

Head Office: No. 19 4th Lane, Nungambakkam High Rd, Chennai, Tamil Nadu 600034 CIN: U93090TN1938GOI000108

### **Proposal Form**

**United Value Udyam Suraksha** 



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#### PROPOSAL FORM

#### **Important:**

- 1. This proposal is for covering an enterprise whose total value of insurable assets at does not exceed ₹ 50 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.

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

### A. Details about Proposer and Policy Period:

1.	Name of Proposer	
2.	Address of Proposer	
3.	Telephone No (Landline)	
4.	Mobile No	
5.	Email	
6.	Contact person details, if not an	
	individual	
	a. Name	
	b. Designation	
7.	Policy to be Issued in favour of (list out	
	all the parties who have insurable	
	interest) including the financial	
	institutions	
8.	Period of Insurance	From:
		To :



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### B. Business and Location of Business:

9.	Business of Proposer						
10.	Location of risk/business to be						
	covered - full postal address with	SL	Address	Pin	Occupancy	Age	Floor*
	Pin Code	No.		code		of	
						unit	
		1.					
		2.					
		3.					
		4.					
		*Floo	r: Ground	Floor (0	GF) / Mezzani	ine Flo	or (MF)
		/ High	her Floor				

### C. Details about business covered at the insured location

11.	The Insured property is	Please tick in the space below:	
a.	Offices, shops, hotels etc.	Yes □ /No □	
b.	Industrial / manufacturing risks	Yes ☐ /No ☐	
C.	Storage outside Industrial/ manufacturing risks	Yes /No	
d.	Tanks / gas holders outside industrial/ manufacturing risks.	Yes /No	
e.	Utilities located outside Industrial/manufacturing risks.	Yes /No	
f.	Boundary wall	Yes /No	
g.	Basement storage	Yes / No	
		If, yes value stored SI: ₹	
h.	Others ( please specify)		_
12.	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.	ot	
13.	If used as an Industrial Manufacturing unit	it	



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	give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever	
	applicable)	
13 a.	Whether the scrap materials will be kept separately or within the process block	
13 b	Whether there is separation of storage of raw materials & finished goods	
14.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
15.	Fire Protection devices installed	Please Tick the correct answer in the box below.
		□ Portable Extinguishers
		☐ Small bore hose reels
		☐ Trailer Pumps/Fire engines
		☐ Hydrant System
		Sprinkler System
		Fixed Water Spray System
		Foam System
		Fire Alarm System
		Gas <u>Fl</u> ooding Sys <u>te</u> m
		Others, please specify below.
15 a	Approved Safety Protocol	Yes / No
	Periodic Training in Safety / Plant Operations to Employees	Yes / No
15 c	Written safety instructions available	Yes / No /
16.	Indicate whether AMC( Annual Maintenance contract) for the Fire Protection Appliances is in force:	Yes □ /No □
17.	Construction Details	
a.	Please state material used	Please tick the correct answer in the box
i.	Walls	Kutcha / Pucca
ii.	Floor	Kutcha / Pucca
iii.	Roof	Kutcha / Pucca



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			<u>-                                      </u>
	Note: Kutcha: Building(s) having walls and/or roofs grass/hay of any kind/bamboo/plastic cloth/atreated as Kutcha Construction. Pucca: Buildings other than Kutcha are treated	asphalt/ car	nvas/tarpaulin and the like are
b.	Number of Floors		
18	Separate Entry for tank farms / storage area	Yes	/ No
19	Prohibition of smoking in premises	Yes	/ No
20	Plinth height more than surrounding area	Yes	/ No
21	The nearest natural body of water like ponds, lakes, rivers more than 5 kms from the premises?	Yes	/ No
22	Storm drainage provided	Yes	/ No
23	Please specify the security arrangements in the premises		
24	Is the entire premise covered by compound wall? Please specify		
25	How many Entry / Exit gates provided? Whether they are wide enough for emergency service vehicles, if required i.e. atleast 6 m wide?		



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C.	Age of the Building		Less that years 5-10 yea 10-20 ye Above 20	rs ars		
_	Distance between the risk to be covered and nearest Fire Brigade					
	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)					
	Whether Insurance was declined by any other Company (Give details)					
21.	Premium / Claim details for the past 36		Year	Premiu		Claim
	months excluding the expiring policy period			₹	₹	
				₹	₹	
				₹	₹	
				₹	₹	
		ТО	TAL	₹	₹	

#### D. Sum Insured and Other details of Insured Property

(Indicate Sum Insured on the following basis:

- For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: **Reinstatement Value**:
- For raw material: Landed Cost as on date of loss;
- For stock in process: **Input cost**;
- For finished stock: Manufacturing cost of the finished stock or the Contract Price\* of goods sold but not delivered, as applicable.

\* **Contract Price** is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the Standard Proposal Form – United Value Udyam Suraksha



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extent of the Damage. The Company's liability shall be based on the Contract Price).

22.	Description of Block	Building including plinth, Basement and additional structures	Furniture & Fixtures, Fittings and other equipme nt	Raw Material	Stock in Process	Finished Stock	Other Contents ( Please specify)	Total
								₹
								₹
								₹

#### E. 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:

23.	Floater Cover (for stocks at		
	various locations)	Location (Postal Address with Pin Code)	Sum Insured (in ₹)
		i) Maximum value at any	one location: ₹ □
		ii) Whether stocks stored i	in open: Yes / No

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

Amount (₹):	



No

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25 Escalation Clause

20. L	Scalation Clause	103	110	1
G. Pre	mium Details			
	Mode of Payment			
26.	Payment Details			
	Amount			
Н. <u>Dec</u>	claration by Insured			
stater	e hereby declare that t ments made by me / l	Js in this Proposal F	orm are true to	the best of my /
	ledge and belief and I / \	, ,		hall form the basis of
contra	act between me/Us and	the United India Insura	ance Co.Ltd.	

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.

Date:	
Place:	Signature of the Proposer

#### **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.