

State Pin Code

 7. Period of Insurance (DD/MM/YYYY) From To

8. Perils to be deleted from basic cover

 A. Flood, Cyclone, group of perils Yes No

 B. Riot, Strike & Malicious damage Yes No

 9. Plinth and foundation to be covered Yes No

10. Add on covers Required

Sr No	Add on cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sum Insured (in Rs)
1	Architects, Surveyors and consulting Engineers Fees (in excess of 3% claim amount)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Debris Removal (in excess of 1% claim amount)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Deterioration of Stocks in cold storage premises due to Accidental power failure Consequent to the premises of power station due to an insured peril	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Deterioration of stocks in cold storages premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Forest Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Impact damage due to insured's own Rail/ Road vehicles, forklifts, Cranes, Stackers and the like and articles drop therefrom	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Spontaneous Combustion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Omission to insure additions, alteration or extensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Earthquake (Fire & Shock)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Spoilage Material damage cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Leakage and Contamination cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Loss or rent - Indemnity Period (in Months) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Temporary Removal of Stocks clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Additional expenses of rent for an alternative accommodation- Indemnity Period (in Months) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Start-up expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16	Molten Material Spillage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17	Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Material Damage Sum Insured
18	Escalation - <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No	

11. Whether you have insured the same property with any other Insurance Company with the same type of coverage.

Proposal Form- SFSP

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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

 Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in

IRDA of India registration number: 150 I CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0007V01201213



Yes No

If yes furnish the following details

A. Name of Insurer

B. Policy Period (DD/MM/YYYY) From / / To / /

12. Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details)

Yes No

A. Reason for declinature

B. Conditions imposed

13. Premium / Claim details for the past 36 months excluding the expiring policy period

Year	Premium in Rs	Claims (Paid + outstanding) in Rs
<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"/>
Total	<input type="text"/>	<input type="text"/>

DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION

14. The Insured Property is

- Residence, Office, Shops, Hotels etc. Yes No
- Industrial / manufacturing risks Yes No
- Storage outside industrial risks Yes No
- Tanks/ gas Holders outside Industrial Manufacturing risks Yes No
- Utilities located outside Industrial Manufacturing risks Yes No

15. A. If used as Shop please declare whether the goods handled are as per the following list. Yes No

1. Celluloid goods, 2. Coir Loose, 3. Crackers & Fire Works, 4. Explosives of any kind, 5. Hay/Straw, 6. Hemp, 7. Jute Loose, 8 Matches, 9. Methylated Spirit, 10. Nitro-Cellulose Plastics, 11. Oils/Ether/Industrial Solvents and other inflammable liquids flashing at and below 32 dec. (Closed Cup test), 12. Paints with inflammable base having flash point below 32 Deg.C (Closed Cup test) – Other than in sealed tins or drums, 13. Varnishes having a flash point below 32 Deg.C (Closed Cup test) – Other than in sealed tins or drums, 14. Disinfectant liquids and liquid insecticides – Other than in sealed tins or drums, 15. Vegetable fibres of any kind including Rayon Fibre

B. If any of the above goods are handled, whether the stock value will exceed 5% of shops value? Yes No

16. If used as Warehouse / Godown (not located in a manufacturing unit) please give the list of goods stored

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.



17. If used as an Industrial Manufacturing unit, give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed).

1. 2.
 3. 4.

18. If used as an Industrial Manufacturing unit, please state whether the factory is Working Silent

19. Fire Protection detection devices installed

- Portable Extinguishers Trailer Pumps/ Fire engines Hydrant System Sprinkle System
 Fixed Water Spray System Foam systems Fire Alarm systems Gas flooding systems
 Any other, please provide the details

20. The basis proposed for insurance (Sum Insured) Market Value basis Reinstatement Value Basis

21. A. Construction details – Please state materials used.

- i) Walls RCC Brick Stone or concrete block Wooden Planks
 ii) Floor RCC Brick Stone or concrete block Wooden Planks
 iii) Roof RCC Tiles, cement, Ceramic fuses AC/CGI/AL sheeting

B. Height of Building (in meters)

C. Age of Building less than 5 year's 5-10 years 10-20 years above 20 years

D. Physical Security 24 hours Physical Security Fencing Boundary wall
 CCTV Security Fire Alarm (Select more than one option, if applicable)

E. Occupancy of Surrounding Property

22. Building wise values (please include the Kutchha building also in this list and give individual values against such buildings)***

All Amount in Rupees

Descripti on of Blocks	Occupan cy	Buildi ng	Plinth & Foundati on	Plant & Machiner y	Furnitur e, Fixtures & Fittings	Stocks* *	Stocks in process **	Total	Age (yrs)	Heig ht (mts)	Construct ion
Total											

NOTE ** Indicates those stocks which are covered on normal basis and do not fall under Serial No.23 A, B, C and D below.

*** In case of multiple locations kindly provide the information in separate sheet, duly signed also furnish details of other fire insurance policies taken for same location

23. Special Coverage for Stocks only. Please Tick in the box below and give the amount to be insured against each

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A. On Floater Basis - Stock at various locations (warehouse / godowns and / or open etc.) can be covered on floater basis for a single Sum Insured, Amount in Rs

B. On Declaration Basis - Stocks which fluctuate in value can be covered on (monthly) declaration basis, Amount in Rs

Note:

1. Minimum Sum Insured is Rs. 1 Crores and policy not issued on short period basis.
2. Stocks in process & stocks stored at Railway sidings are not covered.

C. On Floater Declaration Basis - Stocks which fluctuate in value as well as stored in various locations can be covered on (Monthly) floater declaration basis, Amount in Rs

Note:

1. Minimum Sum Insured is Rs. 1 Crore and policy not issued on short period basis.
2. Stocks in process & stocks stored at Railway sidings are not covered.

D. Stocks in open (located outside the factory compound), Amount in Rs

24. Would you like to avail Voluntary Deductibles Yes No

25. If the answer is yes, indicate the choice of Deductible 5% of Claim Amount subject to Rs

PAYMENT DETAILS

1. PAN card number (10 character number):

2. Sources of funds: Please tick appropriate box

Salary Business Investments Others (please specify)

Declaration:

1. 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.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. 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.

DECLARATION BY INSURED

I/We hereby declare that the statements made by me / us in this Proposal Form and annexures 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.

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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 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 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.