

**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: IRDAN150RP0002V01202324



**Liberty**  
 General Insurance™

**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	

## SECURE PROPERTY (MEDIUM) PROPOSAL FORM

Important:

1. This proposal is for covering an enterprise whose total value of insurable assets at a location exceeds ₹ 5 Crore but does not exceed ₹ 50 Crore, against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

**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	

**a. Business and Location of Business :**

1.	Business of Proposer						
2.	Location of risk/business to be covered - full postal address with Pin Code	Sr	Address	Pin Code	Occupancy	Age of Unit	Floor*
		1					
		2					
		3					
		4					
		*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor					

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**b. Details about business covered at the insured location**

3.	The insured property is	Please tick in the space below :
a.	Offices, Shops, Hotels etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Industrial / Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Storage outside Industrial/ Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Tanks / Gas holders outside Industrial/ Manufacturing risks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Utilities located outside Industrial/Manufacturing risks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Boundary wall	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Basement storage	<input type="checkbox"/> Yes <input type="checkbox"/> No Yes If, yes value/ stored SI: ₹.....
h.	Others ( please specify)	_____
4.	If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.	
5.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)	
6.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
7.	Fire Protection devices installed	Please tick the correct answer in the box below. <input type="checkbox"/> Portable Extinguishers <input type="checkbox"/> Small bore hose reels <input type="checkbox"/> Trailer Pumps/Fire engines <input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fixed Water Spray System <input type="checkbox"/> Foam System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Gas Flooding System <input type="checkbox"/> Others, please specify below.
8.	Indicate whether AMC( Annual Maintenance contract) for the Fire Protection Appliances is in force	<input type="checkbox"/> Yes <input type="checkbox"/> No

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9.	Construction details																			
a.	Please state material used	Please tick the correct answer in the box.																		
i.	Walls	Kutchha/ Pucca																		
ii.	Floor	Kutchha/ Pucca																		
iii.	Roof	Kutchha/ Pucca																		
	<p>Note:          Kutchha : Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutchha Construction.          Pucca : Buildings other than Kutchha are treated as Pucca constructions</p>																			
b.	Number of Floors																			
c.	Age of the Building	Less than 5 years 5-10 years 10-20 years Above 20 years																		
10.	Distance between the risk to be covered and nearest Fire Brigade																			
11.	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)																			
12.	Whether Insurance was declined by any other Company (Give details)																			
13.	Premium / Claim details for the past 36 months excluding the expiring policy period	<table border="1"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>Claim</th> </tr> </thead> <tbody> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td>TOTAL</td> <td>₹</td> <td>₹</td> </tr> </tbody> </table>	Year	Premium	Claim		₹	₹		₹	₹		₹	₹		₹	₹	TOTAL	₹	₹
Year	Premium	Claim																		
	₹	₹																		
	₹	₹																		
	₹	₹																		
	₹	₹																		
TOTAL	₹	₹																		

**C. Sum Insured and Other details of Insured Property****(Indicate Sum Insured on the following basis:**

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents:

**Reinstatement Value;**

- For raw material: Landed Cost;
- For stock in process: Input cost;
- For finished stock: Manufacturing cost of the finished stock or the Contract Price\* of goods sold but not delivered, as applicable.

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\* Contract Price is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

14.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please specify)	Total

**D. Standard add-ons**

- I. Do You want to opt for Floater Cover?: Yes/No (strike off what is not applicable).  
 If yes, give details below

15.	Floater Cover (for stocks at various locations)											
		<table border="1"> <thead> <tr> <th>Location (Postal Address with Pin Code)</th> <th>Sum Insured (in ₹)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table> <p>i) Maximum value at any one location: ₹.....            ii) Whether stocks stored in open: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Location (Postal Address with Pin Code)	Sum Insured (in ₹)								
Location (Postal Address with Pin Code)	Sum Insured (in ₹)											

- II. Do You want to opt for Declaration Policy?: Yes/No (strike off what is not applicable).  
 If yes, give details below : \_\_\_\_\_

16.	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹):
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**Premium Details**

<b>Amount in Rs</b>		
<b>Instrument Type</b>		
	<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	
<b>Cheque/EFT No.</b>	<b>Date:</b>	
<b>Name of the Account holder</b>		
<b>Bank Name</b>		<b>Branch:</b>
<b>Bank Account No:</b>		<b>IFSC Code:</b>
<b>Card Details :</b>	Master / Visa / Rupay	
<b>Credit/Debit Card No.</b>		<b>Expiry Date:</b>

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