





COCO BUSINESS PACKAGE (COMMERCIAL) - NAVI GENERAL INSURANCE

PROPOSAL FORM

These are the minimum requirements to be furnished by a You. We may seek any other information as desired for underwriting purposes.

-  Please tick the boxes wherever applicable. Please fill in **CAPITALS**.
-  Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void.
-  All the items proposed must be free of any defects and must be in perfect condition at the time of inception of the Insurance cover.
-  The insured premises including any temporary construction should not be of kutchha construction.

***Marked fields are mandatory**

1. Name of the Proposer*															
2. PAN/ Aadhar Number:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>														
3. UID:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>														
4. GSTIN	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>														
5. Communication Address*	Plot No/Flat No.		Building name												
	Area														
	City														
	Pin code		State												
	Contact Number		Email ID												
6. Location of risk to be covered* (please provide annexure in case of more than one location)	Is risk location same as above address? (if No, provide details of risk location below)		Yes/No												
	Plot No/Flat No.		Building name												
	Area														
	City														
	Pincode		State												
7. Period of Insurance*	From: --/-- Hrs. on dd/mm/yyyy	To: Midnight of dd/mm/yyyy													
8. Financial interests*	1. 2.														
9. The Insured Property is*															
• Shops, Hotel, Educational Institute	() Yes/ () No														
• Industrial/Manufacturing risks	() Yes/ () No														
• Storages outside industrial risks	() Yes/ () No														
• Tanks/Gas Holders outside Industrial • Manufacturing risks	() Yes/ () No														
• Utilities located outside Industrial Manufacturing risks	() Yes/ () No														
Provide description of activity being performed at risk location.															
Please fill up the details for the Sections opted by you in the format herein below															

COCO Business Package (Commercial) - Navi General Insurance | UIN: IRDAN155CP0001V01201920

Registered Office: Navi General Insurance Limited
 402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai – 400099
 Corporate Office: Salarpuria Business Centre, 4th B Cross Road, 5th Block, Koramangala Industrial Layout, Bengaluru, Karnataka – 560095
 Toll-free number: 1800 123 0004 | Website: www.naviinsurance.com | Email: insurance.help@navi.com
 CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

SECTION I – FIRE AND ALLIED PERILS						
Sum Insured (Amount in ₹)						
Locations	Building (including plinth and Foundation)	Plant & Machinery	Content including Furniture, Fixture, Fittings	Stocks	Others to be specified	Total Sum Insured
Add-on covers required:					Provide Sum Insured (₹) (if opted)	
i. Architects Consulting & Engineers Fees (Maximum up to 7.5% of claim amount)						
ii. Debris Removal (Maximum up to 10% of sum insured)						
iii. Deterioration of Stocks in cold storage premises on account of accidental power failure due to damage at power station due to an insured peril					Sum Insured.....	
iv. Deterioration of Stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machineries in the insured's premises due to operation of insured peril.					Sum Insured.....	
v. Forest Fire					Sum Insured.....	
vi. Leakage & contamination cover					Sum Insured.....	
vii. Spoilage material damage cover					Sum Insured	
viii. Temporary removal of stocks (Policy Sum Insured)						
ix. Loss of rent					Sum Insured----	
x. Additional expenses of rent for an alternative Accommodation					Sum insured-----	
xi. Start-up expenses					Sum insured-----	
xii. Vehicle Impact damage due to insured's own Vehicles (Policy Sum Insured)						
xiii. Spontaneous Combustion (Sum insured of Related commodity)					Sum insured.....	
xiv. Omission to Insure additions 5% of Sum Insured of (Building, Plant & Machinery)					Sum insured.....	
xv. Earthquake (fire & shock)					(Policy Sum Insured)	
xvi. Terrorism					(Policy Sum Insured)	
xvii. Demolition and Increased Cost of Construction						
xviii. Temporary removal of property beyond 60 days						
xix. Emi Protector (Up to 6 EMI's)					a) No of EMI's..... b) EMI Amount.....	
7. Do you want to delete? a) Flood, Strom, Cyclone, group of perils b) Riot, Strike & Malicious damage					Yes () / No () Yes () / No ()	
8. Do You Wish to Cover Stocks on Floater basis?					Yes () / No () If Yes-- Provide the location list	
9. Do you wish to opt for waiver of Under insurance?					Yes () / No ()	
10. Do you want to opt for Voluntary Deductible?					Yes () / No () If Yes -- _____% of Claim Amount (or) _____% of Sum Insured	

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SECTION II – CONSEQUENTIAL LOSS (FIRE AND ALLIED PERILS) (Can be taken with Section I)					
Amount to Be Insured:			Sum Insured (₹)		
i. Net Profit			Sum Insured.....		
i. Standing Charges (Please specify Standing Charges to be covered in detail in Annexure A)			Sum Insured.....		
ii. Lay off and retrenchment compensation payable			Sum Insured.....		
iii. Auditor's fee (cost incurred in preparation of the B.I. claims)			Sum Insured.....		
iv. Wages (other than those insured as part of gross profit)					
i. Wages – Dual Basis for full Indemnity Period 100% for.....weeks and.....% for the remainder period			Sum Insured.....		
ii. Wages on Pro rata Basis for..... No. of Weeks			Sum Insured.....		
TOTAL SUM INSURED			₹ _____		
v. Basis of Indemnity (Select any 1 option)			Turnover Basis () Output Basis () Difference Basis ()		
vi. Indemnity Period in months			_____ Months		
Add-on covers required					
i. Spoilage Risk Extension			Yes () / No ()		
ii. <u>Extension to cover supplier's premises</u>			_____		
▪ Number of the supplier to be covered			_____		
▪ Name of the supplier			_____		
▪ Selected %age limit of the sum insured			_____		
iii. <u>Extension to cover customer's premises</u>			_____		
▪ Number of the customer to be covered			_____		
▪ Name of the customer			_____		
▪ Selected %age limit of the sum insured			_____		
iv. Failure of Public Electricity/Gas/Water Supply			Yes () / No ()		
v. Insured's Property Stored at other situations			Yes () / No ()		
vi. Terrorism			Yes () / No ()		
Do you want to delete Riot, Strike & Malicious damage?			Yes () / No ()		
Do you want to opt for Voluntary Deductible?			Yes () _____ days / No ()		
SECTION III – BURGLARY & HOUSEBREAKING					
Sum Insured (Amount in ₹)					
Locations	Plant & Machinery	Furniture & Fittings	Stocks	Others to be specified	Total Sum Insured
Do you want to cover following exclusions?					
i. Theft			Yes () / No ()		
ii. Riot ,Strike & Malicious damage			Yes () / No ()		
Is First Loss Limit required?			Yes () / No () If Yes -- Select _____ % (10%/20%/25%/30%/35%/40%/50%/60%/70%)		
Do You Wish to Cover Stocks on Floater basis?			Yes () / No () If Yes-- Provide the location list		
Do you want to opt for Voluntary Deductible?			Yes () / No () If Yes -- _____% of Claim Amount (or) _____% of Sum Insured		

SECTION IV – MONEY										
Details of Transit						1. From To				
						2. From To				
						Sum Insured (₹)				
Sr No.	Description					Estimated Annual Turnover	Highest Amount at any time			
1.	Money in transit									
2.	Money in Safe/Counter									
3.	Description of Safe: Make_____ Model_____ Other Description_____					Value of Safe: ₹ _____				
Do you want to cover following exclusions?										
i. Riot and Strike						Yes () / No ()				
ii. Theft by Use of Duplicate Keys						Yes () / No ()				
iii. Automatic Reinstatement						Yes () / No ()				
iv. Terrorism						Yes () / No ()				
Do you want to opt for Voluntary Deductible?						Yes () / No () If Yes -- _____% of Claim Amount (or) _____% of Sum Insured				
SECTION V – PLATE GLASS, GLOW SIGN AND SANITARY FITTINGS										
Description						Sum Insured (₹)				
Plate Glass: Number_____ Other Description_____						Sum Insured.....				
Glow Sign: Number_____ Other Description_____						Sum Insured.....				
Sanitary Fittings: Make_____ Other Description_____						Sum Insured.....				
TOTAL SUM INSURED						_____				
Do you want to opt for Voluntary Deductible?						Yes () / No () If Yes -- _____% of Claim Amount (or) _____% of Sum Insured				
SECTION VI- MACHINERY BREAKDOWN										
S. No.	Details (Type/HP/Volts/KVs/RPM)	Qty	Make & Model	YOM	Identification No.	ISI/ISO Certified? (Yes/No) (specify in case of any other certification)	Imported Machine? Yes/No	Is this a refurbished machine? (Yes/No)	Under AMC/Warranty? (Yes/No) Provide expiry date.	Sum Insured (₹)
Add-on covers required										
i. Additional Sum Insured for Express Freight (air freight excluded), holiday and overtime rates of wages						Yes () / No () – Sum Insured (₹).....				
ii. Escalation Amount/Percentage						₹_____ (or) _____%				
iii. Additional Sum Insured for Air Freight only						Sum Insured (₹).....				
iv. Additional Sum Insured for Owners Surrounding Property						Sum Insured (₹).....				
v. Additional Sum Insured for Third Party Liability						Sum Insured (₹)..... AOA : ₹ _____ AOY : ₹ _____				
vi. Additional Sum Insured for Custom Duty						Sum Insured (₹).....				
Do you want to opt for Higher Excess?						Yes () – Select % (2% ; 5% ; 10% ; 20%) / No ()				

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SECTION VII- ELECTRONIC EQUIPMENT										
Section I: Equipment's										
S. No.	Details (Type/H P/Volts/ KVs/ RPM)	Qty	Make & Model	YOM	Identification No.	ISI/ISO Certified? Pls specify in case of any other certification. (Yes/No)	Imported Machine? Yes/No	Refurbished machine? (Yes/No)	Under AMC/ Warranty? (Yes/No) If Yes, Mention Expiry date	Sum Insured (₹)
Total SI Section I										₹ _____
Section II: External Data Media										
i) Data media						Sum Insured (₹).....				
ii) Expenses for Restoration of data						Sum Insured (₹).....				
Total SI Section II						Sum Insured (₹).....				
iii) Conditions (Excess) Desired:						2 Times	5 Times	10 Times	20 Times	
iv) Exclusion of Fire and Allied Perils as per Standard Fire & Special Peril Policy						Yes () / No ()				
Section III: Increased Cost of Working										
i) Rent of substitute EDP equipment's						₹ per Hour _____				
ii) Indemnity Period per occurrence						_____ Weeks				
iii) Limit per occurrence (a x b)						Sum Insured (₹).....				
iv) Aggregate indemnity limit during the period of insurance						Sum Insured (₹).....				
v) Personal Expenses						Sum Insured (₹).....				
vi) Transportation of Materials						Sum Insured (₹).....				
Total SI Section III						Sum Insured (₹).....				
vii) Conditions desired:										
a) Period of Indemnity Per occurrence (minimum)						_____ Weeks				
b) Time Excess						4 days	7 days	14 days	28 days	
Add-on covers required										
i. Additional Sum Insured for express freight (air freight excluded), holiday and overtime rates of wages						Yes () / No () – Sum Insured (₹).....				
ii. Escalation Amount/Percentage						₹ _____ or % _____				
iii. Additional Sum Insured for air freight only						Sum Insured (₹).....				
iv. Additional Sum Insured for owners surrounding property						Sum Insured (₹).....				
v. Additional Sum Insured for Third Party Liability						Sum Insured (₹)..... AOA : ₹ _____ AOY : ₹ _____				
vi. Additional Sum Insured for Custom Duty						Sum Insured (₹).....				
vii. Terrorism						Yes () / No ()				
Do you want to opt for Higher Excess?						Yes () – _____ % of Claim Amount / No ()				

SECTION VIII- ALL RISK #								
# Applicable only for Portable Equipment's								
Sr. No.	Type of Equipment	Quantity	Make	Model	YOM	Identification Number	AMC Yes/No	Sum Insured (₹)
TOTAL								_____
Do you want to cover following exclusions?								
i. Mechanical and Electrical Breakdown exclusion						Yes () / No ()		
ii. Terrorism						Yes () / No ()		
Do you want to opt for Voluntary Deductible?						Yes () --_____% of Claim Amount (or) _____% of Sum Insured / No ()		
SECTION IX- PERSONAL ACCIDENT (Please select any 1 option)								
Please note that maximum entry age limit under this Section is 18 to 70 years								
a) Please attach a list of employees/members (In case of Named - PA) you wish to cover in the following format:								
Sr. No.	Name of Insured Person	Age	Nature of Job	Monthly income	Table* (A/B/C/D)	Sum Insured (₹)	Nominee Name	Relation
b) Please attach details of employees (In case of Unnamed - PA) you wish to cover, in the following format:								
Number of person	Department	Nature of the duty performed/Occupation			Avg Monthly Income of the group	Per Member Sum Insured	Total sum Insured	
Do you want to cover?								
i. Accidental Medical Extension					Yes () / No () – Sum Insured (₹).....			
ii. Ambulance charge					Yes () / No () – Sum Insured (₹).....			
iii. Terrorism					Yes () / No ()			
Table A : Accidental Death Table B : Accidental Death + Permanent Total Disability Table C : Accidental Death + Permanent Total Disability + Permanent Partial Disability Table D : Accidental Death + Permanent Total Disability + Permanent Partial Disability + Temporary Total Disability								
SECTION X- LIABILITY								
a) Would you like to opt for cover against Liability under Employee's Compensation Act?								
If yes, please fill in the details in the following table:								
COVERAGE'S REQUIRED								
Coverage	Scope of Coverage	Aggregate Limit of Indemnity				Coverage Option (Yes/No)		
Employees Compensation	Subject, otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured.	Limit: As per Employees Compensation Act						

Common Law	Subject, otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	<p>a) Limit Per Employee for any number of accidents during Period of Insurance Rs._____</p> <p>b) Limit Per Accident for any number of Employees Rs._____</p> <p>c) Aggregate Limit for all accidents and claims arising there from during the Period of Insurance Rs._____</p>	
Medical Expenses:	Subject, otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	<p>d) Limit Per Employee for any number of accidents during Period of Insurance Rs._____</p> <p>e) Aggregate liability of the company for all employees during the Period of Insurance Rs._____</p>	
Occupational Diseases	Subject, otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	<p>f) Limit Per Employee Rs._____</p> <p>g) Aggregate liability of the company for all employees during the Period of Insurance Rs._____</p>	
Contractors Employees		Limit: As per Employees Compensation Act	
ALL PERSONS EMPLOYED MUST BE INCLUDED			
<p>* Wages means the remuneration payable to an Employee by the Insured for the employment in the Business and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a employee towards any pension or provident fund or a sum paid to a employee to cover any special expenses entailed on him by the nature of his employment;</p>			
OWN EMPLOYEE DETAILS**			
Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment
CONTRACTORS EMPLOYEE DETAILS [if the coverage has been opted for]**			
Contractors Name	Registered Address	Declared Number of Employees	Total Declared wages during the period of insurance.
** Please attach additional sheets if required.			
Does the above, schedule include-			
(a) All persons in your service?			(a) Yes/No
(b) All your contractors/ subcontractors?			(b) Yes/No

Do you comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business?	Yes/No
Do you maintain an accurate record of the Employees and Wages in respect of the Business in compliance with all statutory requirements?	Yes/No
Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? If so, please give the name of the Company or Companies.	Yes/No
Has any proposal for an insurance in respect of your liability to your employees or renewal thereof ever been declined or withdrawn?	(a) Declined Yes/No (b) Withdrawn Yes/No
State the total Wages paid and particulars of accidents to your employees during the past three years.**	
Year [Past 3 years from this date]	Wages Paid
	Amount of Loss
State the total wages paid and particulars of accidents to your contractors' employees during the past three years.**	
Year [Past 3 years from this date]	Wages Paid
	Amount of Loss
** Please attach additional sheets if required.	
Do you want to cover?	
i. Medical Expenses	Yes () / No ()
ii. Occupational Disease	Yes () / No ()
iii. Coverage for Contractors Workers/Employees	Yes () / No ()
b) Public Liability	Sum Insured (₹)
Estimated Annual Turnover :	₹ _____
Limit of liability for Any One Accident ratio to all accidents	AOA : AOA: AOY : 1:1 () 1:2 () 1:3 () 1:4 ()
Do you wish to opt for Floater cover?	If Yes, Provide the list of locations
Do you wish to cover?	
i. Act of God Perils	Yes () / No () If yes, please provide Any One Accident (AOA) Limit: ₹ ____ Any One Year (AOY) Limit: ₹ ____
ii. Food & Beverages	Yes () / No () If yes, please provide Any One Accident (AOA) Limit: ₹ ____ Any One Year (AOY) Limit: ₹ ____
iii. Coverage for facilities like Swimming Pool, Health club	Yes () / No () If yes, please provide Any One Accident (AOA) Limit: ₹ ____ Any One Year (AOY) Limit: ₹ ____
iv. lifts, Elevators & Escalators Liability Extension	Yes () / No () If yes, please provide Any One Accident (AOA) Limit: ₹ ____ Any One Year (AOY) Limit: ₹ ____
v. Valet Parking Facility Liability Extension Clause	Yes () / No () If yes, please provide Any One Accident (AOA) Limit: ₹ ____ Any One Year (AOY) Limit: ₹ ____

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c) Tenant Liability (applicable only if you're a tenant)				
Do you wish to opt for Tenant Liability?			Yes () / No () If yes, please provide Sum insured (which should be equal towards Owner's property) Sum Insured: ₹ _____	
SECTION XI- FIDELITY GUARANTEE (Please select any 1 option)				
Option 1: Individual Basis				
Name	Nature of job	Department	Financial transaction involved? (Y / N)	Sum Insured (₹)
Option 2 : Floater Basis				
Please select one:			Sum Insured (₹)	
a) Department <input type="checkbox"/> or b) All Employees <input type="checkbox"/>				
Number of employees you wish to cover.....				
Do you wish to cover Contractual Employees?			Yes () ____ provide the number/ No ()	
Do you want to opt for Voluntary Deductible?			Yes () -- ____% of Claim Amount (or) ____% of Sum Insured / No ()	
SECTION XII- BAGGAGE				
Baggage Sum Insured			(₹) _____	
Do you wish include Mobile, Tablets, Camera and Binoculars exclusion?			Yes () / No ()	
Do you want to opt for Voluntary Deductible?			Yes () -- ____% of Claim Amount (or) ____% of Sum Insured / No ()	
SECTION XIII- HOSPITAL CASH BENEFIT				
No. of Permanent Employees		Per day limit (Maximum up to ₹ 5000 per employee)		Total Sum Insured
		₹ _____ (in multiple of ₹ 500)		₹ _____
OTHER RELEVANT INFORMATION*				
▪ Height of Building		In floors____ or In Meters____		
▪ Age of the Building		<input type="checkbox"/> Less than 5 Years <input type="checkbox"/> 10-20 Years <input type="checkbox"/> 5-10 Years <input type="checkbox"/> Above 20 Years		
▪ Is building Owned or Rented?		<input type="checkbox"/> Owned <input type="checkbox"/> / Rented		
▪ What is safety and security measures within premises?		a. 24 hours security - () Yes / () No If yes, How many guards?..... How many are armed?..... b. Is there CCTV installation?- Yes () / No () c. Do you have Burglary Alarm? - Yes () / No () d. Any other protection you want to specify?-----		
▪ Fire Protection devices installed		Please Tick in the box below		
		Portable Extinguishers		
		Trailer Pumps		
		Fire Engine		

	Hydrant System	
	Sprinkler System	
	Fixed Water	
▪ Is Premises in low lying/ flood prone area?	Yes () / No ()	
▪ Is there a basement?	Yes () / No ()	
▪ Is Contents/Stocks/Plant and Machinery kept in basement?	Yes () / No ()	
▪ Is dewatering facility available in basement?	Yes () / No ()	
▪ Is there any handling of hazardous goods involved? ▪ If yes, please specify.	Yes () / No ()	
▪ Provide description of adjacent properties?	Yes () / No ()	
▪ Is there any running River/Nallah	Yes ()—provide distance in meters_____ / No ()	
▪ Are customers/visitors permitted unaccompanied on the premises?	Yes () / No ()	
▪ Do you have process manual for each department of your organization?	Yes () / No ()	
In Case Money Or Fidelity Is Opted?		
▪ What type of security while money is in transit?	None/ Accompanied Person /Armed Escort	
▪ Distance that money will be carried in each transit?	____kms (or) Intercity- Yes () / No ()	
▪ How is the money transported?	Please Tick in the box below	
	By walk	
	Bicycle / Motorcycle	
	Auto Rikshaw / Taxi	
	Bus / Train / Metro	
	Private Vehicle	
	Armored Car with armed escorts	
	Any other, please specify.	
▪ Type of road	City road/ Highway roads/Hilly roads/Rural roads	
▪ Do you keep money in safe? Yes/No ▪ Is the Safe portable or fixed?	<input type="checkbox"/> Portable OR	<input type="checkbox"/> Fixed to the structure If Fixed, how is it Fixed? Bolted to the wall () or Cemented to the Wall ()
▪ What is your audit frequency?	Please Tick in the box below	
	Monthly	
	Quarterly	
	Half yearly	
	Annually	
▪ Does Contractual employees are involved in cash handling?*	Yes () / No ()	
* if opted		
▪ Are Premises doors or windows accessible from the street?	Yes () / No ()	
▪ Have you covered all plate glass at the risk location?	Yes () / No ()	
▪ Is monthly inspection report maintained?	Yes () / No ()	
If Machinery Breakdown or Electronic Equipment Is Opted?		
Have you installed Voltage control devices / spike busters?	Yes () / No ()	

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Does imported machine has repair facilities within India?*(*if applicable)		Yes () / No ()						
What is Preventive maintenance for critical equipment?		Please Tick in the box below						
		a) OEM AMC contract						
		b) OEM supervision						
		c) AMC with external agency						
		d) Completely in-house						
Frequency of maintenance work been carried out?		Please Tick in the box below						
		a) Within every 6 months						
		b) >6 Months and upto 12 months						
Premium / Claim details for the past 3 policy periods*		Year	Claim Description	Premium (₹)	Claim Amount (₹)			
Whether you have insured the same property with any other insurance company with the same type of coverage (Give details)*								
Whether insurance was declined by any other company or imposed any special conditions (Give details)*								
Any other relevant information								
PREMIUM PAYMENT AND BANK DETAILS*								
Payment Option:	Cheque	<input type="checkbox"/>	Demand Draft	<input type="checkbox"/>	Fund Transfer	<input type="checkbox"/>	Pay Order	<input type="checkbox"/>
	Debit Card	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>				
Premium Amount:	₹		Amount in Words:					
For Cheque/DD/PO (Payable in favour of NAVI General Insurance Company Limited):								
Account Holder Name:								
Instrument Number	:		Instrument Date	:				
Instrument Amount	:		Bank Name	:				
Credit/Debit Card No.	:		Expiry Date	:				
Fund Transfer/Wallet	:	Name of Bank/Wallet		Transaction Number	:			
PAN Number	:	_____		TAN Number	:			
Note: As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.								
Account No.	:		IFSC/MICR Code	:				
UPI ID	:		Branch Name:	:	_____			
Type of Account	:	Saving Bank's Account	<input type="checkbox"/>	Current Account	<input type="checkbox"/>			
	:	Others (Please Specify)	<input type="checkbox"/>					

Declaration:

"I/We desire to insure with NAVI GENERAL INSURANCE LTD ("Company") in respect of the property described in this proposal form and statements contained herein, shared by me digitally or otherwise either through Company website, emails, Mobile application or any such mode of communication are true and accurate representations.

I/We undertake and confirm that:

- a) If any of the statements made herein are found to be false or incorrect, the benefits under this policy would stand forfeited.
- b) This application and declaration shall be promissory and shall be the basis of contract between me/us and the Company.
- c) I/We have read and understood the coverages, the terms and conditions and accept the Company's policy of insurance along with said conditions.
- d) If any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information submitted by me/us after the submission of this proposal form, then the same would be conveyed to the Company immediately, failing which the benefits under the policy would stand forfeited.
- e) The Company may take appropriate measures to capture the voice log for all telephonic transactions carried out by me/us as required by the procedure/regulations internal or external to the Company and shall not hold the Company responsible or liable for relying/using such recorded telephonic conversation.
- f) The insurance would be effective only on acceptance of this application by the Company and the payment of requisite premium in advance. In the event of non-realization of the Cheque or non-receipt of the amount of premium by the company, the policy shall be deemed cancelled "ab initio" and the Company shall not be responsible for any liabilities of whatsoever nature under this policy.
- g) I/We agree to receive "Policy Schedule" only and shall access the policy terms, conditions and exclusions on the company's website.
- h) I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds.
- i) I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.

Place_____

Date_____

Signature of Proposer

SECTION 41 OF 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 of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of 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 prospectus or tables of the Insurers.
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Rupees Ten Lakhs.

Branch office name and code			
Insurance Agent/ Intermediary Name		Insurance Agent/ Intermediary Code	
Point of Sale Person (POS)		Aadhar/PAN(POS)	

Annexure A

Sr. No.	Name of Standing Charges
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