

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

**Proposal Form – Cum – Policy Schedule for Office Umbrella Policy**

Name \_\_\_\_\_

Address for correspondence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address of office premises which is to be insured

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

Business or Profession \_\_\_\_\_

Is the Proposer a Government Owned office? Yes \_\_\_ No \_\_\_.

Paid up capital (if a company) Rs \_\_\_\_\_.

Type of Policy Required

1. Office
2. Office (Medical Establishment) requiring Section 2 C.

Policy Period: From \_\_\_\_\_ (Time \_\_\_\_\_) to \_\_\_\_\_ (Time \_\_\_\_\_).

Please note that

- a) Section 1 (Building) and Section 2A (Contents) are compulsory for Premises Owner Insured and Section 2A (Contents) for Tenants Insured.
- b) Insured has to opt for a minimum of 3 (Three) sections other than minimum compulsory sections at above (a).

Please indicate the sum insured in the concerned sections for which you want the cover.

The sum insured should represent **the cost of reinstatement of the property** as new.

<b>Section 1 – Building</b>		
a.	Building	Rs
b.	Landlord's Fixtures & Fittings	Rs
c.	Boundary Walls, Gates & Fences	Rs
d.	Other property	Rs
	Sub total (a to d)	Rs
e.	A reasonable amount towards Architects/ Surveyor/Engineer's fees and debris removal cost	Rs
	Total (a to e)	
	Rate (Rs Per Mille)	<b>0.30</b>
	Premium	Rs
Note: If more than one building or structures are used in connection with office work, please specify		

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature of Proposer

<b>Section 2A – Office Contents</b>		
a.	Business Furniture, Furnishings, Safes, Office Machinery, Fixtures, Fittings (to the extent not insured under section I), Unused Office Stationery	Rs
b.	i) Documents	Rs
	ii) Telephone, Gas & Electric Meters.	Rs
c.	Tenant's Improvement(s) & Decoration(s)	Rs
d.	Pedal Cycle(s)	Rs
e.	Electronic Instruments and Equipments (if not insured under Section 6A)	Rs
f.	All other contents	Rs
g.	Professional Equipments for medical purposes (if applicable)	Rs
	Sub total (a to g)	Rs
h.	Clothing & Personal effects (except for property otherwise Insured & Jewellery, Money and Fur) Limit Rs 5,000/- per Person	Rs
i.	Temporary Removal of Documents (5% of Sub total (a to g) or Rs 15,000/- whichever is higher)	Rs
j.	A reasonable amount towards Architects/ Surveyor/Engineer's fees and debris removal cost	Rs
	Sub total (h to j)	Rs
	Total (a to j)	Rs
	Rate (Rs Per Mille)	<b>0.75</b>
	Premium	Rs
<b>Section 2B – Tenant's Liability</b>		
	Aggregate Limit for all events during the period of insurance - 25% of Sum Insured on contents (Any One Occurrence -10% of S.I on Contents).	Rs
	Rate (Rs Per Mille)	<b>0.30</b>
	Premium	Rs
<b>Section 2C –All Risk Medical Equipments</b>		
		Sum Insured
	Medical Equipments and Instruments (Limit any one article or pair or set of articles – 10% of sum insured under this section 2C)	Rs
	Rate (Rs Per Mille)	<b>8.00</b>
	Premium	Rs
<b>Section 3 –Money Insurance</b>		
		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)	<b>2.00</b>
	Premium	Rs
e.	Estimated Turnover during the policy period	Rs
	Rate (Rs Per Mille)	<b>0.025</b>
	Premium	Rs
	Total Premium	Rs
	Please state make and model of safe	

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature of Proposer

<b>Section 4 –Fixed Glass, Sanitary Fittings and Neon/Glow Signs</b>				
a.	Description of plate glass with dimension and of framework and any tinted, embossed, ornamental or painted glass.			
	Sl.No.	Description	Dimension	Value
	1			
	2			
	3			
	4			
	Total			Rs
b.	Sanitary fittings			
c.	Surgery Lamps, signs, nameplate (if applicable)			
d.	Neon Signs and Glow Signs			
	Total (a to d)			Rs
	Rate (Rs Per Mille)			<b>5.00</b>
	Premium			Rs
The value should represent the replacement value of property as new				
<b>Section 5 – Fidelity Guarantee</b>				
a.	Total no. of Salaried Staff for whom the guarantee is proposed			
b.	Maximum amount of guarantee for any one salaried staff			
	Rate (Rs Per Mille)			<b>5.00</b>
	Premium			Rs
<b>Section 6 – Electronic Equipments</b>				
<b>6A – PHYSICAL LOSS/DAMAGE</b>				
a.	Item No.	Qty.	Description of items	Year of Manufacture
	1			
	2			
	3			
	4			
	Sub Total (a)			Rs
b.	If you want cover for data carrying materials, please state the value separately.			
	Item No.	Qty.	Description of items	Year of Manufacture
	1			
	2			
	3			
	4			
	Sub Total (b)			Rs
	Total (a + b)			Rs
	Rate (Rs Per Mille)			<b>8.00</b>
	Premium			Rs
Please state whether the electronic equipments are maintained under an approved agreement with manufacturer or other concerns approved by manufacturer.				
	Yes		No	
Please note that the value of electronic equipments should be replacement value by new one of same kind inclusive of freight, custom duty and other charges and cost of erection.				
Please state the sum (s) to be insured				
<b>6B – COST OF REINSTATEMENT OF DATA/PROG (Available only if Section 6 A is opted)</b>				
a.	Cost of Reinstatement of Data			Rs
b.	Cost of Reinstatement of programme			
	Item No.	Description of Programme	Name of Developing Agency	Year of Development of Programme
	1			
	2			

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Place \_\_\_\_\_

Date \_\_\_\_\_

3								
4								
						Sub total (b)	Rs	
						Total (a + b)	Rs	
						Rate (Rs Per Mille)	<b>8.00</b>	
						Premium	Rs	
Please note that only standard programmes, which can be exchanged by user, are covered under the policy.								
<b>6C – PORTABLE COMPUTER</b>								
a.	Item No.	Qty.	Description of items	Year of Manufacture	Value			
	1							
	2							
	3							
	4							
					Sub Total (a)	Rs		
b.	If you want cover for data carrying materials, please state the value separately.							
	Item No.	Qty.	Description of items	Year of Manufacture	Value			
	1							
	2							
	3							
	4							
					Sub Total (b)	Rs		
					Total (a + b)	Rs		
					Rate (Rs Per Mille)	<b>8.00</b>		
					Premium	Rs		
Please note that the value of portable computer should be replacement value by new one of same kind inclusive of freight charges, customs duty and cost of erection.								
<b>Section 7– Additional Expenses of Rent for Alternative Accommodation</b>								
Limit of Indemnity (25% of the Sum Insured on contents under section 2A) (Please note that the indemnity period is 12 months)				Sum Insured		Rs		
				Rate (Rs Per Mille)		<b>0.30</b>		
				Premium		Rs		
<b>Section 8 – Personal Accident</b>								
a.	Sl. No.	Name of Insured Person	Age	Details of Existing Infirmary/ Disability	Occupation	Sum Insured	Assignee/ Relationship	
	1							
	2							
	3							
	4							
						Rate (Rs Per Mille)	<b>0.60</b>	
						Premium		
b.	For additional Coverage of Medical Expenses (Maxm- 10% of CSI)						Rs	
						Rate (Rs Per Mille)	0.12	
						Premium	Rs	
						Total Premium (a+b)	Rs	
Please note that the age limit for purpose of this section is 16 to 65 years								

Witnesses      1.  
                         2.

Place \_\_\_\_\_

Signature of Proposer  
Date \_\_\_\_\_

<b>Section 9– Breakdown of Office Appliances</b>							
Item No.	Qty.	Description of item	Model of items	Year of Manufacture	Value		
1							
2							
3							
4							
					Rs		
					Rate (Rs Per Mille)	<b>2.00</b>	
					Premium	Rs	
Please note that the value of item should be replacement value by new one of same kind inclusive of custom duties & other charges, freight charges and erection cost.							
<b>Section 10– Baggage</b>							
					Limit	Sum Insured	
					Any one event per person	Rs 10,000	
					Any one year for all persons	Rs	
					Rate (Rs Per Mille)	<b>5.00</b>	
					Premium	Rs	
<b>Section 11– Liabilities</b>							
					Limit of Liability		
a.	Public Liability (AOA/AOY 1:4) Any One Accident / Any One Year					Rs	
					Rate (Rs Per Mille)	<b>0.80</b>	
					Premium	Rs	
b.	Workmen Compensation						
	Sl.No.	Name of Employee	Nature of work	Monthly Earnings	As per W.C. Act.		
	1						
	2						
	3						
	4						
					Total	Rs	
					Rate (Rs Per Mille)	<b>8.00</b>	
					Premium	Rs	
<b>Section 12– Business Interruption</b>							
<b>12A: LOSS OF PROFIT</b>							
					Item No.	Sum Insured	
a.	Gross Income					Rs	
b.	Accountant's charges					Rs	
					Total (a+b)	Rs	
					Rate (Rs Per Mille)	<b>0.75</b>	
					Premium	Rs	
<b>12B: INCREASE IN COST OF WORKING</b>							
c.	On additional Expenditure as increase in Cost of Working					Rs	
					Rate (Rs Per Mille)	<b>0.75</b>	
					Premium	Rs	
d.	Do you require cover for loss following Breakdown of any electronic equipment covered under section 6A?						
	Yes		No				
					Rs		
					Rate (Rs Per Mille)	<b>4.55</b>	
					Premium	Rs	

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature of Proposer

	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)
<b>Total Number of Sections opted</b>	

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:
  - a. Not of *Kucha* Construction (*Kutch*a Constructions: - Buildings having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt cloth/canvas/tarpaulin and the like).
  - b. In good repair and so maintained.
  - c. Occupied by me/us in connection with business/profession above and used solely as offices or medical establishment and/or residence and do not form part of premises having manufacturing units, shops dealings in hazardous goods or godowns containing hazardous goods.
2. Books of accounts are regularly entered up.
3. 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.
4. Sum Insureds represent the full value of the property described herein.
5. All reasonable steps to safeguard the property against loss or damage shall be taken.
6. All proofs, evidences, documents required in case of claim shall be provided to the company at the cost of insured.
7. I/we have disclosed all the facts that could influence the acceptance of this proposal or the term(s) to be approved.
8. Exceptions and variations if any to the above declaration.

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

\_\_\_\_\_  
Signature of Proposer

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 the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Place \_\_\_\_\_

Signature of Proposer  
Date \_\_\_\_\_