BURGLARY INSURANCE POLICY - COMMERCIAL PROPOSAL FORM



We're eager to cover you, so please fill out this form as accurately as you can and share it with us. Please note that acceptance of this form does not imply acceptance of liability by us. Put a (v) mark wherever needed.

IN	TERMEDIARY DETAILS				
Bu Int Int	egment Type: Individual Retail SME Corporate Others Intermediary T Renewal Intermediary T Remediary Name: Intermediary Contact remediary Sales Person's Name: Intermediary Sales Person's Code: Remediary Email ID:	termediary Sales Person's Contact Number: Source Code:			
P/	ART I -PROPOSER DETAILS (*Mandatory Fields)				
	Name:	d in cash e	equals or exceeds ₹50,000 or (ii) premium equals or ε	exceeds ₹1,00,000	
*	Email ID:				
		No.:			
	Correspondence Address of the Proposer:				
	Area: District: PIN:		Clity:		
	PIN: State:				
P/	ART II – RISK COVERAGE DETAILS	From .	To		
1	Policy Period				
2	Address of Property(s) Insured				
3	Hypothecation Details, If Any				
4	Occupancy	Private Others	(Residence) Commercial (Factory/Wa	rehouse)	
5	Give full description of Contents of the Premises (i.e. of the Property(s) Insured				
6	a)Are all Valuables secured in Safe (s) outside business hours?				
	b) Give (1) Maker's Name (2) Height (3) Width (4) Depth and Weight of Safe (s				
	c) How many keys are there to the Safe(s) and with whom are they kept?				
	d) Can the Safe(s) be opened by a single key or by a combination of two or more keys?				
	e) Are Stock and Sales books maintained?				
	f) How frequently are these entered?				
	g) How often is Stock taken?				
	h) Where are these books kept outside business hours?				
7	Have you ever claimed upon any company for loss by Burglary or Housebreaking?				
	If so, give details of last 3 years				
8	Amount for which contents are currently insured against Fire and Name of the Company				
9	Value of Property(s) to be Insured	Sr. No.	Description of Asset(s) to be Insured	Sum Insured (in ₹)	
		1	Contents		
			a) Stocks		
			b) Assets		
			c) Machinery		
			d) Equipments		
			e) Electrical Installation		
			f) Furniture, Fixtures and Fittings		
		2	Valuables		
		3	Documents		
		4	Others (Please provide specific description)		

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10	Basis of Valuation	Reinsta	atement Value Market Val	ue
11	Details of Add-on Covers	Sr. No.	Add On Cover	Select the applicable option
		1	Theft Inclusion Cover	Yes No
		2	Floater Cover	Yes No
		3	Declaration Clause	Yes No
		4	Floater Declaration Cover	Yes No
		5	Terrorism Inclusion Cover	Yes No
		6	First Loss Cover	75% 60% 50%
			(If opted for, tick the % required)	40% 25% 10%
		7	Money	Yes No
		8.	Any other additional cover/Add on	
12	Details as per Annexure			
PA	YMENT DETAILS (CLAIM/REFUND AMOUNT WILL BE DEPOSITED IN THIS BANK ACCOU	NT ONLY, I	UNLESS CHANGED SUBSEQUENTLY)	(*Mandatory Fields)
Ple	ease draw your cheque (a/c payee only) or Demand Draft in the name of " Edelweiss Gen	eral Insurai	nce Company Limited"	
Ch	eque No / DD No.: Amount:		Date:	D D M M Y Y Y Y
GS	TIN of the Proposer: UTR:			
Ва	nk Name: Br	ranch:		
Ва	nk Account No.*: IF	SC Code:		
DE	CLARATION BY PROPOSER			
sh If a I/V an I/V tel	We hereby declare that the statements made by me/us in this Proposal Form are true to the all form the basis of the contract between me/us and Edelweiss General Insurance Company additions or alterations are carried out in the risk proposed after the submission of the Ve, hereby, further declare that I/We have fully understood the product features, including splificant and incidental to availing the insurance policy from the Company. We hereby confirm that the premium amount has been paid from legal sources and that mended, shall be adhered to at all times. We agree to receive service related information from Edelweiss General Insurance recommunication mode including WhatsApp, and understand that no unsolicited informat Ve state that the salient features and terms and conditions of the proposed insurance comme.	pany Limite is proposal its suitabilit the provis Co. Ltd. a ion will be	d (Company). form, then the same should be conve ty, the contents of this proposal form and tions of the Prevention of Money Laune and its service providers from time sent to me/us.	eyed to the Company immediately. Ind all other connected documents dering Act, 2002, and as may be to time, through electronic and
Da	tte: D			
00	1 Idou.	_		Signature of Proposer
				me and designation re proposer is a juristic person)
			/ Is /	
PF	OHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)			
1. re	No person shall or offer to allow either directly of indirectly as an inducement to any person lating to lives or property in India, any rebate of whole or part of the commission payable it or renewing or continuing a policy accept any rebate except such rebate as may be allow Any person making default in complying with the provisions of this section shall be liable.	or any reba wed in acc	ate of the premium shown on the police ordance with the published prospection.	cy, nor shall any person taking
As a	a go-green initiative, Edelweiss General Insurance Co. Ltd. shall be sending the policy doc 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 mentione			ou in this Proposal Form.

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Burglary Insurance Policy I UIN: IRDAN159CP0078V01201920



Burglary Insurance Policy- Annexure to Proposal Form					
Risk factors	Measures	Tick if Yes			
Security levels	24/7 Security				
	Day Security				
	Common Security				
	No Security				
CCTV	100% area covered in CCTV				
	Entrance and exit covered				
	Critical areas covered				
	No CCTV				
Burglary Alarm system	Premises protected with system				
Compound wall / fencing	Own sole occupied premises fenced with Pucca wall				
	Own sole occupied premises fenced with barbed wire or similar type of construction				
	Shared premises fenced with pucca wall				
	Shared premises fenced with barbed wire or similar type of construction				
	No compound wall				
Restricted access	Only employees / restricted set of people				
	Employees & customers / Vendors with limited footfall				
	Open to general public or high footfall level				
Remote location	Isolated / Non-residential location				
	Crowded area / market area				
Additional Security checking system	Scanners for human entry				
	System control access to premises				
	No controls				
Premises occupancy	24 hours				
	day shifts / occupancy only				

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ACKNOWLEDGEMENT

We acknowledge with thanks the receipt of your application and amount by cash/cheque /Demand draft/others ______ of

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 in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realised or non-fulfilment of Pre Policy Check-up. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.

Signature of the Receiver and Official Seal