

11. Valuation Basis:

Are the figures in this Form compiled on the basis of cost price for your own stock? YES NO

If not give details: N.B. Unless otherwise mutually agreed the basis of valuation shall be your cost plus 10%.

If you are not agreeable for the above valuation, please specify the basis of valuation required. (Eg: Market Value etc.)

Basis of Valuation : Market Value + Labour Charges For Gold or Silver etc, Selling Price - 10% For Diamond and Gems Stone.

* 12. Losses:

a) Have you ever sustained losses?

b) If so, give details of losses for past three years.

c) Were you insured and if so, give the name of the Insurance Company and whether they paid the claim in full or a part thereof ?
(Please state how much)

COVERAGE PROPOSED :(Please tick the relevant sections you require)

Please Note: Section 1 (Stock in Premises) is a mandatory section. All other sections are optional.

SECTION 1: STOCK IN PREMISES

Is the Sum Insured required on floater basis to cover stocks at more than one location? YES NO

If yes, please provide Sum Insured in below columns on aggregate basis to cover stocks at all locations and details of all locations:

Sr. No	LOCATION DETAILS
DESCRIPTION	SUM INSURED
a. Stock and Stock in trade on Premises (In Display Windows , Counters, Strong Room , Safes) (i) (ii)	
b. Stock and Stock in trade outside Locked Safe/Strong Room anywhere in the Insured Premises outside of business hours.	
c. Cash and Currency Notes on Premises.	
d. Stock and Stock in trade in Vaults, Safes and Bank Lockers outside premises Address of Vault, Safe bank Lockers outside Premises: (Pls attach Annexure if more than one Location Exists) d) Do you wish to Opt for waiver of Under Insurance Up to 15%?	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Do you wish to opt for the Terrorism Cover	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 2: STOCK IN CUSTODY OF THE INSURED AND SPECIFIED PERSONS

DESCRIPTION	SUM INSURED
a. Property Insured whilst in the custody of Director(s), Employee(s) including contract employee(s), Partner(s), Duly Constituted Attorney(s) and Consultant(s) and such other authorized persons of yours.	
b. Property insured whilst in the custody of Cutter(s), Broker(s), Agent(s), Gold smith(s), Dealer(s), Client(s), Job worker(s), Contractor(s), Sub-Contractor(s) and other such entities including the employee(s) of the above, whether or not in regular employment of yours.	
c) Property insured whilst in the custody of the employees of the Insured's Group / Associate / Sister Concern operating from the same premises as of the insured. Pls provide the Name of the Insured's Group / Associate / Sister Concern:	
Note: If the value of Property at any place were in excess of Rs. 5 Lacs, the same should be stored overnight or during non-business hours in a burglar proof safe.	
Are you maintaining pre numbered Jangad Slips in respect of the property taken out of your premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	All including Hallmarking center
Is the record keeping manual or computerized? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Would the stock and stock in trade be entrusted to only your partners and employees? If No ,please specify the category of persons to whom it would be entrusted (category of persons shall mean partner(S), employees, Cutter(s), Broker(s), Agent(s), Gold smith(s), Job worker(s), Contractor(s), Sub-Contractor(s)) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Are the persons such as the Cutter(s), Broker(s), Agent(s), Gold smith(s), Job worker(s), Contractor(s), Sub-Contractor(s) in business for more than 3 years? If Yes please state no. of years they have been in Business. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

SECTION 3: STOCK IN TRANSIT (Destinations within India only)

DESCRIPTION	SUM INSURED
a. By registered Post Parcel	
b. By Air Transit (Minimum 1% to be Declared)	
c. By Angadia, Courier, Logistic Companies	

Are you willing to declare 100% of the value of the consignment to the Post Parcel /air /carrier/angadia/ Couriers/logistic company? YES NO

If No, please declare the percentage you are willing to declare to the Post Parcel /air /carrier/angadia/ Couriers/logistic company YES NO

Are the transits by Air/Road through Professional and well reputed Facility Management Companies? YES NO

SECTION 4A: STANDARD FIRE AND SPECIAL PERILS COVER FOR BUILDING, FURNITURE, FIXTURE, FITTINGS AND CONTENTS EXCLUDING STOCK AND STOCK IN TRADE

d. Please mention Sum Insured for:

LOCATION DETAILS	SUM INSURED			
	Building (Sum Insured on Reinstatement Value Basis)	Furniture, Fixture, Fittings (Sum Insured on Reinstatement Value Basis)	ELECTRONIC EQUIPMENTS CONTENTS (Sum Insured on Market Value Basis) CCTV, DVR, A/C, WEIGHT SCALE, TV, Computer, Printer, Laptop & Other Equipment in your Store (Exclusive Item Covered Under Sec 9 & 11)	Chandeliers (Sum Insured on Market Value Basis)
i.				
ii.				
iii.				

a) Do you wish to opt for the Terrorism Cover YES NO

SECTION 4B: BURGLARY AND ROBBERY COVER FOR FURNITURE, FIXTURE, FITTINGS AND CONTENTS EXCLUDING STOCK AND STOCK IN TRADE:

DESCRIPTION	SUM INSURED (Sum Insured should be same as mentioned in Cover A for Standard Fire and Special Peril)
a. Furniture, Fixture and Fittings	
b. Contents Excluding "Electronic Equipments" covered under Section 11 and "Portable Equipments" covered under Section 9. In case Burglary Cover is required for "Electronic Equipments", the Sum Insured for "Electronic Equipments" for Burglary should be equal to Sum Insured under Fire. <input type="text"/>	
d) Do you wish to opt for the Terrorism Cover Please provide Past Claims Experience, if any with regards to this Cover:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Note: Contents shall include furniture, fixtures, fittings including electrical installations, safes of insured premises, office machinery and electrical and mechanical appliances, tools and instruments for business, interior decorations, improvements, landlords fixtures and fittings, shop fronts, Chandeliers and any other similar belonging to the you or for which the you are responsible, at your premises related to the mentioned trade. Content shall exclude Valuables and stock and stock in trade comprising of Jewellery, Gold or Silver Ornaments, Plates made of gold, silver or studded with precious stones, Pearls and Diamonds and Precious Stones, precious metals/articles of any sort or kind whatsoever, cash and currency notes and / or other merchandise and materials usual to the conduct of the Insured's business, belonging to and /or held in trust or on commission for which the Insured is responsible, curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument.

SECTION 6: FIDELITY GUARANTEE

Pls confirm if Fidelity Guarantee Cover is required on: Named Basis Unnamed Basis

a. If on Named Basis, please provide the following information in respect of all the employees in respect of whom insurance cover is sought :

Employee Name	Designation	Monthly Salary	Amount of Cash / Stock held by the Employee	Amount of Guarantee

Please confirm if Cover is required on Floater Basis: YES NO If required on floater basis, please provide the following information:

Total Number of Employees (Please specify details of contractual employees, if any separately)	Amount of Guarantee
Please Specify a. Per Accident Limit:	b. Per Person Limit :

b. If cover is required on floater Unnamed Basis ,please provide the following information in respect of all the employees in respect of whom insurance cover is sought :	
Total Number of Employees (Please specify details of contractual employees, if any separately)	Amount of Guarantee
Please Specify a. Per Accident Limit: b. Per Person Limit :	
c. Is there a system to obtain references from previous Employers? If not, specify practice	Verbal Reference <input type="checkbox"/> YES <input type="checkbox"/> NO
* d. 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
e. How often are the employees required to account for money?	Regularly
f. Are books of accounts balanced every day?	<input type="checkbox"/> YES <input type="checkbox"/> NO
g. What independent system including Audits is there to check that all sums received by employees are accounted for and how often are Audits done.	Regularly
* h. Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last three years?	

SECTION 13: MONEY IN TRANSIT

a. i. Please specify the locations between which the transit of money to be covered. ii. What is the mode of transit?	any where to any where in india All Public and Private Vehicle
b. Any one T ransit Limit : Estimated Annual transit:	
c. Is there a daily written record of the money in transit and is it updated every day ?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
d. Money in transit whilst in Custody of authorized employees/ Insured to/from Bank	
e. Do you require extension of cover for loss of money in transit caused by infidelity of the cash carrying employee?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
f. Do you require extension of cover for loss of money caused by Riot, Strike, Malicious Damage?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
* g. Past Claims Experience , If any	

Declaration

I/We, the undersigned hereby declare and warrant that the insurance contract and policy to be issued by Bajaj Allianz General Insurance Company Ltd [Company] is subject to the declarations, warranties, statements and particulars given in this proposal form. I/We declare that the statements and particulars given in this Proposal form are complete, true and accurate to the best of my personal knowledge and belief. I/we have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company shall have no liability under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter to the grant of a cover. I/we will accept the usual T & C and form of the policy prescribed and issued by Company. The salient features of the policy, terms and conditions of this proposal have been explained to me/us, and I/we agree to the same.

Proposed Policy Period: From to

Date: Place: _____

Signature of Proposer

* Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.

Date: Place: _____

Name: _____

Signature (on behalf of the Proposer)

* This is required only where, for any reason, the proposal and other connected papers are not filled by the Proposer .

INSURANCE ACT 1938 SECTION 41- 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.

FOR OFFICE USE ONLY

Premium Calculation

Total Premium :	
Net Premium :	
Service tax :	

Accepted by _____
Date & Time _____
Policy No. _____