

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: IRDAN150CP0005V01201819



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	

STANDARD FIRE AND SPECIAL PERILS POLICY PROPOSAL FORM

Liability of Liberty General Insurance Limited commences only after the proposal has been accepted and the premium has been received

(Please read instructions on the last page of the proposal form before you start filling it in)

Please note that you are to disclose in the proposal form fully and faithfully all facts that you know or ought to know which may affect the insurance cover being applied for. Otherwise the policy issued may be void or you may risk losing all cover or part of the cover under the policy.

All questions must be answered to enable a quotation to be given. The completion and signature of this proposal form does not bind the Proposer(s) or the Insurer(s) to complete a contract of insurance. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate question number).

This is a Proposal Form for a Policy relating to claims made against the Insured during the Policy Period.

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 Turnover: _____

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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2. Premium / Claim details for the past 36 months excluding the expiring policy period

Year	Premium in Rs	Claims (Paid + outstanding) in Rs
□□□□	□□□□□□□□□□	□□□□□□□□□□
□□□□	□□□□□□□□□□	□□□□□□□□□□
□□□□	□□□□□□□□□□	□□□□□□□□□□
Total	□□□□□□□□□□	□□□□□□□□□□

DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION

3. The Insured Property is
- Residence, Office, Shops, Hotels etc. Yes No
 - Industrial / manufacturing risks Yes No
 - Storage outside industrial risks Yes No
 - Tanks/ gas Holders outside Industrial Manufacturing risks Yes No
 - Utilities located outside Industrial Manufacturing risks Yes No

4. If used as Shop please declare whether the goods handled are as per the following list. Yes No

Celluloid goods, 2. Coir Loose, 3. Crackers & Fire Works, 4. Explosives of any kind, 5. Hay/Straw, 6. Hemp, 7. Jute Loose, 8 Matches, 9. Methylated Spirit, 10. Nitro-Cellulose Plastics, 11. Oils/Ether/Industrial Solvents and other inflammable liquids flashing at and below 32 dec. (Closed Cup test), 12. Paints with inflammable base having flash point below 32 Deg.C (Closed Cup test) – Other than in sealed tins or drums, 13. Varnishes having a flash point below 32 Deg.C (Closed Cup test) – Other than in sealed tins or drums, 14. Disinfectant liquids and liquid insecticides – Other than in sealed tins or drums, 15. Vegetable fibres of any kind including Rayon Fibre

5. If any of the above goods are handled, whether the stock value will exceed 5% of shops value? Yes No

If used as Warehouse / Godown (not located in a manufacturing unit) please give the list of goods stored

1. □□□□□□□□□□ 2. □□□□□□□□□□ 3. □□□□□□□□□□
 4. □□□□□□□□□□ 5. □□□□□□□□□□ 6. □□□□□□□□□□

If used as an Industrial Manufacturing unit, give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed).

1. □□□□□□□□□□□□□□□□ 2. □□□□□□□□□□□□□□□□
 3. □□□□□□□□□□□□□□□□ 4. □□□□□□□□□□□□□□□□

6. If used as an Industrial Manufacturing unit, please state whether the factory is Working Silent

7. Fire Protection detection devices installed
 Portable Extinguishers Trailer Pumps/ Fire engines Hydrant System Sprinkle System

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11. Special Coverage for Stocks only. Please Tick in the box below and give the amount to be insured against each

A. On Floater Basis - Stock at various locations (warehouse / godowns and / or open etc.) can be covered on floater basis for a single Sum Insured, Amount in Rs

B. On Declaration Basis - Stocks which fluctuate in value can be covered on (monthly) declaration basis, Amount in Rs

Note:

Minimum Sum Insured is Rs. 1 Crores and policy not issued on short period basis.
 Stocks in process & stocks stored at Railway sidings are not covered.

C. On Floater Declaration Basis - Stocks which fluctuate in value as well as stored in various locations can be covered on (Monthly) floater declaration basis, Amount in Rs

Note:

Minimum Sum Insured is Rs. 1 Crore and policy not issued on short period basis.
 Stocks in process & stocks stored at Railway sidings are not covered.

D. Stocks in open (located outside the factory compound), Amount in Rs

Would you like to avail Voluntary Deductibles

Yes No

12. If the answer is yes, indicate the choice of Deductible 5% of Claim Amount subject to Rs

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.

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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:

For Individual

Sr.No	Name of Ultimate Beneficial Owner	Percentage (%)*	PAN	Remarks, if any

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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:

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: _____

Signature of the Proposer

Place: _____

Name

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