



# PROPOSAL FORM FOR MERCHANT'S COVER III

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

### For Official Use Only

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

### GUIDELINES FOR COMPLETION OF THE FORM

Please provide all required information fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 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.

Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the proposal form.

Please use additional sheets wherever space is not sufficient to fill up the details.

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

**SCOPE OF COVER:** As detailed in the Annexure attached hereto.

**SIGNIFICANT EXCLUSIONS:** Please refer to the policy document.

**EXTENSIONS:** In addition, certain optional extensions are available, the details of which are provided in the relevant sections of the Proposal Form.

**NOTE:** The foregoing is only an 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: \_\_\_\_\_  
Type of Proposer: Individual  Partnership firm  Company  Govt.  Others  \_\_\_\_\_  
Annual Income: (In Rupees): \_\_\_\_\_ Do you file income tax return? Yes  No  Do you own a bank account? Yes  No   
Date of Birth: DD / MM / YYYY Country: \_\_\_\_\_ PAN Number: \_\_\_\_\_  
Paid-up capital of the firm (in Rs. million): \_\_\_\_\_ Business Sector: Urban  Rural

### 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

Property Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Landmark: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Pin code: \_\_\_\_\_  
Landline Number (with STD Code): \_\_\_\_\_ Extn No.: \_\_\_\_\_ Fax No. \_\_\_\_\_  
Insurance certificate in the name of:  Proposer  Property  
Correspondence address: \_\_\_\_\_ Proposer's address \_\_\_\_\_ Property address \_\_\_\_\_  
If different from above: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Pin code: \_\_\_\_\_  
Landline Number (with STD Code): \_\_\_\_\_ Extn No.: \_\_\_\_\_ Fax No. \_\_\_\_\_  
Annual turnover (₹):  
 < ₹ 1,000,000  ₹ 1,000,001 - ₹ 5,000,000  ₹ 5,000,001 - ₹ 10,000,000  ₹ 10,000,001 - ₹ 100,000,000  > ₹ 100,000,001  
Networth of the establishment:  < ₹ 10 crores  ₹ 10 crores - ₹ 25 crores;  > ₹ 25 crores  
Details of registration under Shops and Registration Act:  
Details of registration under sales tax Act:

**PROPERTY DETAILS**

Age of building/premises:  years Total built-up area:  sq. ft. Type of Construction: Framed  Load-bearing  Kutcha   
 Distance from the oceanfront: < 500 ft.  > 500 ft.  If < 500 ft., is there an embankment? Yes  No   
 No. of floors in the building/premises  Property Located  (Use B for Basement 0 for Ground floor 1 for First Floor and so on)  
 Ownership of Property:  Self owned  Rented  Others \_\_\_\_\_  
 If not Self owned, Property in the name of   
 Occupied by  Proposer  Tenant  Vacant  
 Name and address of Financier (if a Bank or Financial Institution): \_\_\_\_\_

**(Please note that the Agreed Bank Clause Endorsement is applicable for financed dwellings)**

**INSURANCE DETAILS**

Period of Insurance From: / /  To / /  as specified in the Annexure attached hereto.  
 Insurance cover opted for: \_\_\_\_\_  
 Details of the Items included, which are valued at more than ₹ 10,000/-

No.	Description (including the Sr. No. if applicable)	Year of Manufacture	Make and Model	Value in ₹	Invoice No.

Name of Nominee:

**Note:** For the purpose of Personal Accident coverage of the Policy, and in the unfortunate event of death, a nominee should be named. The claim amount, If payable, would be paid to such nominee.

Address of Nominee:  Landmark:   
 City:  State:  Pin code:   
 Landline Number (with STD Code):  Mobile Number\*:   
 Fax Number (with STD Code):  E-mail:   
 Relationship of nominee with the Proposer:

**Annexure to Proposal Form No.**

This Annexure, in the form and manner as may amended by the Company from time to time, shall constitute an integral part of, and shall always be read together with the Proposal Form.

Please select the covers you need and write the amount to be covered in the Sum Insured column.

**COVERAGE OFFERED UNDER MERCHANT'S COVER III**

The cover Fire and Special perils is compulsory coverage that needs to be necessarily opted by the Proposer.

	Coverages	Sum Insured ₹	Deductible Excess ₹
I a	Standard Fire & Special Perils - Building		
I b	Standard Fire & Special Perils - Contents		
II	Burglary		
III	Cash in safe		
IV	Cash in Transit		
V	Glass Breakage		
VI	Neon Sign / Glow Sign		
VII	Cheque Forgery		
VIII	Employer's Liability		
IX	Medical Expenses to Insured		
X	Personal Accident		
XI	Public Liability		
XII	Fidelity		
XIII	Tenants Legal Liability		
XIV	Marine Transit of Goods		

(Please round up to nearest 10,000. E.g. 37,200 should be rounded up to 40,000.)



**STATUTORY WARNING  
PROHIBITION OF REBATES.**

**(Under Section 41 of Insurance Act 1938)**

1. 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 of 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.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lac rupees.
3. I hereby confirm that I am aware that enrolment to this product is purely voluntary and is not linked to me availing of any other facility from the bank.
4. I hereby confirm that the premium towards my insurance cover will not be borne by any third party entity / person(s), with the exception of my spouse, parents, grandparents, children, siblings or employer.



**Mailing Address:** ICICI Lombard General Insurance Company Limited, Interface Building No.11, 401/ 402 4th Floor, New Link Road Malad (W), Mumbai - 400064.

**Registered Office Address:** ICICI Lombard General Insurance Company Limited, 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) • Fax No.: 02261961323. • Our toll free number is **1800 2666**

ICICI Lombard General Insurance Company Limited. Insurance is the subject matter of the solicitation. IRDA Reg. No. 115. MISC 14. CIN: U67200MH2000PLC129408

For complete details on coverage, Terms & conditions & exclusions, Please refer to Policy Wordings (available on request)

# 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 payee name is not printed, then bank certificate will be required.

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

