



## PROPOSAL FORM

### COMMERCIAL PACKAGE INSURANCE POLICY

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, non-description, 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.

- Note: 1) Please complete the Proposal Form in BLOCK LETTERS and tick the boxes whichever are applicable.  
2) Attach additional sheets if space given is insufficient.

#### COMPANY OFFICE DETAILS (To be filled by Insurer)

1. Office Code: \_\_\_\_\_
2. Office Address: \_\_\_\_\_
- Road \_\_\_\_\_ Area \_\_\_\_\_
- City \_\_\_\_\_ District \_\_\_\_\_
- State \_\_\_\_\_ Pin Code \_\_\_\_\_

#### INTERMEDIARY DETAILS

1. Agent / Broker Name: \_\_\_\_\_
2. Agent / Broker Licence Code: \_\_\_\_\_
3. Agent / Broker Contact Number : \_\_\_\_\_

#### PROPOSER DETAILS

1. Proposer Name: \_\_\_\_\_
2. Office Address: \_\_\_\_\_
- Road \_\_\_\_\_ Area \_\_\_\_\_
- City \_\_\_\_\_ District \_\_\_\_\_
- State \_\_\_\_\_ Pin Code \_\_\_\_\_
3. Description of Business/ trade: \_\_\_\_\_
4. Financial Interest: \_\_\_\_\_
5. Period of Insurance (DD/MM/YYYY) From: \_\_\_\_\_ To \_\_\_\_\_
6. Location of Risk: \_\_\_\_\_
- Road \_\_\_\_\_ Area \_\_\_\_\_
- City \_\_\_\_\_ District \_\_\_\_\_



State \_\_\_\_\_

Pin Code \_\_\_\_\_

**DETAILS ABOUT SUBJECT MATTER COVERED**

**Section I – Standard Fire and Special Perils**

Building wise values for each location (please include the Kutcha building also in this list and give individual values against such buildings) All Amount in Rs.

Description of Blocks	Occupancy	Building	Plinth & Foundation	Plant & Machinery	Furniture, Fixtures & Fittings	Stocks	Stocks in process *	Total	Age (yrs)	Height (mts)	Construction
<b>Total</b>											

**NOTE** \*In case of multiple locations kindly provide the information in separate sheet, duly signed and also furnish details of other fire insurance policies taken for same location .

**Add On Cover Details**

Sr No	Add on cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum Insured (in Rs)
1	Architects, Surveyors and consulting Engineers Fees (in excess of 3% claim amount)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Debris Removal (in excess of 1% claim amount)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Deterioration of Stocks in cold storage premises due to Accidental power failure Consequent to the premises of power station due to an insured peril	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Deterioration of stocks in cold storages premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Forest Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Impact damage due to insured's own Rail/ Road vehicles, forklifts, Cranes, Stackers and the like and articles drop therefrom	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Spontaneous Combustion	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Commercial Package Policy - Claim form

Liberty General Insurance Limited, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013.

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: [care@libertyinsurance.in](mailto:care@libertyinsurance.in)

Call Toll Free No : 1800 266 5844, website : [www.libertyinsurance.in](http://www.libertyinsurance.in)

IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0008V01201617



8	Omission to insure additions, alteration or extensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Earthquake (Fire & Shock)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Spoilage Material damage cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Leakage and Contamination cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Loss of rent - Indemnity Period ( in Months) □□	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Temporary Removal of Stocks clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Additional expenses of rent for an alternative accommodation- Indemnity Period ( in Months) □□	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Start-up expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16	Molten Material Spillage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17	Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Material Damage Sum Insured
18	Escalation - □□ %	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Involuntary Betterment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Loss Minimization Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	Temporary Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22	Non-invalidation clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	72 Hours Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Non Vitation Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Loss Payee Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26	Contract Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27	Claims Preparation Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28	Capital Additions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29	Brand/ trademarks	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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30	Expediting Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31	Startup/ Shutdown Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32	Accidental Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33	New Location	<input type="checkbox"/> Yes <input type="checkbox"/> No	
34	Additional increase cost of working	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35	Additional Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	
36	Obsolete Parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
37	Immediate Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
38	Primary and contributory cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
39	Pair and Set Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	
40	Minor Works	<input type="checkbox"/> Yes <input type="checkbox"/> No	
41	Additional Customs Duty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
42	Control of Damaged Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
43	Sue and labor charges	<input type="checkbox"/> Yes <input type="checkbox"/> No	
44	Notice of loss	<input type="checkbox"/> Yes <input type="checkbox"/> No	
45	Errors and Omissions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
46	On Account payment clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	
47	Waiver of Under Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
48	Leak Search/finding costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
49	Protection and Preservation of property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
50	Fire fighting expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
51	Inadvertent exclusion of assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	
52	Preparation of Lost records	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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53	Valuable plan and Documents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
54	Dewatering Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
55	Property In Off-Site Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
56	Customer Goods/ Goods Held in trust & Property under care custody and control	<input type="checkbox"/> Yes <input type="checkbox"/> No	
57	Automatic reinstatement of loss	<input type="checkbox"/> Yes <input type="checkbox"/> No	
58	Waiver of Subrogation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
59	Multiple Insured Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	
60	Temporary Structures Plant & Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
61	Demolition and Increased Cost of Construction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
62	Service Interruption Property Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
63	Unoccupancy Clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	
64	Contamination and Co-mingling of Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
65	Catalysts and consumable interest in process	<input type="checkbox"/> Yes <input type="checkbox"/> No	
66	Vessel impact to jetty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
67	Modification Costs and Expenses for incompatibility of Equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
68	Professional Fees for accountants, Engineers, consultants and technicians	<input type="checkbox"/> Yes <input type="checkbox"/> No	
69	Waiver of contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Perils to be deleted from basic cover**

- A. Flood, Cyclone, group of perils  Yes  No
- B. Riot, Strike & Malicious damage  Yes  No

**Special Coverage for Stocks only as below :**

(Please Tick in the box below and give the amount to be insured against each)

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a)  On Floater Basis - Stock at various locations (warehouse / godowns and / or open etc.,) can be covered on floater basis for a single Sum Insured, Amount in Rs

b)  On Declaration Basis - Stocks which fluctuate in value can be covered on (monthly) declaration basis, Amount in Rs

Note:

1. Minimum Sum Insured is Rs. 1 Crore and Policy not issued on short period basis.
2. Stocks in process & stocks stored at Railway sidings are not covered.

c)  On Floater Declaration Basis - Stocks which fluctuate in value as well as stored in various locations can be covered on (Monthly) floater declaration basis, Amount in Rs

Note:

1. Minimum Sum Insured is Rs. 1 Crore and Policy not issued on short period basis.
2. Stocks in process & stocks stored at Railway sidings are not covered.

d)  Stocks in open (located outside the factory compound), Amount in Rs

### Section II – Fire Loss of Profits

1. Indemnity Period ( In Months) \_\_\_\_\_
2. Annual Gross Profit (Rs) \_\_\_\_\_
3. Add on Covers Opted \_\_\_\_\_

SN	Add on cover	Yes/ No	Sum Insured ( Rs)
1	Loss due to accidental failure of public electricity/gas/water supply	Yes/ No	Same as fire Loss of Profit Sum Insured
2	Suppliers Premises extension 1) No of Suppliers _____ 2) dependency % _____	Yes/ No	Same as fire Loss of Profit Sum Insured
3	Customers Premises extension 1) No of Suppliers _____ 2) dependency % _____	Yes/ No	Same as fire Loss of Profit Sum Insured
4	Auditors fees	Yes/ No	
5	Lay-off and Retrenchment Compensation	Yes/ No	
6	Insured's Property Stored at other situations - No of locations _____	Yes/ No	
7	Wages - Prorata basis	Yes/ No	
8	Wages - Dual basis Option to consolidate Yes/ No	Yes/ No	_____ (100% wages) for First _____Weeks and _____% for Remaining part of indemnity period
9	Terrorism Risk Cover	Yes/ No	Same as Loss of Profit Sum Insured

### Section III – Burglary and Housebreaking Section

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**Sum Insured Details (Rs)**

Risk Location	Stock-in-Trade	Goods held by the Proposer in Trust or on commission for which he is responsible.	Coins and/or Currency Notes in Locked safe	Furniture, Fixtures, Fittings, Utensils and Appliances in trade.	Other Assets (please Specify)	Total

**Additional Covers Required**

SN	Additional covers	YES / NO	Sum Insured / Limit
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 installation costs for computer programs (Not exceeding 10% of Sum Insured subject to maximum of Rs 1 Crore)	Yes/ No	
3	Theft cover unaccompanied by housebreaking	Yes/ No	
4	Expenses towards clearance of debris and movement and protection (Not exceeding 10% of Sum Insured subject to maximum of Rs 1 Crore)	Yes/ No	
5	Loss or damage to the properties 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 after 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	

**Section IV – Money Insurance**

Money in Safe Coverage	Insured Premises & Location address	Particulars of each safe	Limit of Liability any one occurrence (Rs.)
In safe			
Out of safe during Business hours			
Loss or Damage to insured safe			

Money in Safe Coverage	Insured Premises & Location address	Particulars of each safe	Limit of Liability any one occurrence (Rs.)
Wages/Salaries Business Cash			
Other than above			

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Money in Transit Coverage - Annual Carrying Limit (Rs.)	Per Sending Limit (Rs.)	Transit Details	
		From	To

### Section V - Mechanical & Electrical Appliances

Risk. Location	Description	Make	Model	Year of Mfg	Identification No.	ISI / ISO Certified (Yes/No)	Under AMC / Warranty (Yes/No)	If under AMC, Mention expiry date	Sum Insured (Rs.)

#### Additional Covers :

SN	Additional Covers	Yes/ No	Sum Insured ( Rs)
1	Escalation	Yes/ No	
2	Express freight (excluding airfreight), Overtime and Holiday rates of wages	Yes/ No	
3	Airfreight	Yes/ No	
4	Owners Surrounding Property	Yes/ No	
5	Third Party Liability	Yes/ No	
	i) Any one Accident		
	ii) Any one Year		
6	Additional Customs Duty	Yes/ No	

### Section VI – Electronic Appliances

Risk. Location No.	Description	Make	Model	Year of Mfg.	Identification No.	ISI / ISO Certified (Yes/No)	Under AMC / Warranty (Yes/No)	If under AMC, Mention expiry date	Sum Insured ( Rs.)

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**Additional Covers :**

SN	Additional Covers	Yes/ No	Sum Insured ( Rs)
1	Escalation	Yes/ No	
2	Express freight (excluding airfreight), Overtime and Holiday rates of wages	Yes/ No	
3	Airfreight	Yes/ No	
4	Owners Surrounding Property	Yes/ No	
5	Third Party Liability	Yes/ No	
	i) Any one Accident		
	ii) Any one Year		
6	Additional Customs Duty	Yes/ No	

**Section VII – Boiler and Pressure Plant**

SN	Location	Description – Maker's Name, Maker's No., Capacity	Registration Number	Year of Make	Sum Insured (Rs)
1					
2					
3					
4					

**Additional Covers :**

SN	Additional Covers	Yes/ No	Sum Insured ( Rs)
1	Express freight (excluding airfreight), Overtime and Holiday rates of wages	Yes/ No	
2	Airfreight	Yes/ No	
3	Owners Surrounding Property	Yes/ No	
4	Third Party Liability	Yes/ No	
	i) Any one Accident		
	ii) Any one Year		
5	Additional Customs Duty	Yes/ No	

Are the Boiler Attendant solely employed on the Boiler Plant? Yes/ No

If yes, what are their Qualifications: \_\_\_\_\_

**Section VIII – Portable Equipment All Risks**



Risk. Location	Description of Asset	Make	Model	Year of Mfg	Identification No.	ISI / ISO Certified (Yes/No)	Under AMC / Warranty (Yes/No). If yes, mention expiry date of AMC / Warranty	Sum Insured (Rs.)

Whether Coverage required out- side India: Yes/ No

If Yes, Please give details \_\_\_\_\_

### Section IX – Fixed Glass and Sanitary Fittings

SN	Measurement	Location	Sum Insured (Rs.)
1			
2			
3			
4			
5			

#### Add on Covers :

SN	Cover	Yes/ No	Limit/ Sum Insured (Rs)
1	Expenses towards clearance of debris and movement and protection (Not more than 10% of Sum Insured subject to maximum of Rs 10,00,000)	Yes/ No	
2	Terrorism	Yes/ No	

### Section X – Accompanied Baggage

#### Sum Insured details

SN	Description of Items Covered	Sum Insured ( Rs )
1		
2		
3		
4		

Type of Policy required  Floater basis  Declaration basis  Floater Declaration basis  NA

 Basis of Sum Insured  Reinstatement Basis  Market Value Basis

Perils to be deleted from basic cover

 a. Fire and Allied Perils  Yes  No

 b. Riot, Strike and Malicious Damage  Yes  No

**Additional covers required :**

SN	Additional covers	YES / NO	Sum Insured / Limit (Rs)
1	Automatic Reinstatement	Yes/ No	
2	Terrorism	Yes/ No	

**Section XI – Signage**
**Sum Insured Details**

SN	Location	Measurement	Sum Insured (Rs.)
1			
2			
3			

**Additional covers :**

SN	Additional cover	Yes/ No	Sum Insured / Limit (Rs)
1	Expenses towards clearance of debris and movement and protection (Not exceeding 5% of Sum Insured subject to maximum of Rs 5,00,000)	Yes/ No	
2	Third Party Liability (Not exceeding 10% of Sum Insured subject to maximum of Rs 10,00,000)	Yes/ No	
3	Terrorism Cover	Yes/ No	

**Section XI I – Infidelity and Dishonesty of Employee**
**Sum Insured Details**

SN	Name of Employee	Designation	Employed Since (Mention Years & Months)	Nature of duties	Limit of Liability (Rs.)
1					
2					

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3					
---	--	--	--	--	--

Do you require Floater Cover? Yes/ No

Automatic Reinstatement to be covered Yes/ No

Summary of Sum Insured:

Any One Employee (Rs)	
Any One Accident (Rs)	
Any One Year (Rs)	

### Section XI II – Legal Liability

Would you like to opt for cover against **Legal Liability against Third Parties** ? Yes No

If yes, please mention the limits of Liability.

SN	Location Address	Limit of liability - Each Occurrence (Rs)	Limit of liability - All Occurrences (Rs)
1			
2			

#### A. Annual Turnover revenue receipts:

Year	Sales Turnover (Rs)
Next	
Current	
Prior	

#### B. Retroactive Date (DD /MM/YYYY ):

#### C. Extensions desired:

(a) Sudden and Accidental Pollution Extension  Yes  No

(b) Liability arising out of Transportation  Yes  No

If Yes, please state the sublimit required: -----

(c) Act of God Extension  Yes  No

(d) Terrorism Extension  Yes  No

(e) Goods kept in Care, Custody and Control  Yes  No

- (f) Food and Beverages Extension  Yes  No
- (g) Swimming pools Extension  Yes  No
- (h) Sports facilities extension for Hazardous Sports  Yes  No

If yes, please state the sports for which cover is required

Hazardous Sports includes Skydiving, Skiing and hang gliding mountain climbing, skydiving, hang gliding, skiing and aqua sports and other similar sports. -----

- (i) Other Facilities Extension  Yes  No

If yes, mention the facilities below: -----

- (j) Lift Liability Extension  Yes  No

- (k) Additional Insured Extension  Yes  No

If yes please provide the following details for each additional insured:

Name:

Address:

Nature of relationship with proposer:

**Note:**

- Any One Accident - Limited to a maximum of 10% of Sum Insured for contents in Section I or Rs. 2 Crores whichever is less.
- Any One Year - Limited to a maximum of 100% of Sum Insured for contents in Section I or Rs. 5 Crores whichever is less.

**Section XIV – Employers’ Compensation**

Would you like to opt for cover against Liability under **Employers’ Compensation** Act?  Yes  No

If yes, please fill in the details in the following table:

**Employee Details**

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment
<b>Employees drawing monthly wages upto Rs 8,000.</b>			
<b>Own Employee</b>			
Clerical Staff			
Travelling Sales Staff			
Others (Please specify)			
<b>Contract Employee</b>			
Clerical Staff			
Travelling Sales Staff			

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Others (Please specify)			
<b>Employees drawing monthly wages above Rs 8,000.</b>			
<b>Own Employee</b>			
Clerical Staff			
Travelling Sales Staff			
Others (Please specify)			
<b>Contract Employee</b>			
Clerical Staff			
Travelling Sales Staff			
Others (Please specify)			

**Additional coverage required:**

Coverage	Scope of coverage	Limit of Indemnity (Rs)	Coverage Options (Yes/No)
Medical Expenses	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of liability incurred by the Insured, but not exceeding:	Limit Per Employee for any number of accidents during Period of Insurance Rs.....	
Occupational Diseases			
Contractors Employees		Limit: As per Employees Compensation Act	

**Section XV – Tenant’s Legal Liability**

Would you like to opt for **Tenant’s Legal Liability** cover in case you are occupying rented premises?

Yes  No

If yes, please mention the limits of Liability and risk location details.

SN	Location Address	Limit of liability – Each Occurrence	Limit of liability - All Occurrences
1			
2			

**Note:**

- Any One Accident - Limited to a maximum of 10% of Sum Insured for contents in Section I or Rs. 2 Crores whichever is less.

Any One Year - Limited to a maximum of 100% of Sum Insured for contents in Section I or Rs. 5 Crores whichever is less.

### Section XV I – Inland Transit

SN	Particulars	Details
1.	Goods proposed for Insurance	
2.	Packaging Details (Indicate both Primary and Secondary Packing)	
3.	Is packing carried out in your own premises or elsewhere? If latter please indicate the place	
4.	Voyage Details	From ----- To -----
5.	Mode of Transit	Rail <input type="checkbox"/> Road <input type="checkbox"/> Sea <input type="checkbox"/> Air <input type="checkbox"/> Multi-Modal <input type="checkbox"/>
6.	Will there be shipments by Registered Post / Parcel / Couriers? If yes, pl indicate the name of the Courier Agencies employed	
7.	Sum Insured – Cargo ( In Rs / Other Currency)	
8.	Per Sending Limit (In Rs.)	
9.	Per Location Limit (In Rs.)	
10.	Will there be any Intermediate Transshipment other than in the normal/ordinary transit course	
11.	Indicate any special risks involved with the goods	
12.	Basis of valuation	
13.	Extensions / Additions sought to be covered	

### Section XV II – Directors and Officers Liability

Would you like to opt for **Tenant's Legal Liability** cover in case you are occupying rented premises?

Yes  No

If yes, please mention the Limits of Liability details.

SN	Limit of liability – Each Occurrence	Limit of liability - All Occurrences
1		
2		

#### Note:

- Any One Accident - Limited to a maximum of 10% of Sum Insured for contents in Section I or Rs. 2 Crores whichever is less.

Any One Year - Limited to a maximum of 100% of Sum Insured for contents in Section I or Rs. 5 Crores whichever is less.

1) Type of Company:

- Private
- Public Listed
- Government Owned
- Not for Profit
- Public Unlisted
- Others: Please describe

2) Please describe the business, nature of the operations of the Company and its subsidiaries.

3) Shareholding pattern of the company highlighting all shareholders who control more than 5% of the Company's voting share capital and the percentage of shares held by those shareholders

a. In case of a new company, please describe the parent company and their operations.

4) Break up of Employees

Region	Number of Employees
India	
USA	
Canada	
UK	
Rest of Europe	
Australia	
Rest of the World <i>Please detail the countries here:</i>	

5) Does the Company have any subsidiaries?  Yes  No

If "Yes" please list these subsidiaries and their business operations and provide other details.

6) Financial Details

b. If the company is more than a year old – Latest Annual Report of the company

c. If the company is less than 1 year old we need:

i. Total Share capital

Commercial Package Policy - Claim form

Liberty General Insurance Limited, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013.

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: [care@libertyinsurance.in](mailto:care@libertyinsurance.in)

Call Toll Free No : 1800 266 5844, website : [www.libertyinsurance.in](http://www.libertyinsurance.in)

IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0008V01201617



- ii. Total Assets
- iii. Estimated revenue for first year
- iv. Total Debt till date/ estimated debt
- v. We would also need to know the capital commitments incase of any funding received by the company.

7) Directors & Officers Liability Insurance (Outside Directorship)

Name of Outside Entity	Country of Incorporation	Is Outside Entity public,	Does the Outside Entity indemnify its	Indicate D&O Insurance limit and deductible carried	Has the Outside Entity or its directors and officers been involved in any D&O

**Details for all the sections.**

**Please attach separate sheet for more details**

A. Premium / Claim details for the past 36 months excluding the expiring policy period

Year	Section	Period of Insurance		Premium without Service tax	Claims Received (Rs.)	Claims Outstanding (Rs.)	Nature of Losses
		From	To				
		DD /MM/YY	DD /MM/YY				

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B. Whether you have insured the same property with any other Insurance Company with the same type of coverage.  Yes  No

If yes furnish the following details:

A. Name of Insurer

B. Policy Period (DD/MM/YYYY) From // To //

C. Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)  Yes  No

A. Reason for declinature

B. Conditions imposed

D. Has the risk been previously Insured? If so,

a) Name of the Insurance Company

b) Policy No

c) Period From // To //

d) Any special terms and conditions imposed

E. Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk? Yes No

If yes, please provide details

.....

F. Are you currently covered under any of the existing policies from Liberty General Insurance Limited?

Yes  No

If yes, please provide details

.....

**Number of sections opted under this Package Policy: (    ) as below:**

S. No	SECTION	COVERAGE	Yes/ No
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01	Section I	Fire and Allied Perils – Material Damage	Yes / No
02	Section II	Fire Loss of Profit	Yes / No
03	Section III	Burglary and Housebreaking	Yes / No
04	Section IV	Money in transit and / or safe	Yes / No
05	Section V	Electrical and Mechanical Appliances Breakdown	Yes / No
06	Section VI	Electronic Equipment	Yes / No
07	Section VII	Boiler and Pressure Plant	Yes / No
08	Section VIII	Portable Equipment All Risk	Yes / No
09	Section IX	Fixed Glass and Sanitary Fittings	Yes / No
10	Section X	Accompanied Baggage	Yes / No
11	Section XI	Signage	Yes / No
12	Section XII	Infidelity / Dishonesty of Employees	Yes / No
13	Section XIII	Legal Liability	Yes / No
14	Section XIV	Employees' Compensation	Yes / No
15	Section XV	Tenant's Legal Liability	Yes / No
16	Section XVI	Inland Transit	Yes / No
17	Section XVII	Directors and Officers Liability	Yes / No

#### PAYMENT DETAILS

1. PAN card number (10 character number):
2. Sources of funds (Please tick appropriate box):
- Salary     Business     Investments     Others (please specify)

#### Declaration:

- 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 the 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.

#### DECLARATION BY PROPOSER

I/We hereby declare that the statements made by me / us in this Proposal Form are true, accurate and complete to the best of my / our knowledge and belief and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein and I/ We hereby agree that this declaration shall form the basis of the contract between me/ us and the “ Liberty General Insurance Limited”

If any additions or alterations are carried out in the risk proposed after the submission of this Proposal Form then the same will be conveyed by me to the Insurers immediately.

Date:

Place:

Signature of Proposer

Recommendations of Officer/ Agent / Broker.....

**Prohibition of Rebates (Section 41) of the Insurance Act**

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 prospectus or tables of the insurer’.

Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

**INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION**

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