

PROPOSAL FORM INDUSTRIAL ALL RISK 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 Standard Policy Wordings)

	COMPANY OFFICE	DETAILS (To be filled by insurer)
1. 2.	Office Code: Office Address: City District State	
I	NTERMEDIARY D	ETAILS
1. 2. 3.	Agent/ Broker Name: Agent/ Broker Licens Agent/ Broker Contac	e Code:
I	PROPOSER DETAIL	LS .
1.	Name of Proposer:	
2.	Address of proposer: Road	Area District District Pin Code
3.	Business of Proposer	
4.	Financial Interest	A. B. D.
5.	Location of risk to be Road	Area District District Pincode
6.	Period of Insurance (I	
7.	•	wing details

Proposal Form - Industrial All Risk

8. Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)
\Box Yes \Box No
A. Reason for declinature B. Conditions imposed
9. Premium / Claim details for the past 5 years excluding the expiring policy period
Year Premium in Rs Claims (Paid + outstanding) in Rs Claims (Paid + outstanding) in Rs Claims (Paid + outstanding) in Rs
Total Please furnish details of Sum Insured and Premium paid location wise for the past 5 years (if available for 10 years) in Annexure A,
Claims Data for each claim be furnished in the format given in Annexure B
DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION
 A. MATERIAL DAMAGE DETAILS 1. Give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed). 1
3
2. If used as an Industrial Manufacturing unit, please state whether the factory is \square Working \square Silent
3. Fire Protection detection devices installed Portable Extinguishers Trailer Pumps/ Fire engines Hydrant System Sprinkle System Fixed Water Spray System Foam systems Fire Alarm systems Gas flooding systems Any other, please provide the details
4. A. Construction details – Please state materials used i) Walls
B. BUSINESS INTERRPTION DETAILS
i) Fire loss of Profit (FLOP)
 Indemnity Period in Months Basis of Indemnity Turnover Basis Output Basis
2. Basis of Indemnity ☐ Turnover Basis ☐ Output Basis ☐ Difference Basis ☐ Revenue Basis 3. Number of Production lines at Risk location ☐ Single ☐ Two lines ☐ Multiple 4. Number of shifts for Production ☐ One shift ☐ Two shifts ☐ Three shifts 5. Name and Address of Independent Accountants/ Auditors
A. Name B. Address Road Proposal Form- Industrial All Risk

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 1 CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0006V01201213

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Do you want to extend Section II (Business Interruption) to Machinery Loss of Profit □ ves □ No If yes Please provide the following A. Indemnity Period in Months □□ B. Details of Critical Machinery Description of Relative importance Capacity Available (Y/N) Machinery Machinery STANDARD DETAILS A. Material Damage: (Note − Sum Insured should represent Reinstatement Value for all fixed assets, Su Insured for stocks Should be on market value basis) In case of multiple locations kindly provide the information in separate ST Address Block No Description Class of Construction Insured in family and Communicating of Risk No of Main Communicating of Risk Machinery Building Plinth & foundation Plant & Machinery FFF Priping	Yes No	rofit □Y€	Loss of Pro	to Machiner	ss Interruption	II (Busines	xtend Section	ou want to e	
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ADD ON COVERS REQUIRED

A. MATERIAL DAMAGE ADD ONS

Sr No	Add on cover	Yes/No	Sum Insured (in Rs)
1	Architects, Surveyors and consulting Engineers Fees (in excess of 3% claim amount)	Yes No	Same as Material Damage Sum Insured
2	Debris Removal (in excess of 1% claim amount)	□Yes □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	Yes 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	Yes No	
5	Forest Fire	☐Yes ☐No	
6	Impact damage due to insured's own Rail/ Road vehicles, forklifts, Cranes, Stackers and the like and articles drop therefrom	☐Yes ☐No	Same as Material Damage Sum Insured
7	Spontaneous Combustion	□Yes □No	
8	Omission to insure additions, altercation or extensions	□Yes □No	
9	Earthquake(Fire &Shock)	□Yes □No	
10	Spoilage Material damage cover	□Yes □No	
11	Leakage and Contamination cover	☐Yes ☐No	
12	Loss of rent - Indemnity Period (in Months)	☐Yes ☐No	
13	Temporary Removal of Stocks clause	Yes No	
14	Additional expenses of rent for an alternative	□Yes □No	
	accommodation Indemnity Period (in Months) \Box		
15	Start-up expenses	☐Yes ☐No	
16	Molten Material Spillage	☐Yes ☐No	
17	Terrorism	☐ Yes ☐ No	Same as Material Damage Sum Insured
18	Escalation - 🗆 🗀 %	□Yes □No	
19	Express freight (air freight excluded), holiday and overtime rates of wages	□Yes □No	
20	Air Freight only	☐Yes ☐No	

2	Third Party Liability		1) AOA-
	, ,	☐ Yes ☐ N	2) AOY -
	: AOA stands for Any one accident limit, AOY stands fo	r Any one year li	mit
r No	Add on cover	Yes/ No	Sum Insured (in Rs)
•	Loss due to accidental failure of public electricity/gas/water supply	□Yes □No	Same as Business Interruption Sum Insured
	Suppliers Premises extension 1) No of Suppliers 2) dependency %	□Yes □No	Same as Business Interruption Sum Insured
	1) 100 of Suppliers $\square \square \square 2$) dependency 70		
	Customers Premises extension	□Yes □No	Same as Business Interruption Sum Insured
	 No of Suppliers □□□ dependency % □□□ 		
	Auditors fees	□Yes □No	
	Lay-off and Retrenchment Compensation	Yes No	
	Insured's Property Stored at other situations - No of	☐Yes ☐No	
	locations		
	Wages - Prorata basis	□Yes □No	
	Wages - Dual basis Option to consolidate -	☐Yes ☐No	(100% wages) for First Weeks and % for Remaining part of indemnity period
AY	MENT DETAILS		
1.	PAN card number (10 character number):		
2.		□ .	
	☐ Salary ☐ Business ☐ Others (please specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		nvestments
	4 1 2/		
D	eclaration:		

- 1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will bepaid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
- 2. I understand that the Company has the right to call for documents to establish sources of funds.
- 3. 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 of continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate 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.

	ANNEXURE A – PREMIUM DATA							
Sr	Location/	Policy	Period	Sum Insured (Rs)	Premium (Rs)			
No	Premises	/Perils						
		AN	NEXURE	B – CLAIMS DATA				
			Ma	terial Damage	Business Interruption			
Date	of Loss							
Policy	Policy Period							

Policy/Peril		
Cause of Loss		
Sum Insured (Rs)		
Amount Assessed by Surveyor (Rs)		
Amount Paid (Rs)		
Deductible		
For Business Interruption Losses pleas	se give following additional informa	ation:
Indemnity Period	Months	
Interruption Period	Days	
Time Excess	Days	