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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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Material Damage Sum Insured
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	Same as Material Damage Sum Insured
7	Spontaneous Combustion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	Express freight (air freight excluded), holiday and overtime rates of wages	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Air Freight only	<input type="checkbox"/> Yes <input type="checkbox"/> No	

21	Surrounding Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22	Third Party Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	1) AOA- 2) AOY -

Note : AOA stands for Any one accident limit, AOY stands for Any one year limit

B. BUSINESS INTERRUPTION ADD ONS

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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2) dependency % <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Business Interruption Sum Insured
3	Customers" Premises extension 1) No of Suppliers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2) dependency % <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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="checkbox"/>	<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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (100% wages) for First <input type="checkbox"/> <input type="checkbox"/> Weeks and <input type="checkbox"/> <input type="checkbox"/> % for Remaining part of indemnity period

PAYMENT DETAILS

1. PAN card number (10 character number):

2. Sources of funds: Please tick appropriate box

Salary Business Investments

Others (please specify)

Declaration:

1. 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.
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 or 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 No	Location/ Premises	Policy /Perils	Period	Sum Insured (Rs)	Premium (Rs)

ANNEXURE B – CLAIMS DATA

	Material Damage	Business Interruption
Date of Loss		
Policy Period		

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