

PROPOSAL FORM

CONSEQUENTIAL LOSS(FIRE) INSURANCE POLICY

(The property proposed for insurance is not covered until the proposal is accepted by the company and premium paid in advance. Coverage is as per the terms and conditions of Liberty General Insurance Limited's Standard Policy Wordings)

COMPANY OFFICE DETAILS (To be filled by insurer)

1. Office Code:
2. Office Address:
- City
- District
- State Pin Code

INTERMEDIARY DETAILS

1. Agent/ Broker Name:
2. Agent/ Broker License Code:
3. Agent/ Broker Contact Number:

PROPOSER DETAILS

1. Name Of Proposer:
2. Address of proposer:
- Road
- City
- State
- Area
- District
- Pin Code
3. Business of Proposer
4. Financial Interest A.
- B.

CONSEQUENTIAL LOSS (FIRE) DETAILS

1. Description of Business
2. Date of Establishment (DD/MM/YYYY) / /
3. Addresses of all Premises from where Business is transacted (all such to be insured by the Fire Material Damage Insurance)
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Proposal Form – Consequential Loss of Profit

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
Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in
IRDA of India registration number: 150 I CIN: U66000MH2010PLC209656
UIN No: IRDAN150P0005V01201213



SUM INSURED DETAILS

1. Net Profit in Rs
2. Standing Charges in Rs
3. Annual Gross Profit in Rs
(Net Profit + Standing Charges)
4. Gross Profit for selected indemnity Period ☐ Not applicable, as
(If Indemnity Period is other than 12 months) indemnity period
is 12 Months
5. Description of Standing Charges to be insured
 1.
 2.
 3.
 4.

In case of multiple locations kindly provide the information in separate sheet

ADD ON COVERS OPTED

Sr No	Add on cover	Yes/ No	Sum Insured (in Rs)
1	Loss due to accidental failure of public electricity/gas/water supply	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Business Interruption Sum Insured
2	Suppliers Premises extension 1) No of Suppliers <input type="text"/> <input type="text"/> <input type="text"/> 2) dependency % <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Business Interruption Sum Insured
3	Customers Premises extension 1) No of Suppliers <input type="text"/> <input type="text"/> <input type="text"/> 2) dependency % <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Business Interruption Sum Insured
4	Auditors fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Lay-off and Retrenchment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Insured's Property Stored at other situations - No of locations <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Wages - Prorata basis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Wages - Dual basis Option to consolidate - <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (100% wages) for First <input type="text"/> <input type="text"/> Weeks and <input type="text"/> <input type="text"/> % for

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		Remaining part of indemnity period
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DETAILS OF MATERIAL DAMAGE (FIRE) POLICY

- Name of Insurer
- Policy Period(DD/MM/YYYY) From / / To / /
- Policy No
- Add on covers opted
 -
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 -
 -

PAYMENT DETAILS

- PAN card number (10 character number):
- 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 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 INSURED

I/We hereby declare that the statements made by me / us in this Proposal Form and annexure if any 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 "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 should be conveyed 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 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

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of 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 prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.

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