



The Oriental Insurance Company Limited
 Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

SHOPKEEPER'S INSURANCE

PROPOSAL CUM SCHEDULE

Agency
 Insured:
 Name of Proposer in Full:
 Full Business (Shop) Address:
 Nature of Business/Trade:

Policy No.
 Period of Insurance
 From _____ A.M./P.M.
 To Midnight _____

Section No.	DESCRIPTION OF PROPERTY	SUM INSURED	Rate Per mille	Premium (for the use of the Co.)																				
I FIRE & ALLIED PERILS	A. BUILDING OF CLASS-A (CONSTRUCTION ONLY) shop owned by Insured Solely occupied/Partially occupied B. CONTENTS (excluding money valuables) 1. Furniture, Fixture and Fittings 2. Stock in trade consisting of 3. Goods in Truxt Note: Total sum insured under items A & B above should not exceed Rs. 5,00,000																							
II BURGLARY HOUSR BREAKING INCLUDING LARCENY OR THEFT	CONTENTS: All contents in the shop Premises stated at the above address _____ NOTE: Insruance on contents should be for value equivalent to the value mentioned under item-B above.																							
III MONEY INSURANCE	a. In Transit (not exceeding Rs. 50,000/- per any one carrying) b. In safe/Steel Cupboard Cash Box(2% of sum insured under Section I or Rs.10,000/- whichever is loss) c. In till/counter (1% of the sum insured under Section I or Rs. 5,000/- whichever is loss)																							
IV PEDAL CYCLE	<table border="0"> <thead> <tr> <th>Make and Name Manufacturer</th> <th>Year of Manufacture</th> <th>Frame No.</th> <th>Value Including accessories</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Make and Name Manufacturer	Year of Manufacture	Frame No.	Value Including accessories	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____							
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VII	Carrying trade Samples and/or personal effects of																							

BAGGAGE INSURANCE	Insured/Partner a) baggage in connection with trade carried by the Insured/Partner/Employee b) Personal baggage of Insured/partner/employee (2% of the SI under Section-I or Rs. 10,000/- whichever is less)			
VIII PERSONAL ACCIDENT	(Age Group Between 16-55) Name Age Occupation Relationship With proposer Details of existing Infirmity/ Disability Table Benefits Name of Assignee & address Rate as per Tariff			
	1. 2. 3. NOTE: 1) For table of benefit see attached information sheet 2) For assignment of benefit in case of death please see Policy			
IX FIDELITY GUARANTEE	(excluding Salesmen and Commission Agents) Name Designation Salary(PM) Amount of Guarantee 1. 2.			
X PUBLIC LIABILITY	a) Public Liability (5% of the sum insured under Section-I or Rs. 25,000/- whichever is less) b) W.C. Liability (for domestic servants/Driver) Name of Employee Nature of work Monthly As per WC Act As per Tariff			

Note:

1. The sum insured stated against each section shall be the maximum limit of Liability/Indemnity under the policy during the policy period.

Total Premium Rs .
Less:discount for covering
More than 4 Section...%

2. The liability of the Company does not commence until the Proposal has been accepted by the the Company and the full premium paid

NET PREMIUM Rs.

I/We hereby declare that the particulars contained herein are true and correct and that no material fact has been withheld, misstated or misrepresented and also that this proposal cum schedule forming part of the company's standard policy shall be on the basis of the contract between me/us and the Insurance Company. I/We further declare that the sum Insured herein represent the full value of the property described herein. I/We further declare that all reasonable steps to safeguard the property against loss or damage will be taken and shall maintain records and books of accounts reasonably required. I/we also hereby declare that I/we have not insured the building and or contents/stock in trade of the shop for which I/we have filled in this proposal for more than Rs. 5 lac in aggregate with all the Insurance companies in India.

Place

Date

Signature of Proposer

ASSIGNMENT CLAUSE FOR PERSONAL ACCIDENT INSURANCE-SECTION IX

I _____ do hereby assign the money payable in the event of my death by the ORIENTAL INSURANCE COMPANY LTD. to _____ (relation to insured/Insured Person) and I further declare that his receipt shall be sufficient discharge to the Company.

Dated this _____ day of _____ 200

WITNESS: 1) Name:
2) Address:

Signature of Proper

(TO BE COMPLETED BY INSURANCE COMPANY)

SPECIAL CONDITIONS: INSURANCE COVER HEREIN APPLIES TO SECTION NOS _____ ABOVE.

IN WITNESS WHEREOF SIGNED BY AND ON BEHALF OF THE COMPANY AT _____ ON _____ DAY OF _____ 200__

FOR THE ORIENTAL INSURANCE CO. LTD.

OFFICE ADDRESS:

Authorised Signatory