

Machinery Breakdown of Electrical and Mechanical Appliances

(Excluding the equipments which are more than 7 years old)

Air conditioner and Generator along with its reinstatement value, date of manufacture	
Other than above equipments to be insured if any - along with reinstatement value, date of mfg.(Please attach separate sheet if req)	
Please provide details of breakdown and Repair cost incurred during the last 3 years for the above equipments (Please attach separate sheet if required)	

Electronic Equipment

(Excluding equipments which are more than 7 years old from the date of manufacture of such equipments)

Please provide in respect of all the Electronic equipment that you wish to insure the following :

Description	
Type of the items along with serial number.	
Date of manufacture	
Name of manufacturer	
Reinstatement Value	

Money

Money in transit (Please indicate the limit required per transit)	Rs.
Transit details from where to where.	
Is there a daily written record of the money in transit and is it updated every day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sum Insured for Money in Safe	
Description of Safe	
Sum Insured for Money in Counter	

Fidelity Guarantee

Please provide the following information in respect of all the employees in respect of whom insurance cover is sought :

Name	
Designation	
Per Employee sum insured limit (Max Limit up to Rs.50,000)	
Any One Accident (AOA) sum insured (Max Limit up to Rs. 200,000)	
Any One Year (AOY) sum Insured (Max Limit up to Rs.200,000)	
Is there a system to obtain references from previous Employers? If not, specify practice followed	
Has there been any occasion to question honesty or conduct of any person proposed for guarantee? If yes, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often are the employees required to account for money ?	
Are books of accounts balanced everyday?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What independent system is there to check that all sums received by employees are accounted for	

Plate Glass

Please provide a description & location of the Plate Glass, which you wish to insure, and its value (Attach separate sheet if required)	
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Neon / Glow sign

Description	
Year of Make	
Name of manufacturer	
Reinstatement value for which you wish to insure	Rs.

Personal Accident

Do you want personal accident cover for:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hotel Owner	

Please provide the list of the names of the employees to be insured in the following format:

Name	Date of Birth	Nominee Name	Relationship	Details of any pre- existing infirmity/ injury/ disability	Maximum Sum Insured

Please attach separate sheets if required.

Have you / and or your employees taken personal accident cover from any other insurance company and sum insured details. Yes No

Workmen's Compensation

Please provide following information if Workmen compensation cover is required

Number of Workers	
Nature of Work	
Any security measures to prevent accidents	
Any past history of accidents in the premises	

Public Liability

Please provide the limit of Indemnity required :
For Any One Accident and Any One Year
(Maximum limit Rs. 50 Lacs) Rs.

**All Risk- Portable Equipments
(Excluding Mobile Phones)**

Sum Insured	
Make / YOM / Serial Nos. (Please attach separate sheet if required)	

Baggage

Please provide details in relation to personal baggage, clothing, medicines and all other articles (Excluding Valuable / Jewellery) that are generally carried during the period of travel anywhere within India, including a break-up of the value of such articles and a total value of all these articles combined together.

Description of item	Value (Rs)
Total	

Other Information

Whether you have insured the same property with any other Insurance Company with the same type of coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whether Insurance was declined by any other Company or imposed any Special Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the premises has suffered any flood losses in last 5 years. If yes please provide loss / claims details	<input type="checkbox"/> Yes <input type="checkbox"/> No, Details of Loss:

Please provide the section wise claim / Loss details if any under any of the opted section

Declarations and Warranty

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Future Generali India Insurance Company Ltd. and I/We agree to accept a policy, subject to the conditions prescribed by Future Generali India Insurance Company and to pay premium on the amount estimated above at the end of each policy period. I /We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Prohibition or Rebates

“No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue and 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 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 provision of this Section shall be punishable with fine, which may extend to five hundred rupees.

I/We hereby declare that the premium for the said policy is paid out of the legally declared and assessed source of my/our income. OR

I/We hereby declare that the premium is paid from the Bank Account of Mr./Ms. _____ the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

PAN NO:

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if the premium payable is above Rs. 1 lac (please attach proof)

Date:

Proposer's Signature

Note: The liability of the Company does not commence until the proposal is accepted by the Company and full premium is paid.