

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: IRDAN150RP0003V01202021

**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 | |
| | | | | |

LIBERTY JEWELS INSURANCE POLICY 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 prior to the inception of cover. 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 “Liberty General Insurance” Standard Policy Wordings.

The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, misdeclaration, non-description, fraud failure to disclose or suppression of any material facts or non-cooperation of the Insured in response to the questions in the Proposal Form or on non-disclosure of any material particular. The Insurer will rely on the details furnished herein in deciding to issue the policy. Should any of the information furnished herein be incorrect or incomplete, you/Insured are/is required to furnish the correct and complete details prior to the issuance of the policy failing which the details contained herein will be construed as being binding on you/Insured.

- 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.

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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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 of 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 | |

Risk Location details, if more than one location to be covered, please provide all Risk Location addresses _____

Nature of Business Wholesale Retails Manufacturing Pawn Broking

DETAILS ABOUT SUBJECT MATTER COVERED

1. A. Construction of Building –Please state materials used.
 - i) Walls RCC Brick Stone or concrete block Wooden Planks
 - ii) Floor RCC Brick Stone or concrete block Wooden Planks
 - iii) Roof RCC Tiles, cement, Ceramic fuses AC/CGI/AL sheeting
- B. Height of Building (in meters)
- C. Age of Building less than 5 year's 5-10 years 10-20 years above 20 years
- D. Physical Security 24 hours Physical Security Fencing Boundary wall
 CCTV Security Fire Alarm (Select more than one option, if applicable)
- E. Occupancy of Surrounding Property _____

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2. The floor on which the business premises located Yes No
3. Are you the only occupier of the building? Yes No
If not, who are the other occupier's of the building _____
4. Does the premises remain occupied at night by you or your representatives? Yes No
5. Is there a watchman on your premises Yes No
(If the answer is Yes, please specify the following)
 - a. Whether the watchman is exclusively for your premises or a common watchman for a no. of shops
 Exclusive Common
 - b. Is the watchman there only during business hours or on 24 hours basis
 Business Hours 24 hours basis
6. Do you have armed guard for your premises Yes No
If yes whether during business hours or on 24 hours basis Business Hours 24 hours basis
7. Is there a burglar alarm installed in your premises Yes No
8. Do You have a CCTV installed in the premises Yes No
9. Is an inside grill fitted to your Gold and Gems Showroom Window or is any other protection in stalled against loss by window smashing? If so state what protection.

10. Are your display windows protected by rolling shutters after business hours? Yes No
11. How are the main doors secured after the business hours? _____
12. How are the windows secured / protected _____
13. How are skylights, if any, protected _____
14. Is the safe used by You Burglar proof / Theft Resistant Burglar proof Theft Resistance
15. Is there any opening (like AC ducts etc.) other than the main doors ? How are they protected?
16. STOCK :
 - a. What was
 - i. The average daily total value of your stock during the past 12 months?

 - ii. Cash and Currency Notes during the past 12 months?

 - b. Will the whole of your stock when on your premises be kept in safe locker at night and at all times when the premises are closed? If not, state value and class of stock which will be left outside safes locker?

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17. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation. _____

18. Has any Insurance company in the past

- a. Declined your Proposal Yes No
 b. Cancelled or refused to renew the proposal Yes No
 c. If so, please provide detail. _____

19. Sum Insured Limits

| SN | Section | Particulars | Sum Insured/ Limit |
|----|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------|
| 1 | Section I Property at the insured's premises (Mandatory Section) | a. Property insured on premises | |
| | | i. Property Insured in display windows during business hours _____ | |
| | | ii. Property Insured in Locked safe on the Premises during business hours. | |
| | | b. Cash and Currency Notes. | |
| | | c. Stock including Cash & Currency kept in the safe/strong room after business hours | |
| | | d. Insured's Stock in bank lockers / private safe | |
| 2 | Section II Property outside the insured's premises | a. Stock in the custody of the insured's, his partners and his employees _____ | |
| | | b. Stock in custody of Brokers | |
| | | c. Stock in custody of cutters | |
| 3 | Section III Transit insurance | Jewellery, Gold or Silver ornaments or Plate, Pearls and Precious stones of any sort or kind | |
| | | a. Registered Post / Courier | |
| | | b. Air Freight (Value declared to the airline) | |
| | | c. Angadia | |
| | | Annual Carrying limit for Cash and currency | |
| 4 | Section IV Insured Property during Exhibition | Property Insured while participating in exhibition | |
| 5 | Section V Other property | a. Building | |
| | | b. Furniture, Fixtures, Fittings at premises not used as residence and sales at residences | |
| | | c. Other contents | |

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| SN | Section | Particulars | Sum Insured/ Limit |
|----|----------------------------------------------------------|----------------------------------------------------|--------------------|
| 6 | Section VI Infidelity of the employees\Third Party | a. Any one Employee | |
| | | b. Any one Accident | |
| | | c. Any one Year | |
| 7 | Section VII Plate Glass | Plate Glass/ Fixed Glass | |
| 8 | Section VIII Signage | Signage/ Displays | |
| 9 | Section IX Electronic Equipment | Electronic Equipment | |
| 10 | Section X Portable Equipment Insurance | Mobiles, Laptops, Tab etc | |
| 11 | Section XI Employee Compensation | a. Employees drawing monthly wages upto Rs 8,000. | |
| | | b. Employees drawing monthly wages above Rs 8,000. | |

20. Extensions Required (On payment of additional premium)

| Extension | Yes / No |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Earthquake Cover - Applicable to Section I, II, IV, V | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Terrorism Cover - Applicable to Section I, II, IV, V | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Boiling and/or Casting and / or Laser Machine Operation - Applicable to section I Sum Insured - _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cross Fidelity Extension - Applicable for Section VI | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mysterious Disappearance cover- Applicable to section I Sum Insured - _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

21. Disclosure of any other information material for the Company to consider the proposal: _____

22. Past Claims records:

- a) Have you ever sustained losses in past? Yes No
- b) If yes, please give details of such losses during past 5 years
 (Whether covered under any insurance policy or not) .Please mention the type of losses and the causes also.

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**Premium Details**

| | | |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Amount in Rs | | |
| Instrument Type | | |
| | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Online Payment <input type="checkbox"/> 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 by Insured

- 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 intio 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 (%)* | PAN | Remarks, if any |
|-------|-----------------------------------|-----------------|-----|-----------------|
| | | | | |
| | | | | |
| | | | | |

For Organization

| Full Name | DOB | Nationality | Address | % Share Holding | PAN | PEP Declaration |
|-----------|-----|-------------|---------|-----------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Members/Close Relatives/ Associates to PEP |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:

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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: _____

Place: _____

Signature of the Proposer

Name