



IFFCO-TOKIO GENERAL INSURANCE CO. LTD  
Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

**Office & Professional Establishment Protector Insurance Policy**  
UIN: IRDAN106RP0001V02200203

**PROPOSAL FORM**

**Important:**

1. This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed ₹ 5 Crore, against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

**NOTE**

1. A minimum of 4 (four) Sections are compulsory including Section 1.
2. The insured premises should not be of kutcha construction.
3. In respect of Sections 1,2,4,5,6 & 7 the insurance is on Reinstatement Value basis and Sum Insured should represent value of new property including freight, duties, etc. and cost of erection as applicable. This does not apply to Part A Item 4 of Sections 1 & 2 where insurance is on Market Value Basis.
4. In case space is insufficient for describing the items under any Section, please use additional sheets for giving full details.

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	

**Details about Proposer and Policy Period:**

1.	Name of Proposer		
2.	Address of Proposer		
3.	Telephone No ( Landline)		
4.	Mobile No		
5.	Email		
6.	<b>KYC Details (Please tick the option)</b>		
	<input type="checkbox"/> PAN No	<input type="checkbox"/> GSTIN No	<input type="checkbox"/> Any other(Please Specify)
	KYC Document Number		

7.	Contact person details, if not an individual a. Name b. Designation	
8.	Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
9.	Period of Insurance	From :  To :

**Section 1 Fire and Allied Perils**

**Business and Location of Business:**

10.	Business of Proposer						
11.	Location of risk/business to be covered - full postal address with Pin Code	Sl No.	Address	Pin Code	Occupancy	Age of unit	Floor*
		1.					
		2.					
		3.					
		4.					

*\*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor*

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

16.	Fire Protection devices installed	Please Tick the correct answer in the box below.  <input type="checkbox"/> Portable Extinguishers <input type="checkbox"/> Small bore hose reels <input type="checkbox"/> Trailer Pumps/Fire engines <input type="checkbox"/> Hydrant System
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	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fixed Water Spray System <input type="checkbox"/> Foam System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Gas Flooding System <input type="checkbox"/> Others, please specify below.
17. Indicate whether AMC( Annual Maintenance contract) for the Fire Protection Appliances is in force :	Yes <input type="checkbox"/> / No <input type="checkbox"/>
18. Construction Details	
a. Please state material used	Please tick the correct answer in the box
i. Walls	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>
ii. Floor	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>
iii. Roof	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>
<p><b>Note:</b>  <b>Kutchha:</b> Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutchha Construction.  <b>Pucca:</b> Buildings other than Kutchha are treated as Pucca constructions.</p>	
b. Number of Floors	

c. Age of the Building	Less than 5 years	<input type="checkbox"/>
	5-10 years	<input type="checkbox"/>
	10-20 years	<input type="checkbox"/>
	Above 20 years	<input type="checkbox"/>

**Sum Insured and Other details of Insured Property**

<b>Part A</b>	CONTENTS	Sum Insured
Item 1	Stock in Trade	Rs.....
Item 2	Business and Office Furniture	Rs.....
Item 3	Interior Decoration	Rs.....
Item 4	All Other Contents	
	i) Patterns, Moulds, Plans, Records, Manuscripts, Printed Books and Stationery, Models, Deeds, etc.	Rs.....
	ii) Computer System Records	Rs.....
	iii) Telephone, Gas and Electric Meters	Rs.....
	iv) Partner's, Director's, Customer's, Visitor's, Employee's Personal Effects (Limit Rs.5,000/- per person)	Rs.....
	v) Any Other Items	Rs.....
	TOTAL	Rs.....
<b>Part B</b>	BUILDING Including outbuildings, boundary walls, gates/fences plinths and foundations	Rs.....

**Standard add-ons**

I. Do You want to opt for Floater Cover?: Yes/No (strike off what is not applicable). If yes, give details below:

24.	Floater Cover (for stocks at various locations)	<table border="1" style="width: 100%; border-style: dashed;"> <thead> <tr> <th style="width: 70%;">Location (Postal Address with Pin Code)</th> <th style="width: 30%;">Sum Insured (in ₹)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Location (Postal Address with Pin Code)	Sum Insured (in ₹)						
Location (Postal Address with Pin Code)	Sum Insured (in ₹)									
		<p>i. Maximum value at any one location: ₹.....</p> <p>ii. Whether stocks stored in open: Yes <input type="checkbox"/> / No <input type="checkbox"/></p>								

**Section 2 Burglary and Housebreaking**

<b>Part A</b>		Sum Insured
	<b>CONTENTS</b>	
Item 1	Stock in Trade ( Limit 5% of total S.I. on Contents)	Rs.....
Item 2	Business and Office Furniture, Electrical Installation/ Equipments, Professional instruments	Rs.....
Item 3	Interior Decoration	Rs.....
Item 4	All Other Contents	
	i) Documents and Computer System Records	Rs.....
	ii) Telephone and Gas	Rs.....
	iii) Partner's, Director's, Customer's, Visitor's, Employee's Personal Effects (Limit Rs.5,000/- per person)	Rs.....
	iv) Any item/contents used in Canteen	Rs.....
	v) Curios and works of art	
	vi) Any Other Items	Rs.....
	<b>TOTAL</b>	Rs.....
<b>Part B</b>	<b>BUILDING</b>	Rs.....
	Including outbuildings, boundary walls, gates/fences plinths and foundations, waiting/ consulting room and operation theater.	
	<b>OPTIONAL EXTENSION</b>	
Item 1	Escalation Clause (Specify the % increase) Building <input type="text"/> Contents <input type="text"/>	Rs.....
Item 2	Trees and Plants[Limit: Rs.30,000/-]	Rs.....
Item 3	Documents and Cards [Limit: 15% of total Sum Insured on Contents or Rs.75,000/- whichever is lower.]	Rs.....
	Credit Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Name of the Issuing Company _____	
	<b>TOTAL</b>	Rs.....

**Section3 Money & Fidelity Guarantee**

<b>Part A</b>		Sum Insured (Limit Any One Loss)
	<b>MONEY</b>	
	i) Money in direct transit from or to the premises	Rs.....
	ii) Money in direct transit between collection/payment center and Bank	Rs.....
	iii) Money in premises during business hours	Rs.....

	iv) Money in locked safe, strongroom steel almirah or standard cash box outside business hours	Rs.....
	<b>TOTAL</b>	Rs.....
<b>Part B</b>	<b>FIDELITY GUARANTEE</b>	
	a) Total number of your employees	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
	b) Total number of employees for whom the guarantee is proposed*	
	c) Amount of guarantee to be floated among insured employees	Rs.....
		Sum Insured

\*NOTE: If the number of employees proposed for Fidelity Guarantee Insurance is less than the total strength of Your employees, then please attach names of employees and designation of employees to be covered.

<b>Section 4 Fixed Glass and Sanitary Fittings</b>		
Item 1	Plate Glass - details with dimensions and description of tinted, embossed ornamental or painted items	Sum Insured
	S.No. Description Dimensions	
	i)	Rs.....
	ii)	Rs.....
	iii)	Rs.....
	iv)	Rs.....
Item 2	Sanitary Fittings - details of items covered	Rs.....
	<b>TOTAL</b>	Rs.....

<b>SECTION 5 ELECTRONIC EQUIPMENT INSURANCE</b>		
<b>Part A</b>	<b>ELECTRONIC EQUIPMENT</b>	
Item 1	S.No. Description of Item Year of manufacture	Sum Insured
	i)	Rs.....
	ii)	Rs.....
	iii)	Rs.....
	iv)	Rs.....
Item 2	Value of Data Carrying Material	Rs.....

	TOTAL	Rs.....
Please state whether the Electronic Equipment is maintained under an approved Maintenance Agreement with manufacturer or other concerns approved by manufacturer if value is more than Rs.1 lac.		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>PART B</b>	<b>DATA AND PROGRAMMES</b>	
Item 1	Cost of reinstatement of data	Rs.....
Item 2	Cost of reinstatement of programmes	
	S.No.      Description of Programme      Name of developing agency      Make	Sum Insured
	i)	Rs.....
	ii)	Rs.....
	iii)	Rs.....
	iv)	Rs.....
	TOTAL	Rs.....

<b>SECTION 6 TELEVISION, PORTABLE COMPUTER &amp; ALL RISK</b>		
<b>Part A</b>	<b>TELEVISION/ VIDEO EQUIPMENT</b>	
	S.No.      Description of item Year of Manufacture	Sum Insured
	i)	Rs.....
	ii)	Rs.....
	iii)	Rs.....
	iv)	Rs.....
	TOTAL	Rs.....
<b>Part B</b>	<b>PORTABLE COMPUTER, MOBILE PHONES, ELECTRONIC DIARY</b>	
Item 1	S.No.      Description of item Year of Manufacture	Sum Insured
	i)	Rs.....
	ii)	Rs.....
	iii)	Rs.....
	iv)	Rs.....
Item 2	Value of Data Carrying Material	Rs.....
	TOTAL	Rs.....

Please state whether the Portable Computer is maintained under an approved Maintenance Agreement with manufacturer or other concerns approved by manufacturer if the value is more than Rs.1 lac.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Part C</b>	<b>ALL RISK</b>	Sum Insured	
Item 1	Neon and Illuminated Signs at premises	Rs.....	
Item 2	Hoardings at premises	Rs.....	
Item 3	Other Trade Equipments (Fill up details)		
	i)	Rs.....	
	ii)	Rs.....	
	iii)	Rs.....	
	iv)	Rs.....	
	TOTAL	Rs.....	

Section 7: Breakdown & Deterioration of Goods				
<b>Part A</b>	BREAKDOWN OF ELECTRICAL/MECHANICAL APPLIANCES *			
	S.No.	Qty.	Description of item	Sum Insured
		Year of Manufacture		
	i)			Rs.....
	ii)			Rs.....
	iii)			Rs.....
	iv)		Rs.....	
		TOTAL	Rs.....	
	*Please note that the Appliances should not be more than 7(seven) years old			
<b>Part B</b>	DETERIORATION OF REFRIGERATED GOODS			Rs.....
	Description of Refrigerated Goods			

Section 8 Personal Accident					
Insured Person Name	Age	Occupation	Monthly Income	Assignee or Nominee	Sum Insured
i)					Rs.....



ii)					Rs.....
iii)					Rs.....
iv)					Rs.....
v)					Rs.....
vi)					Rs.....

(Please note that the age limit of the Insured Persons for the purpose of this Section is 18 to 70 years)

<b>Section 9 Business Interruption</b>	
Sum Insured	
a) Gross Profit	Rs.....
b) Accountant's Charges	Rs.....
Please list out the Standing Charges for which insurance is desired by You	
<b>TOTAL</b>	Rs.....

<b>Section 10 Baggage</b>	
Sum Insured	
Limit of loss for any one event and all events during Policy Period	Rs.....

<b>SECTION 11 LIABILITY INSURANCE</b>		
Sum Insured		
<b>Part A</b>	<b>PUBLIC LIABILITY</b> Limit of liability for any one accident and all accidents during Policy Period.	Rs.....
	<b>OPTIONAL EXTENSION</b> Legal liability in respect of documents Limit of liability for any one accident and all accidents during Policy Period.	Rs.....

<b>Part B</b>	<b>WORKMEN'S COMPENSATION</b>			
	S. No. Number of Employees	Nature of Work	Annual Earning	Sum Insured
	i)			Rs.....
	ii)			Rs.....
	iii)			Rs.....
			<b>TOTAL</b>	Rs.....
<b>Part C</b>	<b>TENANT'S LEGAL LIABILITY</b>			
	Limit of liability for any one accident and all accidents during Policy Period			Rs.....

<b>SECTION 12 PROFESSIONAL INDEMNITY</b>					
Insured Person Name	Age	Professional Qualification	Type of Profession	No.Of Yrs. In Profession	Sum Insured*
					Rs.....
					Rs.....
					Rs.....
					Rs.....
					Rs.....
<b>TOTAL</b>					Rs.....

\* Note: Sum Insured represents the limit of liability for any one accident and all accidents during Policy Period.

Is the risk currently insured against any of the insured perils?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes	a) The name of Insurance Company	
	b) Policy Type	
	c) Period	
Has any Company in respect of any insurance cover	Yes	No

a) Declined your proposal?	<input type="checkbox"/>	<input type="checkbox"/>
b) Cancelled or refused to renew your Policy?	<input type="checkbox"/>	<input type="checkbox"/>
c) Accepted your Proposal on special terms and conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever claimed upon any Company for loss by any of the insured perils? If so, give details.	<input type="checkbox"/>	<input type="checkbox"/>

I/We hereby declare that subject to any exceptions and variations disclosed in item below:

1. All reasonable steps to safeguard the property against loss or damage will be taken.
2. All the proofs, evidences and documents required in case of a claim will be provided to the Insurer.
3. I/We have disclosed all the facts which could influence the acceptance of this Proposal or the term(s) to be approved and the above facts, documents, statements shall be the basis of Contract between me/us and IFFCO-TOKIO General Insurance Co. Ltd.

**Date:**.....

**Place:**.....

.....  
Signature of the Proposer

**Premium Details**

26.	Mode of Payment	
	Payment Details	
	Amount	

**INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates**

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.