

Business can be full of risks. That's why, this policy is full of benefits!

Thanks for your interest! We will accept your proposal only under the prescribed rules & regulations of Industrial All Risk Tariff. Your property is not covered until we accept this proposal and your premium. Please fill in the complete information carefully and fully. Please attach additional sheets for more information, where needed.

FOR OFFICE USE

Quote No.: _____ Inward No.: _____
 Receipt No.: _____ Receipt Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Sales Manager Name: _____ Sales Manager Code : _____
Servicing Branch Code: _____ **Servicing Branch Name:** _____

Your Intermediary, who's looking out for you!

Segment Type: Individual Retail SME Corporate Others Business Sector: Urban Rural Social
 Business Type: New Rollover Renewal Intermediary Type: Agency Broker Banca Direct Others
 Intermediary Name: _____ Intermediary's Contact No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Intermediary's Reference Code: _____
 Intermediary Sales Person's Name: _____ Intermediary Sales Person's Contact Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Intermediary Sales Person's Code: _____ Source Code: _____
 Intermediary's Email ID: _____ POS UID Aadhaar No./PAN: _____

About the Proposer – the most important person here.

Proposer's Name: _____
 Address for Correspondence: _____
 Contact Number(s):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Email ID: _____
 Proposer's Trade or Business: _____ Paid Up Capital of the Proposer: _____
 Type of Organization – Listed Cooperative PSU Private Company Partnership Private

Sum insured Details -Location wise

Sl. No.	Location & Address	Occupancy/ Trade or Business	So what property/damage will the Sum Insured cover?					Sum Insured- Machinery Breakdown	Sum Insured BI/LOP	Indemnity Period
			Buildings	Plant & Machinery	Furniture, Fixtures & Fittings	Stocks & Stock in process	Others			
1										
2										
3										

Made any claims in the past? Let us know

Sl. No.	Policy Period	Premium ₹	Claims-Paid	Claims-Outstanding	Nature & Type of Claim-Fire, Flood, Breakdown etc.
1					
2					
3					

State the corrective measures taken, if any, to prevent recurrence of the losses. Please attach additional sheets if necessary.

DETAILS OF THE CONSTRUCTION

Sl. No.	Please mention the material used for this construction of	
1	Walls	
2	Roof	
3	Floor	
4	Age of the Buildings	
5	Height of the Building/ No of Floors	

Already have an insurance policy covering the property?

1	Are you currently insured ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	If yes, please give us details of the insurance company & its office		
3	Has any insurance company refused you insurance or imposed higher terms ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	If yes, why?		

Looking for Add-on covers too? Wise business decision

1	Terrorism Risk	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Business Interruption following Machinery Breakdown	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Some more information, please

1	Does any Financial Institution have an interest in the property proposed for insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	If yes, details of the institution – Name & Address		
3	Do the locations have a dedicated watch & ward facility/ security on a 24 hours a day basis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	If Yes, please give us details.		

What has been put in place to fight fires?

1	Fire Extinguishers	Quantity	6	HV/ MV Spray Systems, as per TAC	
2	Small Bore Hose Reels	Yes <input type="checkbox"/>	No <input type="checkbox"/>	7	Smoke Detecting Systems
3	Mobile Fire Tenders		8	Fire Alarm Systems	
4	Hydrant System designed & Erected as per TAC		9	No of Trained Fire Fighting Personnel/ Squad	
5	Sprinkler System designed & Erected as per TAC				

What Preventive Maintenance Practices do you follow?

1	Have you made a Preventive & Predictive Maintenance Plan for Critical Machines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	If yes, please share a copy with us.		
3	Do you have a work permit system for hot & cold works?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	If yes, please share a copy with us		

Additional Covers

On payment of additional premium, do you wish to include additional covers ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The list of additional covers is attached		

DECLARATION

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me/us and I/we understand the significance of the proposed insurance contract.

I/we have understood the conditions prescribed herein and confirm to abide by the policy terms & conditions.

I/We agree to receive service related information from Edelweiss General Insurance Company Limited and its service providers from time to time, through electronic and telecommunication modes including WhatsApp, and understand that no unsolicited information will be sent to me/us.

I/We, hereby, further declare, on my behalf and on behalf of all persons proposed to be insured, that I/We have fully understood the product features, including its suitability, the contents of this proposal form and all other connected documents significant and incidental to while availing the insurance policy from the Company.

I/We further state that the salient features and terms and conditions of the proposed insurance contract have been explained to me/us in vernacular language, and I/We agree to the same.

I/we hereby confirm that the information stated above is true to the best of my/ our beliefs and knowledge. If the whole or part of the information or any material fact is found to be false, all benefits arising out of this policy will stand forfeited and the policy shall be void since inception.

I / we further declare that Premium payments have been/will be paid from bonafide sources and no payment has been/will be paid in contravention of the Prevention of Money Laundering Act, 2002 and its subsequent amendments thereto

Date: Place:

Authorized Signatory

Stamp, where proposer is a juristic person
(On behalf of all the persons to be insured under the policy)

PAYMENT DETAILS

Please draw your Cheque (a/c payee only) or Demand Draft in favour of “Edelweiss General Insurance Company Limited” (*Mandatory fields)

Cheque No./DD No.:	Amount:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
UTR No.: <input type="text"/>		
Bank Name:	Branch:	
<input type="text"/>	<input type="text"/>	
Bank Account No.*:	IFSC:	
<input type="text"/>	<input type="text"/>	

PROHIBITION OF REBATES (Insurance Act-1938, Section 41)

1. No person shall 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 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 published prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ₹10 Lakhs.

As a go-green initiative, Edelweiss General Insurance Co. Ltd. shall be sending the policy documents to your e-mail address, as provided by you in this Proposal Form.

- I do not want the physical copy of my policy documents.
- I want the physical copy of the policy documents to be sent to my address, as mentioned in this Proposal Form.


ACKNOWLEDGEMENT

We acknowledge with thanks the receipt of your proposal dated _____ towards Industrial All Risk Insurance Policy.

We also acknowledge receipt of premium amount by way of cash/ cheque/ demand draft/ others, vide instrument no. _____, for an amount of ₹ _____.

Please note that neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be at our sole and absolute discretion.

If we accept the proposal, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if the appropriate premium amount is not received by us in full and within the due date, or is not realised or any necessary requirement is not fulfilled.

If we do not accept the proposal, we will inform you within 15 days from the date of receipt of this proposal and refund payment received from you, if any without any interest.

 Date: Place:

 Signature of the Receiver
and Official Seal