



**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. Office Code:
- 2. Office Address:
- City
- District
- State  Pin Code

**INTERMEDIARY DETAILS**

- 1. Agent/ Broker Name:
- 2. Agent/ Broker License Code:
- 3. Agent/ Broker Contact Number:

**PROPOSER DETAILS**

- 1. Name Of Proposer:
- 2. Address of proposer:
- Road  Area
- City  District
- State  Pin Code
- 3. Business of Proposer
- 4. Financial Interest A.
- B.

**CONSEQUENTIAL LOSS (FIRE) DETAILS**

- 1. Description of Business
- 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)
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**SUM INSURED DETAILS**

1. Net Profit in Rs
2. Standing Charges in Rs
3. Annual Gross Profit in Rs   
(Net Profit + Standing Charges)
4. Gross Profit for selected indemnity Period   Not applicable, as  
(If Indemnity Period is other than 12 months) indemnity period  
is 12 Months
5. Description of Standing Charges to be insured
  1.
  2.
  3.
  4.

In case of multiple locations kindly provide the information in separate sheet

**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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Business Interruption Sum Insured
2	Suppliers' Premises extension 1) No of Suppliers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2) dependency % <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Business Interruption Sum Insured
3	Customers' Premises extension 1) No of Suppliers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2) dependency % <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Business Interruption Sum Insured
4	Auditors fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Lay-off and Retrenchment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Insured's Property Stored at other situations - No of locations <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Wages - Prorata basis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Wages - Dual basis Option to consolidate - <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (100% wages) for First <input type="checkbox"/> <input type="checkbox"/> Weeks and <input type="checkbox"/> <input type="checkbox"/> % for



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.