

Liberty General Insurance Limited

Corporate Identity Number: U66000MH2010PLC269656. IRDAI Registration No.150
Unit 1501&1502, 15th Floor, Tower 2, One International Center
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
Website: www.libertyinsurance.in
UIN: IRDAN150RP0008V01201213

**For Office Use Only**

Product Code	Office Address	Office Code	Employee/SM Name	Employee/SM Code
IMD / Agent / Broker Code	IMD / Agent / Broker Name		IMD / Agent / Broker Mobile No	

**BURGLARY AND HOUSEBREAKING INSURANCE
PROPOSAL FORM**

The property proposed for insurance is not covered and the liability of the Company does not commence until the proposal is accepted by the company and premium paid in advance and upon full realization of the premium payment by the Company. The Company is under no obligation to accept this proposal. Receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance.

Coverage is as per the terms and conditions of our Standard Policy Wordings.

The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, nondescription, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular.

PROPOSER DETAIL

Full Name of the Proposer/Organisation (Mr./Ms./Dr./M/S)

--

Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions

--

Permanent Address / GST Reg Address or Corporate Office Address:

Address			
		District	
City		State	
Pincode		Country	

Present Address:

Is your present address same as permanent address?

Yes ☐ No ☐

If no please state your present address along with

Address			
		District	
City		State	
Pincode		Country	

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Liberty
 General Insurance™

Nature of Business / Work _____

Customer Type: ☐ Individual ☐ Government Co ☐ Public Co ☐ Pvt Co ☐ Partnership Firm/LLP
☐ HUF ☐ Trust ☐ Section 8 Co ☐ Cooperative Society
☐ Others (Please Specify) _____

Whether Proposer /insured is a Non-Profit Organization: ☐ Yes ☐ No

If Yes, please provide Darpan Registration No: _____

Business Type: ☐ New Business ☐ Rollover ☐ Renewal ☐ Endorsement
☐ Others (Please Specify) _____

Proposer DOB (Individual)/ Date of Incorporation: DOB: DOI:

Nationality: ☐ Indian ☐ Others (Please Specify) _____

Residential Status: ☐ Resident Indian ☐ Non-Resident Indian ☐ Others (Please Specify) _____

Gender: ☐ Male ☐ Female ☐ Others (Please Specify) _____

Occupation (Source of Funds): ☐ Salaried ☐ Professional ☐ Self Employed
☐ Others (Please specify) _____

Annual Income: ☐ Less than 5 Lacs ☐ Between 5-10 Lacs ☐ Between 10 - 20 Lacs ☐ 20 Lacs & a above

My CKYC No(if available)

I _____, hereby grant explicit consent to Liberty General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Liberty General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent

Differently Abled Status _____

Type of Impairment _____

% of Impairment _____

UDID no _____

Aadhaar/ Driving License/Election Card/Passport/MNREGA Card No _____

Pan No.

Form 60 (If Pan is not available)

GST NO

Mobile Number

E-mail ID

Period of Insurance: From: to

Relationship With Insured (If Insured Other than proposer) _____

Politically Exposed Person (PEP): Are you or any of the proposed applicants a PEP* or Family member/ Close relatives/Associates of PEPs*? ☐ Yes ☐ No

If yes, please give details (Nature of relationship and position held by PEP): _____

*Politically Exposed Persons” (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

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Nomination Details /Appointee Details

	Nominee 1	Nominee 2	Nominee 3
Name & Relationship			
DOB	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	%	%	%
Mobile No of Nominee			
Email id of Nominee			
Permanent Address of Nominee			
Present Address od Nominee			
Bank Account Details			
Beneficiary Name			
Bank Name			
Bank Account No			
IFSC Code			
MICR NO			
Branch			

If the Nominee is minor, Name and Address of Appointee and relationship with Minor.

Appointee Name if in case of Minor Nominee	
Appointee Relationship if in case of Minor Nominee	

DETAILS ABOUT PROPERTY COVERED AT THE PROPOSER LOCATION

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6. Basis of Sum Insured ☐ Reinstatement Value ☐ Market Value

7. What materials are used for construction? e.g. Concrete, Bricks, Iron Sheet or Timber etc

A. Walls

B. Roof

C. Floor

8. What protection is provided to

A. Doors

B. Windows

C. Skylights, Ventilation, Exhaust Fans, Lights, Air conditioner, Trap Doors?

D. Any other opening

E. Mention any special Precautions you have adopted for safeguarding your property?

9. A. Are the premises occupied by you in at night Yes ☐ No ☐

If no then by who

B. Are the premises occupied by you in at night Yes ☐ No ☐

If yes, then provide i) No of watchmen's ii) during what time

C. Are the premises left unoccupied at any me

If so how open and how long

D. Are the premises fenced Yes ☐ No ☐

E. Protection Devices available at the Premises ☐ Alarm Systems ☐ Alarm System and CCTV Monitoring

F. Is there any Physical Barrier / Access Control at the Proposer Premise Yes ☐ No ☐

If Yes, please describe

G. Distance from the nearest Police Station ☐ More than 10 Kms ☐ Less than 10 Kms

10. A. Are all valuables secured in safe(s) outside business hours? Yes ☐ No ☐

Give details of safe,

i) Makers Name ii) Height

iii) Width iv) Depth v) Weight

B. How many keys are there to the Safe(s) and with whom are they kept?

Can the safe(s) be opened by a single key or by a combinaon of two or more keys?

Burglary And Housebreaking Insurance Policy

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17. Amount for which contents are currently Insured against fire and name of the Company

Amount Rs Name of company

18. Give full description of contents (i.e. the Property to be insured) of the premises

19. Sum Insured details: -

Sr No	Property to be insured (Give full details)	SUM TO BE INSURED (Rs.)
A	Stock-in-Trade	
B	Goods held by the Proposer in Trust or on commission for which he is responsible.	
C	Furniture, Fixtures, Fings, Utensils and Appliances in trade.	
D	Coins and/or Currency Notes in Locked safe	
E	Others, please specify,	
	Total	

20. Additional Covers Required

Sr No	Add on cover	Yes/No	Sum Insured (in Rs)
1	Capital Addition / Newly acquired Property / Interest (Not Exceeding 25% of Sum Insured)	☐ Yes ☐ No	
2	Expenses towards restoring paper files, plans, records and drawings, data and installaon costs for computer programs (Not Exceeding 10% of sum insured subject to maximum of Rs 1 Crore)	☐ Yes ☐ No	
3	The cover unaccompanied by housebreaking	☐ Yes ☐ No	
4	Expenses towards clearance of debris and movement and protecon (Not Exceeding 10% of sum insured subject to maximum of Rs 1 Crore)	☐ Yes ☐ No	
5	Loss or damage to the properes of the employees of the Insured (Not Exceeding Rs. 50,000 per employee)	☐ Yes ☐ No	
6	Costs for changing locks and cost for repair of damage caused to the insured premises aer an insured event (Not Exceeding 10 % of the total sum insured subject to maximum of Rs. 1 lac)	☐ Yes ☐ No	
7	Riot and Strike cover	☐ Yes ☐ No	
8	Terrorism Cover	☐ Yes ☐ No	

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**PAYMENT DETAILS**

Amount in Rs		
Instrument Type	☐ Cash ☐ Cheque ☐ Debit Card ☐ Credit Card ☐ Online Payment ☐ Others	
Cheque/EFT No.		Date:
Name of the Account holder		
Bank Name		Branch:
Bank Account No:		IFSC Code:
Card Details :	Master / Visa / Rupay	
Credit/Debit Card No.		Expiry Date:

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your Source bank account.

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

DECLARATION

- 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 Liberty General Insurance Company
- I the undersigned proposer hereby declare and confirm that I have understood the features, terms and conditions of the policy and questions contained in the proposal form. I also understand that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab initio and the premium paid shall be forfeited to the Company.
- If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.
- Liberty General Insurance (LGI/Liberty") will not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of India, the European Union, United Kingdom, United States of America or other applicable jurisdiction
- 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 as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof I understand that the Company has the right to call for documents to establish sources of funds
- I hereby give my/our consent to Liberty General Insurance to collect, use, process, and share my/our personal information for policy servicing, claim settlement quality, and data analysis purpose, which may be carried out by an empaneled third-party vendors
- I/We hereby extend my/our consent to the Company for sharing my/our personal data with Liberty Insurance Group entities/affiliates for the specific purpose of claim settlement quality, data analysis purpose, reinsurance related services (please strike this clause in case you do not wish to disclose the personal data)
- I wish to avail physical policy document ☐ Yes
- Determination of Beneficial Ownership:

I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

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**For Individual**

Sr.No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

For Organization

Full Name	DOB	Nationality	Address	% Share Holding	PAN	PEP Declaration
						☐ Yes ☐ No ☐ Family Members/Close Relatives/ Associates to PEP
						☐ Yes ☐ No ☐ Family Members/Close Relatives/ Associates to PEP

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate or disabled

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Liberty General Insurance Limited to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer:

Name of Witness:

Signature of Proposer:

Signature of Witness:

Date:

Place: Relationship with Proposer:

Address of Witness:

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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 prospectuses or tables of the Insurer

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.

Date: _____

Signature of the Proposer

Place: _____

Name

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