

## PROPOSAL FORM - STANDARD FIRE & SPECIAL PERILS INSURANCE POLICY

(Acceptance of this proposal is subject to the rules & regulations of All India Fire Tariff. The property is not covered until the proposal is accepted and premium paid.)

| Agent/Broker Name  |   |                           |                                |   |              |  |  |  |  |  |  |  |  |
|--|---|---------------------------|--------------------------------|---|--------------|--|--|--|--|--|--|--|--|
| Agent/Broker Code  |   |                           |                                |   |              |  |  |  |  |  |  |  |  |
| Agent Mobile Number  |   | Email Address             |                                |   |              |  |  |  |  |  |  |  |  |
| Name of the Proposer   |   |                           | ·                              |   |              |  |  |  |  |  |  |  |  |
| Address of the Proposer  |   |                           |                                |   |              |  |  |  |  |  |  |  |  |
|  |   |                           |                                |   |              |  |  |  |  |  |  |  |  |
|  | City  |                           | Pin Code                       |   |              |  |  |  |  |  |  |  |  |
| Mobile Number  |   | Email Address             |                                |   |              |  |  |  |  |  |  |  |  |
| Policy to be issued in favour of   | (List of all the parties w                            | ho have insurable i       | interest)                      |   |              |  |  |  |  |  |  |  |  |
| Financial Institution Interest (if any)  |   | (Attach anne              | exure in case of multiple in   | nstitutions)  |              |  |  |  |  |  |  |  |  |
| Business of the Proposer   |   |                           |                                |   |              |  |  |  |  |  |  |  |  |
| Period of Insurance  | From To   |                           |                                |   |              |  |  |  |  |  |  |  |  |
| 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 a  | any other Company or                                  | imposed any Sp            | ecial Conditions (Give         | details)  | Yes/No       |  |  |  |  |  |  |  |  |
| Risk Location/s to be Insured –  |   |                           |                                |   |              |  |  |  |  |  |  |  |  |
| Give complete address with   |   |                           |                                |   |              |  |  |  |  |  |  |  |  |
| pincode  | City  | _ State                   | Pin Code                       |   |              |  |  |  |  |  |  |  |  |
| Occupancy of the Risk Location   |   |                           |                                |   |              |  |  |  |  |  |  |  |  |
|  | (Describe the activities carried out in the premises) |                           |                                |   |              |  |  |  |  |  |  |  |  |
| Note – in case of multiple locations please atta   | ach annexure indicating risk                          | location addresses ar     | nd occupancies of each loca    | tion. In case   | of           |  |  |  |  |  |  |  |  |
| Warehouse (Godown) not located in a manufa   | acturing unit, please give the                        | list of major goods st    | tored. In case of industrial/m | fg unit, please   | give details |  |  |  |  |  |  |  |  |
| of product manufactured at the location. If use  | d as an Industrial Manufact                           | uring unit, please state  | e whether the factory is work  | ing or silent?  |              |  |  |  |  |  |  |  |  |
| If used as Shop please declare whether the go  | oods handled are as per the                           | following list. If yes, v | whether the stock value will   | type of Yes/No  Ive details) Yes/No  Ive details) Yes/No  Ive details) Yes/No  Ive details)  Ive details)  Ive details yes/No  Ive details yes/No |              |  |  |  |  |  |  |  |  |
| 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.Nitro-Cellulose Plastics   | s, 11.0ils/Ether/Industrial Sc                        | olvents and other inflar  | mmable liquids flashing at ai  | nd below 32 E   | Deg.C        |  |  |  |  |  |  |  |  |
| (Closed Cup test), 12.Paints with inflammable  | base having flash point belo                          | ow 32 Deg.C (Closed       | Cup test) - Other than in sea  | aled tins or dr   | ums,         |  |  |  |  |  |  |  |  |
| 13. Varnishes having a Flash point below 32 D  | eg.C (Closed Cup test) - Ot                           | her than in sealed tins   | s or drums,14.Disinfectant liq | quids and liqui   | id           |  |  |  |  |  |  |  |  |
| insecticides - Other than in sealed tins or drun   | ns,15.Vegetable fibres of an                          | y kind including Rayor    | n Fibre.                       |   |              |  |  |  |  |  |  |  |  |
| Construction Details   | Please state materia                                  | l used for                |                                |   |              |  |  |  |  |  |  |  |  |
|  | Wall  | Floor                     | Roof                           |   |              |  |  |  |  |  |  |  |  |
| Note: Buildings having walls and/ or roofs of w  | ooden planks/thatched leav                            | es and/or grass/hay o     | of any kind/bamboo/plastic c   | loth/asphalt  |              |  |  |  |  |  |  |  |  |
| cloth/canvas/tarpaulin and the like are treated  | as "Kutcha" construction                              |                           |                                |   |              |  |  |  |  |  |  |  |  |
| Height of the Building   | meters  |                           |                                |   |              |  |  |  |  |  |  |  |  |
| Age of the Building (Select)   | Less than 5 yrs                                       | 5 to 10 yrs               | □ 10 to 20 yrs □               | above 20  | yrs 🔲        |  |  |  |  |  |  |  |  |
| Fire Protection devices installed at   | Portable Extinguishe                                  | rs                        |                                |   | Yes/No       |  |  |  |  |  |  |  |  |
| Risk Location.   | Small bore hose reel                                  |                           | Yes/No                         |   |              |  |  |  |  |  |  |  |  |
|  | Trailer Pumps/Fire e                                  |                           | Yes/No                         |   |              |  |  |  |  |  |  |  |  |
| Select as applicable   | Hydrant System  |                           | Yes/No                         |   |              |  |  |  |  |  |  |  |  |
|  | Sprinkler System                                      |                           |                                |   |              |  |  |  |  |  |  |  |  |
| (Note – in case of multiple locations  | Fixed Water Spray S                                   | system                    |                                |   |              |  |  |  |  |  |  |  |  |
| please attach annexure indicating  | Foam systems  | -                         |                                | on. In case of g unit, please give details ng or silent? xceed 5% of shops se, 8.Matches, d below 32 Deg.C ed tins or drums, uids and liquid  wth/asphalt  above 20 yrs  Yes/No   |              |  |  |  |  |  |  |  |  |
| fire protection details of each  | Fire alarm systems                                    |                           |                                |   |              |  |  |  |  |  |  |  |  |
| location)  | •   | <br>S                     |                                |   |              |  |  |  |  |  |  |  |  |
| location)  | Gas flooding system                                   | S                         |                                |   | Yes/No       |  |  |  |  |  |  |  |  |



| Availability of 24*7 security  | Yes [         |                            |            |          |            | No 🗌     |          |           |           |         |  |  |  |  |
|--|---------------|----------------------------|------------|----------|------------|----------|----------|-----------|-----------|---------|--|--|--|--|
| Any Basement Exposure  | Yes [         |                            |            |          |            | No 🗌     |          |           |           |         |  |  |  |  |
| Any stock kept in open   | Yes [         |                            |            |          |            |          |          |           |           |         |  |  |  |  |
| Basis for Building/Machinery/ FFF  Market Value   Reinstatement Value                                |               |                            |            |          |            |          |          |           |           |         |  |  |  |  |
| Would you like to delete any of follow   | of Perils (ST | ΓFI)                       | Yes/No     |          |            |          |          |           |           |         |  |  |  |  |
| basic cover?   | ))            | Yes/No                     |            |          |            |          |          |           |           |         |  |  |  |  |
| Would you like to cover Plinth & Four  |               | Yes/No                     |            |          |            |          |          |           |           |         |  |  |  |  |
| How far is the public fire brigade from  | the ins       | ured                       | location   |          |            |          |          |           |           |         |  |  |  |  |
|  |               |                            |            |          |            |          |          |           |           |         |  |  |  |  |
| Sum Insured Details  | Please        | risk l                     | ocatio     | ns below |            |          |          |           |           |         |  |  |  |  |
| Risk Location /Block   | Buildin       | uilding Plant & Furniture/ |            |          |            | Stocks   | Othe     | ers       | Total Sum |         |  |  |  |  |
|  |               |                            | Machin     | ery      | Fixtures/  |          | and      | (specify) |           | Insured |  |  |  |  |
|  |               |                            |            |          | Fitting    | S        | Stock in |           |           |         |  |  |  |  |
|  |               |                            |            |          |            |          | Process  |           |           |         |  |  |  |  |
|  |               |                            |            |          |            | _        |          |           |           |         |  |  |  |  |
| ·  | lease at      | tach                       | annexur    | es/add   | ditional s | sheets   |          |           |           |         |  |  |  |  |
| Special Coverage for Stocks Only   |               |                            |            |          |            |          |          |           | Sum I     | nsured  |  |  |  |  |
|  |               |                            |            |          |            |          |          |           |           |         |  |  |  |  |
|  |               |                            |            |          |            |          |          |           |           |         |  |  |  |  |
| (C) Floater Declaration - Stocks which fluctuate in value as well as stored in various locations can |               |                            |            |          |            |          |          |           |           |         |  |  |  |  |
| ` ,  |               |                            |            |          | 1\         |          |          |           |           |         |  |  |  |  |
| , ,  |               |                            | tory con   | ipound   | 1)         |          |          |           |           |         |  |  |  |  |
| -  |               |                            | ```        |          |            | Claim Ar | oount .  |           | Dromii    | ım Daid |  |  |  |  |
| Period of Insurance and Details of Loss Claim Amount Premiu  |               |                            |            |          |            |          |          |           |           |         |  |  |  |  |
|  |               |                            |            |          |            |          |          |           |           |         |  |  |  |  |
|  |               |                            |            |          |            |          |          |           |           |         |  |  |  |  |
|  |               |                            |            |          |            |          |          |           |           |         |  |  |  |  |
|  |               |                            |            |          |            |          |          |           |           |         |  |  |  |  |
| Add-on Covers / Clauses Opted  |               |                            |            |          | 1          |          |          |           |           |         |  |  |  |  |
| Name of Add-on Cover / Clause  |               |                            |            |          |            |          | Require  | d         | Sum       | Insured |  |  |  |  |
| Architects consulting & Engineers Fe   | es ( in e     | xces                       | s of 3%    | claim a  | amount)    |          |          |           |           |         |  |  |  |  |
|  |               |                            |            |          | ,          |          | Yes/No   |           |           |         |  |  |  |  |
| Earthquake (Fire & Shock)  |               |                            |            |          |            |          | Yes/No   |           |           |         |  |  |  |  |
| Escalation (%)   |               |                            |            |          |            |          | Yes/No   |           |           |         |  |  |  |  |
| Omission to Insure additions, alteration   | ons or e      | xtens                      | sions (%)  | )        |            |          | Yes/No   |           |           |         |  |  |  |  |
| Impact damage due to insured's own   | Rail/Ro       | ad ve                      | ehicles, t | ork lift | and like   | e &      | Yes/No   |           |           |         |  |  |  |  |
| articles dropped there from  |               |                            |            |          |            |          |          |           |           |         |  |  |  |  |
| Spontaneous Combustion   | ept in open   |                            |            |          |            |          |          |           |           |         |  |  |  |  |
| Spoilage material cover  |               |                            |            |          |            |          | Yes/No   |           |           |         |  |  |  |  |
| Leakage and contamination cover Yes/No   |               |                            |            |          |            |          |          |           |           |         |  |  |  |  |
| Temporary removal of stocks  |               | Yes/No                     |            |          |            |          |          |           |           |         |  |  |  |  |
| Forest Fire Yes/No   |               |                            |            |          |            |          |          |           |           |         |  |  |  |  |
| ·  | ernate a      | ccom                       | nmodatio   | n        |            |          |          |           |           |         |  |  |  |  |
| Start-up expenses  |               |                            |            |          |            |          |          |           |           |         |  |  |  |  |
| _  | •             |                            |            |          | ccidenta   | al power | Yes/No   |           |           |         |  |  |  |  |
| failures due to damage at power stati  | on due t      | to an                      | insured    | peril    |            |          |          |           |           |         |  |  |  |  |



| Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery (ies) in the Insured's |                            |       |          |        |        |           |      |       |               |      |      | Ye   | s/No | )     |     |        |      |     |      |   |  |  |
|--|----------------------------|-------|----------|--------|--------|-----------|------|-------|---------------|------|------|------|------|-------|-----|--------|------|-----|------|---|--|--|
| premises due to opera  |                            | _     |          |        |        | Ū         |      |       |               | , (  | ,    |      |      |       |     |        |      |     |      |   |  |  |
| Terrorism Cover Exter  | Terrorism Cover Extension  |       |          |        |        |           |      |       |               |      |      |      |      |       | Ye  | s/No   | )    |     |      |   |  |  |
| Note – Any additional  | ado                        | d-on  | s (if ai | ny) to | be .   | sepa      | arat | ely   | atta          | ache | d as | an a | anne | exur  | e/a | dditio | onal | she | et   |   |  |  |
|  |                            |       |          |        |        |           |      |       |               |      |      |      |      |       |     |        |      |     |      |   |  |  |
| Voluntary deductible opted, if yes, up to what limit?  Yes/No  |                            |       |          |        |        |           |      |       |               |      |      |      | Lin  | nit — |     |        |      |     |      |   |  |  |
|  |                            |       |          |        |        |           |      |       |               |      |      |      |      |       |     |        |      |     |      |   |  |  |
| Premium Payment Details:   |                            |       |          |        |        |           |      |       |               |      |      |      |      |       |     |        |      |     |      |   |  |  |
| Kindly select: C   | lly select: Cheque DD NEFT |       |          |        |        |           |      |       |               |      |      |      |      |       |     |        |      |     | Casl | h |  |  |
| Cheque /DD/ PO /UT   | RΝ                         | lo.   |          |        |        |           |      |       |               |      |      |      |      |       |     |        |      |     |      |   |  |  |
| Date   |                            |       |          |        |        |           | IFS  | SC    |               |      |      |      |      |       |     |        |      |     |      |   |  |  |
| Amount in Rs.  |                            |       |          |        |        |           |      |       |               |      |      |      |      |       |     |        |      |     |      |   |  |  |
| Bank Account No.   |                            |       |          |        |        |           |      |       |               |      |      |      |      |       |     |        |      |     |      |   |  |  |
| Bank Name  |                            |       |          |        |        |           |      |       |               |      |      |      | В    | ranc  | h   |        |      |     |      |   |  |  |
| PAN Number   |                            |       |          |        |        |           |      |       |               |      |      |      |      |       |     |        |      |     |      |   |  |  |
| Aadhaar Number   |                            |       |          |        |        |           |      |       |               |      |      |      |      |       |     |        |      |     |      |   |  |  |
| Documents to be attached   | ed a                       | as pe | r requi  | remei  | nt for | fulfi     | Ilme | ent c | of <b>K</b> Y | /C N | orms | S.   |      |       |     |        |      |     |      |   |  |  |
| GST Registered   |                            |       |          |        |        |           |      |       |               |      |      |      | Υe   | s/ N  | No  |        |      |     |      |   |  |  |
| GSTIN Number   |                            |       |          |        |        |           |      |       |               |      |      |      |      |       |     |        |      |     |      |   |  |  |
|  |                            |       |          |        | G      | GST State |      |       |               |      |      |      |      |       |     |        |      |     |      |   |  |  |
|  |                            |       |          |        |        |           |      |       |               |      |      |      |      |       |     |        |      |     |      |   |  |  |

## **DECLARATION BY INSURED**

I / We hereby declare that 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 "MAGMA HDI GENERAL INSURANCE CO. LTD."

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

Place
Date
Signature of Proposer X

## **INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES**

- 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 or 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 prospectus or tables of the Insurer.
- **2.** Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.