

## BURGLARY INSURANCE POLICY - RETAIL 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 (✓) mark wherever needed.

### INTERMEDIARY DETAILS

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 Code: \_\_\_\_\_  
 Intermediary Sales Person's Name: \_\_\_\_\_ Intermediary Sales Person's Contact Number: \_\_\_\_\_  
 Intermediary Sales Person's Code: \_\_\_\_\_ Source Code: \_\_\_\_\_  
 Email ID: \_\_\_\_\_ POS UID Aadhaar No./PAN: \_\_\_\_\_

### PART I – PROPOSER DETAILS (\*Mandatory Fields)

\*Name: \_\_\_\_\_  
 \*Gender:  Male  Female  Third Gender \*Date of Birth: |D|D|M|M|Y|Y|Y|Y|  
 \*PAN: |\_\_\_\_\_| \*Copy of PAN card to be provided if (i) premium paid in cash equals or exceeds ₹50,000 or (ii) premium equals or exceeds ₹1,00,000  
 \*Email ID: \_\_\_\_\_  
 Telephone details: Contact No.: |\_\_\_\_\_| Mobile No.: |\_\_\_\_\_|  
 Address (where the vehicle is normally kept) (In Capital letters): \_\_\_\_\_  
 Area: \_\_\_\_\_ District: \_\_\_\_\_  
 PIN: |\_\_\_\_\_| State: \_\_\_\_\_

### PART II – RISK COVERAGE PROPOSAL DETAILS

1) Policy Period	From ..... To .....
2) Address of Property Insured	
3) Hypothecation Details, if any	
4) Type of Risk	Private (Residence) / Commercial (Factory / Warehouse) / Others: If other, please specify
5) a) How long have you been an occupant of the premises? b) Are you the sole occupant? c) If not, who are other occupants?	
6) Construction Details	<ul style="list-style-type: none"> <li>• Superior/Class I/ Class II/Inferior</li> <li>• Age of Building</li> <li>• No. of Storeys and Height of Building</li> </ul>
7) Security Features	Burglar Alarm / 24*7 Security Guard / CCTV with Recording
8) Give full description of Contents of the Premises (i.e. of the Property Insured)	
9) 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?	
10) a) Are Stock and Sales books maintained? b) How frequently are these entered? c) How often is Stock taken? d) Where are these books kept outside business hours?	
11) Have you ever claimed upon any company for loss by Burglary or Housebreaking? If so, give details	
12) Amount for which contents are currently insured against Fire and name of the insurance company	

13) Value of Property to be Insured	Sr.No.	Description of Asset to be Insured	Sum Insured	Basis of Valuation
	1	Stock in trade		Market Value Only
	2	Goods held in trust on commission		Reinstatement Value / Market Value
	3	Furniture, Fixtures & fittings		Reinstatement Value / Market Value
	4	Coins & Currency Notes		Actual
	5	Valuables (Please specify)		Reinstatement Value / Market Value
	6	Others Valuables (Please specify)		Reinstatement Value / Market Value
		TOTAL		
14) Details of Add-on covers with corresponding Sum Insured	Sr.No.	Add On Cover	Yes / No	Sum Insured
	1	Theft Cover		
	2	Floater Cover		
	3	Declaration Policy		
	4	Floater Declaration Policy		
	5	Terrorism Damage Inclusion		
	6	First Loss Cover		
	7	Others, please specify		
15) Voluntary Deductible ,If any				

**PAYMENT DETAILS (CLAIM/REFUND AMOUNT WILL BE DEPOSITED IN THIS BANK ACCOUNT ONLY, UNLESS CHANGED SUBSEQUENTLY)**

(\*Mandatory Fields)

Please draw your cheque (a/c payee only) or Demand Draft in the name of " Edelweiss General Insurance Company Limited"

Cheque No / DD No.:

Amount:

Date:

UTR Number:

Bank Name:  Branch:

Bank Account No.\*:  IFSC Code:

**DECLARATION BY PROPOSER**

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 availing the insurance policy from the Company

I /We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and **Edelweiss General Insurance Company Limited**

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately. I/We agree to receive service related information from Edelweiss General Insurance Co. Ltd. and its service providers from time to time, through electronic and telecommunication mode including WhatsApp, and understand that no unsolicited information will be sent to me/us.

I/We 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.

Date:

Place:

Signature of Proposer

**PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)**

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.

**DOCUMENTS LIST (Please Tick ✓)**

Proposal cum Questionnaire:  Payment Advice / Instrument:

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 

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

 towards Burglary Insurance Policy in favour of \_\_\_\_\_

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 in 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 in time, or is not realised.

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

Signature of the Receiver  
and Official Seal