

STANDARD FIRE & SPECIAL PERILS POLICY (RETAIL)

PROPOSAL FORM

Note: 1. The property proposed for insurance is not covered until the proposal is accepted and premium paid. 2. 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. 3. Please complete all sections in capitals and tick the boxes wherever applicable. Please furnish all information that is sought and is having a bearing on the risk. Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void. We shall process the proposal within a reasonable period but not exceeding 15 days from the date of receipt of proposal or any other requirement called by us. Where a proposal deposit is refundable under any circumstances, We shall refund the same within 15 days from the date of underwriting decision on the proposal. We may share the information provided by you with statutory authority, if so required, due to operation of any law.

Proposer's Details

1. Name of the Proposer										
2. Address of the Proposer	Plot No/Door No.				Building name					
	Road									
	Area									
	City				Pin code					
	State									
	Phone No.									
	E-mail Id									
3. Financial interests	1.				2.					
	3.				4.					
	5.				6.					
	7.				8.					
4. Location of risk to be covered	Plot No/Door No.				Building name					
	Road									
	Area									
	City				Pin code					
	District				State					
	Phone No.									
	E-mail Id									
5. Period of Insurance (hh:mm-dd:mm:yy)	From							To		
6. Do you want to delete? a) Flood, Cyclone, group of perils	Yes/No									
b) Riot, Strike & Malicious damage,	Yes/No									
7. Do you want the Plinth & Foundation along with the building	Yes/No									
8. Add-on covers required	Provide Sum Insured (if opted)									
Architects Consulting & Engineers Fees (Maximum up to 7.5% of sum insured)										
Debris Removal (Maximum upto 10% of sum insured)										

DHFL General Insurance Limited
(A Wholly Owned Subsidiary Of WGC)

Registered & Corporate Office: 402, 403 & 404, A&B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai - 400 099.

Phone: 022 - 4001 8100/8200

IRDAI Reg No.: 155

PRODUCT UIN: IRDAN155RP0004V01201718

STANDARD FIRE AND SPECIAL PERILS POLICY (RETAIL) - Proposal Form

CIN: U66000MH2016PLC283275

GSTIN: 27AAFCD7985H1Z4

Web: www.dhflinsurance.com

Email: mycare@dhflinsurance.com

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.....															
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.....															
Forest Fire	Sum Insured.....															
Leakage & contamination cover	Sum Insured.....															
Spoilage material damage cover	Sum Insured															
Temporary removal of stocks (Policy Sum Insured)																
Loss of rent	Sum Insured----															
Additional expenses of rent for an alternative Accommodation	Sum insured-----															
Start-up expenses	Sum insured-----															
Vehicle Impact damage due to insured's own Vehicles (Policy Sum Insured)																
Spontaneous Combustion (Sum insured of Related commodity)	Sum insured.....															
Omission to Insure additions 5% of Sum Insured of (Building, Plant & Machinery)	Sum insured.....															
Earthquake (fire & shock) (Policy Sum Insured)																
Terrorism (Policy Sum Insured)																
Others, please specify																
09. Whether you have insured the same property with any other insurance company with the same type of coverage (Give details)																
10. Whether insurance was declined by any other company or imposed any special conditions (Give details)																
11. Premium / Claim details for the past 3 policy periods	<table border="1"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>Claim Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>	Year	Premium	Claim Amount										Total		
Year	Premium	Claim Amount														
Total																

DETAILS ABOUT PROPERTY TO BE COVERED AT THE INSURED LOCATION

12. The Insured Property is	
Residence, Office, Shops, Hotel etc	Yes/No

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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
13. Is used as Shop please declare whether the goods handled are as per the following list. If yes, whether the stock value will exceed 5% of shops value	
1.Celluloid goods, 2.Coir Loose, 3.Crackers & Fire Works, 4.Explosives of any kind, 5.Hay/Straw, 6.Hemp, 7.Jute Loose, 8.Matches, 9.Methylated Spirit, 10.NitroCellulose Plastics, 11.Oils/Ether/Industrial Solvents and other inflammable liquids flashing at and below 32 ⁰ C(Closed cup Test), 12.Paints with inflammable base having flash point below 32 ⁰ C(Closed Cup test)-Other than in sealed tins or drums, 13. Varnishes having a Flash point below 32 ⁰ C (Closed cup Test)-Other than in sealed tins or drums. 14. Disinfectant liquids and liquid insecticides-Other than in sealed tins or drums, 15. Vegetable fibres of any kind including Rayon fibre.	
14. If used as Warehouse/Godown (not located in a manufacturing unit) please give the list of goods stores.	
15. If used as an Industrial Manufacturing unit give products manufactured at the location proposed	
16. If used as an Industrial Manufacturing unit please state whether the factory is Working or Silent	
17. Fire Protection devices installed	Please Tick in the box below
	Portable Extinguishers
	Trailer Pumps
	Fire Engine
	Hydrant System
	Fixed Water

SUM INSURED

18. The basis proposed for insurance (Building /Machinery/FFF)	
Market Value Basis	Yes/No
Reinstatement Value Basis	Yes/No
Voluntary Deductible	Yes/No
Escalation % opted for	

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Stocks in open (located outside the factory compound)		
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Co-Insurance Details:

S. No.	Name of the Insurance Company	Office Code	Co-Insurance Share
1			
2			
3			
4			

Payment Details

Please fill in your payment details for either Cheque / Credit Card/NEFT/Others

For Cheque please pay by crossed Cheque (account payee only) in the name of **"DHFL General Insurance Ltd."**

Cheque No. _____ Bank/Credit Card/Wallet Transaction Reference No _____ -

Bank/Wallet Name: _____ -

Branch _____ City _____

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Bank Account No. _____ IFSC Code_ _ _ _

Dated _____ For Rs. _____

PAN/TAN No _____

Bank Account Details for Refund and Claim Settlement

Name of Bank Account Holder _____
 Account No _____ Bank _____
 Name _____ Branch _____
 Account Savings Current
 MICR Code _____
 IFSC Code _____

I wish Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.

As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

AML Guidelines

- 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.
- The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian Non-Indian Indian Specify Country - _____

PAN/TAN No _____

Place _____

Date _____

Signature of Proposer

Proposer's Declaration

"I/We desire to insure with DHFL General Insurance Limited in respect of the property described in the proposal form and confirm that the statements contained in this application are my/our true and accurate representations. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and DHFL General Insurance Limited. I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the Company's policy of insurance along with the said conditions prescribed by the Company. I/We also declare and undertake that if any additions or alterations are

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carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to DHFL General Insurance Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited. I/We agree to the Company taking appropriate measures to capture the voice log for all such telephonic transactions carried out by me/us as required by the procedures/regulations internal or external to the Company and shall not hold the Company responsible or liable for relying/using such recorded telephonic conversation. I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of nonrealization 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

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)	

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