of Unit	Floor*
		1.					
		2.					
		3.					
		4.					
*Floor: Ground Floor(GF) / Mezzanine Floor (MF) /High Floor							

Details about business covered at the insured location

3.	The insured property is	Please tick in the space below:			
a.	Office, shops, hotels etc.	Yes		/ No	
b.	Industrial / Manufacturing Risks	Yes		/ No	
c.	Storage outside Industrial / Manufacturing Risks	Yes		/ No	
e.	Utilities located outside Industrial/manufacturing risks.	Yes		/ No	
f.	Boundary wall	Yes		/ No	
g.	Basement storage	Yes		/ No	
		If, yes value stored SI: ₹.....			
h.	Others (please specify)				
4.	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.				
5.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed(detailed block plan showing various facilities to be enclosed wherever applicable)				
6.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?				
7.	Fire Protection devices installed	Please Tick the correct answer in the box below.			
		<input type="checkbox"/>		Portable Extinguishers	
		<input type="checkbox"/>		Small bore hose reels	
		<input type="checkbox"/>		Trailer Pumps/Fire engines	
		<input type="checkbox"/>		Hydrant System	
		<input type="checkbox"/>		Sprinkler System	
		<input type="checkbox"/>	<input type="checkbox"/>	Fixed Water Spray System	
		<input type="checkbox"/>		Foam System	

		<input type="checkbox"/>	Fire Alarm System
		<input type="checkbox"/>	Gas Flooding System
		<input type="checkbox"/>	Others, please specify below.
8.	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force :	Yes	/ No
9.	Construction Details		
A.	Please state material used	Please tick the correct answer in the box	
i.	Walls	Kutcha <input type="checkbox"/>	Pucca <input type="checkbox"/>
ii	Floor	Kutcha <input type="checkbox"/>	Pucca <input type="checkbox"/>
iii	Roof	Kutcha <input type="checkbox"/>	Pucca <input type="checkbox"/>
	<p>Note: Kutcha: Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction. Pucca: Buildings other than Kutcha are treated as Pucca constructions</p>		
B.	Number of Floors		
C.	Age of Building	Less than 5years	<input type="checkbox"/>
		5-10Years	<input type="checkbox"/>
		10-20 Years	<input type="checkbox"/>
		Above20Years	<input type="checkbox"/>
10.	Distance between the risk to be covered and nearest Fire Brigade		
11.	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)		
12.	Whether Insurance was declined by any other Company (Give details)		

13.	Premium / Claim details for the past 36 months excluding the expiring policy period.	Year	Premium	Claim
			₹	₹
			₹	₹
			₹	₹
			₹	₹
			₹	₹
		TOTAL	₹	₹

Sum insured and other details of Insured Property

(Indicate Sum Insured on the following basis:

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: Reinstatement Value;
- For raw material: Landed Cost;
- For stock in process: Input cost;
- For finished stock: Manufacturing cost of the finished stock or the Contract Price* of goods sold but not delivered, as applicable.

* Contract Price is in respect only of goods sold but not delivered, for which you are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

14.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Process	Stock	Other Contents (Please specify)	Total
									₹
									₹
									₹

Please give details below:

5.	Floater Cover (for stocks at various locations)	I. Maximum value at any one location: ₹..... II. Whether stocks stored in open: Yes / No
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Location(Postal Address With Pin Code)	Sum Insured (in₹)

OTHER INFORMATION:-

Declaration by Insured

I/ We hereby declare that the value of insurable assets is less than ₹ 5 Crore (Rupees Five Crore) and the statements made by me / Us in this Proposal Form are true to the best of my / Our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/Us and the _____.

SECTION 2: BURGLARY & HOUSEBREAKING:

- a. Is the Insurance required for Full value i.e 100% of the Sum Insured value in respect of Contents under Section 1: YES/NO
- b. Is the insurance required on First Loss Basis: YES/NO
- c. If required on First Loss basis, please tick the option selected 25%-----50%-----75%-----

- d. Do you have minimum security arrangements at the premises as below: YES/NO

(The minimum security arrangements required are - common night watchman, and rolling shutters and/or grills for doors and windows)

PART 2: OPTIONAL Covers:

(Tick mark the sections opted for)

SECTION 3– MACHINERY BREAKDOWN YES/NO

Machinery up to 10 years of age only can be covered.

All Machinery of age up to 10 years to be declared and covered compulsorily under the policy

Details of Machinery:

Item No.	Qty.	Description of item	Model of items	Year of Manufacture	Value
1					
2					
3					
4					
5					

Note: Please mention capacity of DG sets

- a. Do the items listed represent the whole of the plant? YES/NO
- b. Has any Company:
- Declined to insure any of the machinery now proposed? YES/NO
 - Requested for repairs or made other special stipulations for risk improvement?
YES/NO
 - Do you aware of any defects/damages exist in the machinery? YES/NO
If so give details thereof -----
- c. Are regular periodical inspections of the machinery carried out? YES/NO
- d. If so by whom and at what intervals? -----
- e. Sum Insured must be calculated on the present day new replacement value of the Machinery to be insured including provision for packing, freight and also value of erection costs, custom duty, etc. to afford full protection: -----
- f. If any machinery is a “Stand by” pl. specify: -----
- g. All portable machinery must be so designated.
- h. All items in the open must be so described separately.

SECTION 4– PUBLIC LIABILITY YES/NO

Industrial []

Non Industrial []

S.No.	Please indicate the limits of liability required:	Limit of Liability
a.	Public Liability (AOA/AOY 1:4) Any One Accident / Any One Year AOA AOY	Rs. Rs.
b.	Retroactive Date	
c.	Sales turnover in last financial year	Rs.

- Have you complied with all statutory rules/regulations pertaining to the premises and your business activities:
- Do you handle or use or store gases/hazardous/toxic/radioactive materials and/or equipment in the premises.
- If yes, please give details of max. capacity stored/used/handled at a time:-----

SECTION 5 – ELECTRONIC EQUIPMENT YES/NO

SECTION 5 A- PHYSICAL LOSS AND DAMAGE YES/NO

Equipment's up to 5 years of age can only be covered.

Details of equipment's:

Item No.	Quantity	Description of item	Year of Manufacture	Sum Insured
1				
2				
3				
4				
5				

- All equipment (except more than 5 years old) are covered and are to be declared compulsorily. Please provide list of all such electronic equipment.
- Laptops, Note books can also be covered.
- Please state whether the electronic equipment is maintained under an approved agreement with manufacturer or other concerns approved by manufacturer. **Yes/No**
- Is a Valid Maintenance Contract in force? **Yes/No**
- Please note that the value of electronic equipment should be replacement value by new one of same kind inclusive of freight, custom duty and other charges and cost of erection.
- Which of the equipment proposed for insurance are second-hand. Pl. specify.

SECTION 6: Loss of Profits (Fire)

a. LOSS OF PROFIT			
	Item No.		Sum Insured
a.	Gross Income		Rs.
b.	Accountant's charges		Rs.
	Total (a+b)		Rs.
a. INCREASE IN COST OF WORKING			
c.	On additional Expenditure as increase in Cost of Working		Rs.
d.	Do you require cover for loss following Breakdown of any electronic equipment covered under section 6A?		
	Yes	No	
			Rs.
	Increased cost of working only includes cost to avoid or minimize business interruption comprising cost to avoid or minimize reduction in gross income, additional expenditure such as rates, taxes, lighting, cost of removal of goods setting up of temporary offices, hiring of equipment/ machinery and / or extra personnel and other incidentals)		

SECTION 7: Personal Accident

a.	Serial. No.	Name of Insured Person	Age	Details of Existing Infirmary/ Disability	Occupation	Sum Insured	Assignee/ Relationship /% age of share
	1						
	2						
	3						
	4						
b.	For additional Coverage of Medical Expenses (Maximum- 10% of CSI)						
	Please note that the age limit for purpose of this section is 18 to 65years						

SECTION 8: Employee Compensation

	Serial. No.	Name of Employee	Nature of work	Monthly Earnings	As per Employee's Compensation Act.
	1				
	2				
	3				
	4				
				Total	Rs.

SECTION 9: Directors and Officers Liability Insurance

Serial. No.	Since when in Business	Claim Experience (3 Years ICR)	Limit Of Indemnity	Of Any one Occurrence	Territory/ Jurisdiction	Subsidiaries, if any

Please attach the List of Directors and Officers along with the Proposal Form

Section 10: Money Insurance

		Maximum Limit (Any One Loss)
a.	Wages & salary whilst in transit from or to the office(s)	Rs
b.	Money other than wages & salary whilst in direct transit between any two places	Rs
	Money in office during business hours	Rs
d.	Money in office in locked safe outside business hours	Rs
	Sub Total (a to d)	Rs
	Rate (Rs Per Mille)	
	Premium	Rs
e.	Estimated Turnover during the policy period	Rs
	Rate (Rs Per Mille)	
	Premium	Rs
	Total Premium	Rs
	Please state make and model of safe	

We hereby declare and agree to items 1 to 7 below subject to Exceptions and Variations disclosed in item 8 below:

1. The building of the premises are in good repair and so maintained.
2. Occupied by me/us in connection with business above and used solely for business purposes.
3. Books of accounts are regularly entered up.
4. No Insurer has declined my/our proposal, cancelled or refused to renew my/our policy or required any special terms or conditions in respect of any of the risks proposed herein above.
5. Sum Insured's represent the full value of the property described herein.
6. All reasonable steps to safeguard the property against loss or damage shall be taken.
7. All proofs, evidences, documents required in case of claim shall be provided to the company at the cost of insured.
8. I/we have disclosed all the facts that could influence the acceptance of this proposal or the term(s) to be approved.
9. Exceptions and variations if any to the above declaration.

I declare that the above answers are true to the best of my knowledge and belief and I have not withheld any material facts. I understand that non-disclosure or mis-representation of a material fact will entitle Underwriters to void the insurance. I agree that this proposal and declaration shall be the basis of the contract between me and the Company.

Date _____ Place _____ Proposer's Signature _____

Note: If you do not find sufficient space in any of the columns above please use additional sheets for giving full details.

INSURANCE ACT, 1938
Prohibition of Rebates

Section 41 of this Act reads :-

(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 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 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 provisions of this Section shall be punishable with fine which may extend to Ten Lakhs rupees.

N.B. Insurance is the subject matter of solicitation.