



# PROPOSAL FORM FOR

Proposal Form No.: \_\_\_\_\_

# STANDARD FIRE AND SPECIAL PERILS INSURANCE POLICY

**For Official Use Only**

Business Sector: Urban  Rural  Social

Agent/ Broker Name: \_\_\_\_\_ Marketing Officer: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Client ID Number: \_\_\_\_\_ Received date & time by MO. Date: / /  Time: : :

Group ID Number: \_\_\_\_\_

**GUIDELINES FOR COMPLETION OF THE FORM**

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of utmost good faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/ personal statement, declaration and connected documents, or any material information has been withheld by the proposer or any one acting on his behalf to obtain any benefit under this policy.
4. Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the proposal form.

**NOTE:** The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

**SCOPE OF COVER**

The Insurance Policy broadly covers losses due to fire, lightning, explosion and implosion, aircraft damage, riot, strike, malicious damage, storm, cyclone, typhoon, tempest, hurricane, tornado, hailstorm, flood and inundation, impact damage, subsidence and landslide/rockslide, bursting and/or overflowing of water tanks, apparatus and pipes, missile testing operations, leakage from automatic sprinkler installations and bush fire.

**SIGNIFICANT EXCLUSIONS:** Losses arising out of war and allied perils, theft, willful act or gross negligence, loss of earnings, loss to bullion, documents, currency etc. for an amount exceeding Rs. 10,000 unless expressly stated.

**MINIMUM EXCESS:** For Petrochemical Risks(pl refer operating offices for definition):

5% of the claim amount subject to minimum of Rs. 5 lakhs resulting from each and every loss in Material Damage Insurance for all perils. The excess is applicable per event per insured

**For other than Petrochemical Risks:**

First 5% of each and every claim subject to a minimum of Rs. 10,000/- in respect of each and every loss arising out of AOG perils covered under the policy and First Rs. 10,000/- for each and every loss arising out of other perils in respect of which the Insured indemnified by the policy. The excess shall be applicable per event per insured.

**EXTENSIONS:** In addition, certain optional extensions are available, the details of which are available in the relevant section of this proposal form.

**NOTE:** The foregoing is only a broad indication of the cover offered. For details, please refer to the Policy.

**CLIENT INFORMATION**

Proposer's Name: \_\_\_\_\_

Proposer's Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Contact No: \_\_\_\_\_ Fax No. \_\_\_\_\_ Email ID: \_\_\_\_\_

Proposer's trade or business: \_\_\_\_\_

Particulars of Work: \_\_\_\_\_

Type of Proposer: Individual  Partnership firm  Company  Govt.  Others

Constitution of Business: Non Resident Entity  Foreign company registered in India  Foreign LLP  Government Department  Hindu Undivided Family

LLP Partnership  Local Authorities  Partnership  Private Limited Company  Proprietorship  Public Ltd Co  others

Customer Type: General  EOU/STP/EHTP  Government  Overseas  Related parties  SEZ  Others

Annual Income: (In Rupees): \_\_\_\_\_ Do you file income tax return? Yes  No  Do you own a bank account? Yes  No

Country: \_\_\_\_\_ PAN Number: \_\_\_\_\_

Paid-up capital of the firm (in ₹ million) : \_\_\_\_\_ Business Sector: Urban  Rural

\*Registered GST : Yes  No  (One Policy One Invoice)

If Yes, then please provide GSTIN: \_\_\_\_\_ Address (Registered under GST): \_\_\_\_\_

One Policy Multiple Invoice: Yes  No  [If yes, it can be taken as an Annexure to Proposal Form as detailed below]

If Yes, then please provide: \_\_\_\_\_

State-wise GSTIN	Address Registered under respective GSTIN

**Note:** In all above cases, complete address of the customer is required to be taken.

**CONTACT DETAILS**

Contact Person's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_  
 Contact Number (Landline-With STD Code): \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
 Email ID: \_\_\_\_\_

**RISK DETAILS**

Period of Insurance: From: DD/MM/YYYY To: Midnight DD/MM/YYYY  
 Insured Name: \_\_\_\_\_

Policy to be issued in favour of (list out all the parties who have insurable interest including financial institutions/banks and please leave a space between parties)  
 \_\_\_\_\_

Address of the Risk Location: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 State: \_\_\_\_\_ Country: \_\_\_\_\_ Pin Code: \_\_\_\_\_

(In case of Multiple risk locations, please attach a separate sheet)

Hypothecation Details (If any): \_\_\_\_\_

1. Is the Risk Situated first floor and above?  Yes  No
2. Distance from Nearest Fire Brigade (Km) \_\_\_\_\_
3. Would you like to delete any of the following perils from the basic cover?
  - a) Flood, Cyclone, group of perils  Yes  No
  - b) Riot, strike, Malicious damage  Yes  No
4. Would you like to cover plinth and foundation also along with the building? Yes  No   
 If no, please exclude value of plinth and foundation from the Sum Insured. \_\_\_\_\_
5. If you want to avail of add on covers by the payment of additional premium, please specify:

**Group A**

- i) Deterioration of stocks in cold storage premises
  - a) Accidental power failures due to damage at power station due to an insured peril  Yes  No
  - b) Due to changes in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril? Yes  No
- ii) Impact damage by your own Rail/ Road vehicles etc.  Yes  No
- iii) Omission to insure additions etc.  Yes  No
- iv) Earthquake (fire and shock)  Yes  No
- v) Temporary removal of stocks  Yes  No
- vi) Terrorism  Yes  No

**Group B (please specify sum insured against each)**

- i) Architects, surveyors and consulting engineers' fees  Yes Rs. \_\_\_\_\_  No (in excess of 3% of the claim amount)
- ii) Debris removal  Yes Rs. \_\_\_\_\_  No (in excess of 1% of the claim amount)
- iii) Spontaneous combustion  Yes Rs. \_\_\_\_\_  No
- iv) Spoilage material cover  Yes Rs. \_\_\_\_\_  No
- v) Leakage and contamination cover
  - Leakage Cover only  Yes Rs. \_\_\_\_\_  No
  - Leakage and Contamination Cover  Yes Rs. \_\_\_\_\_  No
- vi) Loss of rent  Yes Rs. \_\_\_\_\_  No
- vii) Additional expenses of rent for an alternate accommodation  Yes Rs. \_\_\_\_\_  No
- viii) Start- up expenses  Yes Rs. \_\_\_\_\_  No
- ix) Forest Fire  Yes Rs. \_\_\_\_\_  No

Whether you have insured the same property with any other insurance company with the same type of coverage? Yes  No

If so, give the following details (attach separate sheet if required)

Policy number	Insurer	Description of property	Date of commencement of cover (DDMMYYYY)	Date of expiry of cover (DDMMYYYY)	Sum insured (Rs.)

6. Has any insurance company,

- a) Declined to insure any of the property now proposed?  Yes  No  
 b) Required an increased premium or imposed special conditions?  Yes  No  
 c) Requested for repairs or made other special stipulations for risk improvement?  Yes  No

If yes to any of the above, please provide details.

7. Please furnish the premium/ claim details for the past 36 months or for lesser period, as the case may be, excluding the expiring policy period.

Policy number	Insurer	Policy Period	Description of property	Date of loss												Amount of loss	Sum insured (Rs.)	Premium (Rs.)

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

8. Proposed property (or the building containing the proposed property) is occupied as?

- i) Residence, offices, shops, hotels etc.  Yes  No  
 a) If the property is being used as a shop, please declare whether the goods handled are as per the list given below and whether the value of such stocks exceed 5% of total value of stocks  Yes  No

1. Celluloid goods, 2. Loose coir, 3. Crackers & fireworks, 4. Explosives of any kind, 5. Hay / Straw, 6. Hemp, 7. Loose jute, 8. Matches, 9. Methylated Spirit, 10. Nitro-Cellulose Plastics, 11. Oils / Ether / Industrial solvents and other inflammable liquids flashing at and below 32 C (Closed Cup test), 12. Paints with inflammable base having flash point below 32 C (Closed Cup test) - other than in sealed tins or drums, 13. Varnishes having a flash point below 32 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

- ii) Industrial/manufacturing risks  Yes  No  
 a) If yes, please state whether factory is:  Working  Silent  
 b) Please also state details of products manufactured / Raw Materials / Intermediates at the proposed location in the following format in a separate sheet along with a detailed block plan showing the various facilities.

Sr. No.	Type	Description
	Raw Material/ Intermediate/ Product	
	Raw Material/ Intermediate/ Product	
	Raw Material/ Intermediate/ Product	
	Raw Material/ Intermediate/ Product	
	Raw Material/ Intermediate/ Product	

- iii) Storage outside industrial/manufacturing risk  Yes  No  
 iv) Tanks/gas holders outside industrial/manufacturing risks  Yes  No  
 v) Utilities located outside industrial/manufacturing risk  Yes  No

9. Is the property being used as warehouse / godown (not located in a manufacturing unit)

If so, please give list of goods stored in the following format in a separate sheet.

Sr. No.	Description of goods

Is the Risks a Cold Storage  Yes  No

10. Do you have any of the following fire extinguishing appliances installed in the property?

- Portable extinguishers  Fire alarm systems   
 Trailer Pumps/ Fire engine  Hydrant system   
 Sprinkler system  Fixed water spray system   
 Small bore hose reels  Foam systems   
 Gas flooding systems  Smoke Detector   
 Gas Leak Detector  Linear Heat Sensing System

If yes, please attach certificate of efficacy and copy of annual maintenance contract

11. Are the buildings/ plants designed as per the relevant Indian Standard Codes?  Yes  No

If yes, pl attach the Certificate of an empanelled structural Engineer and/ or Architect certifying that Buildings & Plants are designed and constructed to be Earthquake Resistant as per the relevant Indian Standard codes.

12. What is the basis for insurance of:

- a) Building  
 Depreciated value  Reinstatement value  Escalation Clause  Yes  No
- b) Plant and machinery, equipment and accessories  
 Depreciated value  Reinstatement value  Escalation Clause  Yes  No
- c) Furniture, fixtures and fittings  
 Depreciated value  Reinstatement value  Escalation Clause  Yes  No

13. Please provide block wise values in the format given below in a separate sheet (include the "Kutcha" buildings also in this list and give individual values against such buildings)

Description of block/ Risk	Age (years)	Height (meters)	Construction material					Fire protection
			RCC	Brick	Steel Structure	Wooden	AC Sheeting	
			Wall					
			Floor					
			Roof					
			Columns & Beams					
			Wall					
			Floor					
			Roof					
			Columns & Beams					
			Wall					
			Floor					
			Roof					
			Columns & Beams					
			Wall					
			Floor					
			Roof					
			Columns & Beams					

Amount in Rs.						
Description of block/ Risk	Building including plinth (specify if "Kutcha")	Machinery and accessories	Furniture and fixtures, office and other equipment	Stocks and stocks in process <sup>1</sup>	Other property to be insured specifically (Compound Wall, etc.)	TOTAL

Is lightning Protection Provided for the buildings?  Yes  No

14. Special coverage for stocks only (please tick in the box below and give the amount to be insured against each)

**A. Floater Basis:**  
Stocks at various locations (Process blocks, warehouses / godowns and /or in open etc.) can be covered on floater basis under single sum insured.

Locations (Postal Address with Pin code)	Total sum insured amount Rs.									
Within industrial / manufacturing complex (please attach a separate sheet and specify products manufactured)										
Outside Godowns & open (please attach a separate list)										

**B. Declaration Basis**  
Stocks whose values fluctuate can be covered on monthly declaration basis. Please specify sum insured against each location separately along with method of declaration

Locations (Postal Address with Pin code)	Amount Rs.									
Within industrial / manufacturing complex (please attach a separate sheet and specify products manufactured)										
Outside Godowns & open (please attach a separate list)										

**Note:**

- Minimum Sum Insured per policy should be Rs.10.0 million, and policy not to be issued on short period basis
- Stocks in process & stocks stored at Railway sidings cannot be covered

**C. Floater Declaration Basis:**

Stocks, which fluctuate in value as well as stored at various locations under single sum insured, can be covered on (monthly) floater declaration basis. Please specify sum insured against each location separately

Locations (Postal Address with Pin code)	Amount Rs.									
Within industrial / manufacturing complex (please attach a separate sheet and specify products manufactured)										
Outside Godowns & open (please attach a separate list)										
<b>Note:</b>										
1. Minimum Sum Insured should be Rs. 20.0 million										
2. Stocks in process & stocks stored at railway sidings cannot be covered										

<sup>1</sup>Please indicate those stocks, which are covered on normal basis and do not fall under serial no. 19, A, B, C, D and E below

**D. Stocks stored in open (located outside the factory compound)**

Please provide details of stocks stored in the open in a separate list

Locations (Postal Address with Pin code)	Amount Rs.									

**E. Building wise values**

**Amount**

Stocks-Floater basis										
Stocks-Declaration Basis										
Stocks Floater-Declaration Basis										
Stocks in open - outside factory compound										

15. Total Sum Insured (Aggregate of figures arrived at in Question No. 12 and 13)

Total Sum Insured (Rs.)										
-------------------------	--	--	--	--	--	--	--	--	--	--

16. Is the property to be insured situated in a petro-chemical complex?  Yes  No

17. Would you like to avail of a discount for Voluntary deductible?  Yes  No

If Yes, please indicate the amount in the table below.

Deductible Amount		Please indicate whenever applicable
AOG Perils (5* % of claim amount)	Other perils (of Rs)	
50,000	25,000	
100,000	50,000	
200,000	100,000	
400,000	200,000	
1,000,000	500,000	
2,000,000	1,000,000	
3,000,000	1,500,000	
6,000,000	3,000,000	
10,000,000	5,000,000	
50,000,000	10,000,000	
100,000,000	50,000,000	
200,000,000	100,000,000	
> 200,000,000	> 100,000,000	

18. Are you covering goods held in trust or in commission? Yes  No

19. Are these assets covered under insurance taken from other insurance? If yes, then provide the details below.

Any other information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** Please use additional sheet, if space is not sufficient to complete details.



# NEFT/EFT MANDATE FORM

(Payment through EFT Mechanism)

## CORPORATE DETAILS

Group/ Network Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Landmark: \_\_\_\_\_  
Pincode: \_\_\_\_\_ Pan Card No.:\*\* \_\_\_\_\_ State: \_\_\_\_\_  
PAN Card Holder's Name: \_\_\_\_\_

## ACCOUNT DETAILS

Bank Name: \_\_\_\_\_  
Branch Name: \_\_\_\_\_  
Payee Name: \_\_\_\_\_  
MIRC No.: \_\_\_\_\_ IFSC Code: \_\_\_\_\_  
Account Type: \_\_\_\_\_ Full Account No.: \_\_\_\_\_  
Name as per Bank Records: \_\_\_\_\_  
Cancel cheque No. \*\*: \_\_\_\_\_

**(Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)**

If customer name/ account no /IFSC code is not available on cancelled Cheque then NEFT mandate form with Bank Sign & seal and customer signature is mandatory.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Signature & Stamp of the Payee

Verified By  
(Bank Official Stamp and Authorized Signature)

### Terms and Conditions for Payments through RTGS/NEFT

- The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
- The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
- The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
- The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
- ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
- Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
- Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. Website [www.icicilombard.com](http://www.icicilombard.com) or by sending them by post to the last address of the Customer.
- These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- I/ We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
- I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the Customer.
- Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard.

Signature and Stamp of Customer



**ICICI Lombard General Insurance Company Limited**

**Mailing Address:** Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.  
**Registered Office Address:** ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Visit us at [www.icicilombard.com](http://www.icicilombard.com) • Mail us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

Toll Free No.: 1800 2666 • Chargable No.: +91 92236 22666 • Insurance is the subject matter of solicitation.

IRDA Reg. No. 115. • CIN: U67200MH2000PLC129408.