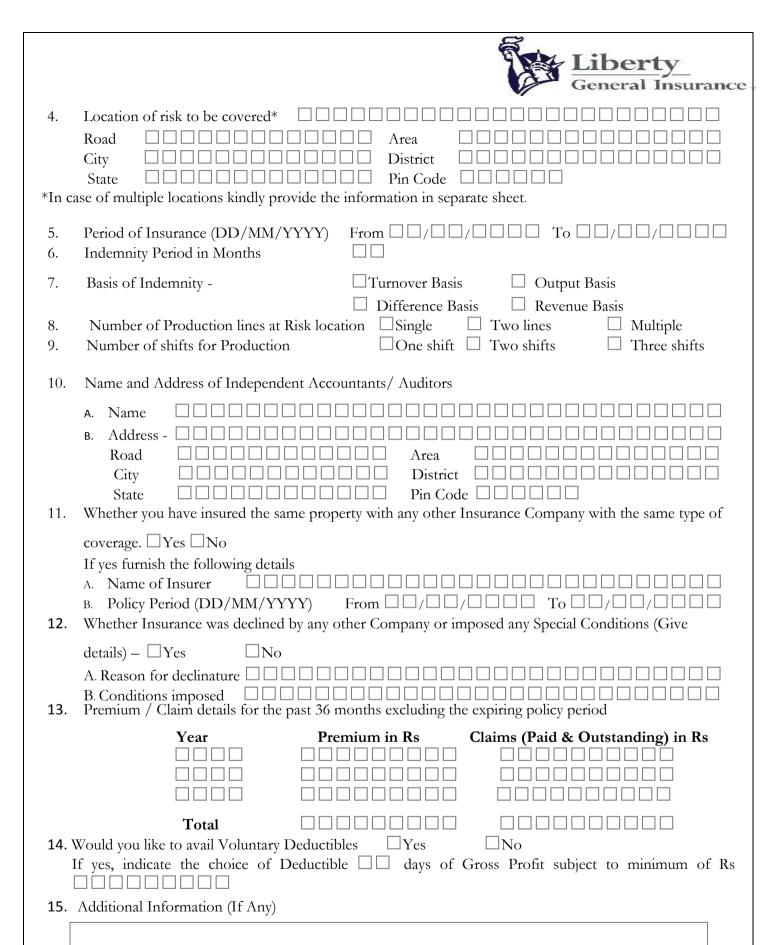


Call (Toll free) - Number Website Address

## PROPOSAL FORM CONSEQUENTIAL LOSS (FIRE) INSURANCE POLICY

(The property proposed for insurance is not covered until the proposal is accepted by the company and premium paid in advance. Coverage is as per the terms and conditions of Liberty General Insurance Limited's Standard Policy Wordings)

COMPANY OFFICE DETAILS (To be filled by insurer)						
1. 2.	Office Code: Office Address: City					
	District					
IN	State Pin Code   Pin Code   INTERMEDIARY DETAILS					
Agent/ Broker Name:      Agent/ Broker License Code:      Agent/ Broker Contact Number:						
PROPOSER DETAILS						
1.	Name Of Proposer:					
2.	Address of proposer:  Road	Area District Pin Code Pin Code				
3.	Business of Proposer					
4.	Financial Interest	A				
CC	NSEQUENTIAL LO	OSS (FIRE) DETAILS				
1.	Description of Busin					
2.	2. Date of Establishment (DD/MM/YYYY)					
3. Addresses of all Premises from where Business is transacted (all such to be insured by the Fire Material Damage Insurance)						
	Proposal Form – Consequential Loss of Profit 1  Liberty General Insurance Limited, 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013  Phone: +91 22 6700 1313 Fax: +91 22 6700 1606. Email: care@libertyinsurance.in					



UIN No: IRDAN150P0005V01201213



SUM INSURED DETAILS					
<ol> <li>Net Profit in Rs</li> <li>Standing Charges in Rs</li> <li>Annual Gross Profit in Rs         <ul> <li>(Net Profit + Standing Charges)</li> </ul> </li> </ol>					
(1)	ross Profit for selected indemnity Period		☐ Not applicable, as indemnity period is 12 Months		
5. Description of Standing Charges to be insured  1.					
ADD	ON COVERS OPTED				
Sr No	Add on cover	Yes/ No	Sum Insured (in Rs)		
1	Loss due to accidental failure of public electricity/gas/water supply	□Yes □No	Same as Business Interruption Sum Insured		
2	Suppliers" Premises extension  1) No of Suppliers   2) dependency %	□Yes □No	Same as Business Interruption Sum Insured		
3	Customers" Premises extension  1) No of Suppliers   2) dependency %	□Yes □No	Same as Business Interruption Sum Insured		
4	Auditors fees	□Yes □No			
5	Lay-off and Retrenchment Compensation	□Yes □No			
6	Insured's Property Stored at other situations - No of	□Yes □No			
7	locations				
L'	Wages - Prorata basis	□Yes □No			
8	Wages - Dual basis  Option to consolidate - □	□Yes □No	(100% wages) for First  Weeks and		

Proposal Form – Consequential Loss of Profit

3

Liberty_				
Remaining part of				
indemnity period				
DETAILS OF MATERIAL DAMAGE (FIRE) POLICY  1. Name of Insurer  2. Policy Period(DD/MM/YYYY) From/				
1.				
PAYMENT DETAILS				
1. PAN card number (10 character number):				
2. Sources of funds: Please tick appropriate box  ☐ Salary ☐ Business ☐ Investments ☐ Others (please specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
<ol> <li>I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.</li> <li>I understand that the Company has the right to call for documents to establish sources of funds.</li> <li>The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.</li> </ol>				
DECLARATION BY INSURED				
I/We hereby declare that the statements made by me / us in this Proposal Form and annexure if any 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 the "Liberty General Insurance 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.				
Date: Place:				
Signature of Proposer				
Recommendations of Officer/ Agent / Broker				
Prohibition of Rebates (Section 41) of the Insurance Act				

No person shall or offer to allow either directly or indirectly as an inducement to any person to take out or renew of 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 prospectuses 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 Five Hundred Rupees.