



*Leadership and beyond*

दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड  
The New India Assurance Co. Ltd  
India's Premier Multinational General Insurance Company

## PROPOSAL FORM

**NEW INDIA MAHILA UDYAM BIMA**  
**UIN NO. IRDAN190RPMS0034V01202425**

This proposal for insurance will be the basis of insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal.

- Note: 1) Please complete the Proposal Form in BLOCK LETTERS and tick the boxes whichever are applicable.  
2) Attach additional sheets if space given is insufficient.

### INTERMEDIARY DETAILS

Agent / Broker

1. /Intermediary Name: \_\_\_\_\_

Agent / Broker ./Intermediary

2. Licence Code: \_\_\_\_\_

Agent / Broker/Intermediary

3. Contact Number : \_\_\_\_\_

### PROPOSER DETAILS

1. Proposer Name: \_\_\_\_\_

2. Office Address:

Road \_\_\_\_\_ Area \_\_\_\_\_

City \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_

3. Description of Business/ trade: \_\_\_\_\_

4. Financial Interest, if any: \_\_\_\_\_

5. Period of Insurance (DD/MM/YYYY) From: \_\_\_\_\_ To \_\_\_\_\_

6. Location of Risk: \_\_\_\_\_

Road \_\_\_\_\_ Pincode \_\_\_\_\_

City \_\_\_\_\_ District/  
State \_\_\_\_\_

## DETAILS ABOUT PROPERTY COVERED

### Section 1 (Compulsory)– Fire and Allied Perils

Building wise values for each location All Amount in INR.

<i>Description Of Block S</i>	<i>Occupancy</i>	<i>Building</i>	<i>Plinth &amp; Foundation</i>	<i>Plant &amp; Machinery</i>	<i>Furniture, Fixtures &amp; Fittings</i>	<i>Stocks</i>	<i>Stocks in process *</i>	<i>Total</i>	<i>Age (yrs)</i>	<i>Height (mts)</i>	<i>Construction</i>
Total											

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

GOODS HELD IN TRUST – YES/NO. \_\_\_\_\_

IF YES, SPECIFY SUM INSURED – RS \_\_\_\_\_

COMPOUND WALL – YES/NO

IF YES, SPECIFY SUM INSURED – RS \_\_\_\_\_

Kutcha Construction , If yes, then specify the sum insured

### Section 2 (Compulsory)– LOSS OF PROFIT

a. What is the sum insured

CONTENTS : (Excluding Money / Valuables)

(1) Furniture Fixture Fittings

(2) Plant and machinery

(3) Stock in trade consisting of \_\_\_\_\_

Note : Total Sum Insured should not exceed Rs. 5 Cr

b. What is the Turnover for last 12 months? Rs. \_\_\_\_\_

c. What is the estimated Turnover for next 12 months? Rs. \_\_\_\_\_

d. Do you maintain up to date books of accounts? Yes /No

### Section 3 (Compulsory) – Burglary and Housebreaking

Sum Insured Details (Rs)

<i>Risk Location</i>	<i>Stock-in- Trade</i>	<i>Goods held by the Proposer in Trust or on commission for which he is responsible.</i>	<i>Coins and/or Currency Notes in Locked safe</i>	<i>Furniture, Fixtures, Fittings, Utensils and Appliances in trade.</i>	<i>Other Assets (please Specify)</i>	<i>Total</i>

#### Section 4 (Compulsory) – Owner's Personal Accident Insurance

All items are compulsory

1. Cover required for Self: \_\_\_\_\_
2. Name (Self) : \_\_\_\_\_
3. Age (Self) : \_\_\_\_\_
4. Occupation (Self): \_\_\_\_\_ Sum Insured \_\_\_\_\_
5. Name of Assignee: \_\_\_\_\_
6. Relation with the insured : \_\_\_\_\_

#### Section A(Optional) – Public Liability

SN	Location Address	Limit of liability - Each Occurrence (Rs)	Limit of liability - All Occurrences (Rs)
1			
2			

#### A. Annual Turnover revenue receipts:

Year	Sales Turnover (Rs)
Next	
Current	
Prior	

#### B. Retroactive Date (DD/MM/YYYY):

#### C. Extensions desired:

(a) Sudden and Accidental Pollution Extension

☐ Yes ☐ No

(b) Liability arising out of Transportation

☐ Yes ☐ No

If Yes, please state the sublimit required: -----

(c) Act of God Extension

☐ Yes ☐ No

(d) Terrorism Extension

☐ Yes ☐ No

(e) Goods kept in Care, Custody and Control

☐ Yes ☐ No

### Section B (Optional) –Personal Accident (Employees)

Cover required for Employees :

1. Number of Employees :
2. Policy on named basis :
3. Occupation of employees :
4. Attach a list of named employees along with their Employee number, Age and Assignee (Name and Relation) details : Yes/No

### Section C (Optional) – Employees' Compensation

Would you like to opt for cover against Liability under **Employees' Compensation Act**? ☐ Yes ☐ No  
If yes, please fill in the details in the following table:

#### Employee Details

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment
Employees drawing monthly wages upto Rs 15,000.			
<b>Own Employee</b>			
Clerical Staff			
Travelling Sales Staff			
Others (Please specify)			

Description of Employees	Declared Number of Employees	Total Declared wages during the period of insurance.	Place/Places of Employment
Employees drawing monthly wages above Rs 15,000.			
<b>Own Employee</b>			
Clerical Staff			
Travelling Sales Staff			
Others (Please specify)			

### Additional Coverage under Employees' Compensation:

Coverage	Scope of coverage	Limit of Indemnity (Rs)
Medical Expenses Extension	Subject otherwise, to the terms, conditions & exclusions of the policy, the amount of liability incurred by the insured but not exceeding Rs 50,000 per employee	Limit Per Employee for any number of accidents during Period of Insurance Rs...50,000 (Fifty thousand only). Policy aggregate limit – Rs 2 Cr maximum

### Details for all the sections.

Please attach separate sheet for more details

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

Year	Section	Period of Insurance		Premium without Service tax	Claims Received (Rs.)	Claims Outstanding (Rs.)	Nature of Losses
		From	To				
		DD /MM/YY	DD /MM/YY				

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

YES ☐ No ☐

If yes furnish the following details:

A. Name of Insurer

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

C. Whether Insurance was declined by any other Company or imposed any Special Conditions (Give details) Yes ☐ No ☐

D. Has the risk been previously Insured? If so,

a) Name of the Insurance Company

b) Policy No

c) Period From  To

d) Any special terms and conditions imposed

E. Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk? ☐ Yes ☐ No

If yes, please provide details

F. Are you currently covered under any of the existing policies from The New India Assurance Company Limited? ☐ Yes ☐ No

If yes, please provide details

#### KYC DOCUMENTS

1. PAN card
2. Aadhar Card
3. Any Other(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/we understand that the Company has the right to call for documents to establish sources of funds.
3. The Insurance Company has the 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 PROPOSER

1. I/We hereby declare that the statements made by me / us in this Proposal Form are true, accurate and complete to the best of my / our knowledge and belief and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein which is relevant to my/our application for Insurance under this Proposal Form and I/ We hereby agree that this declaration shall form the basis of the contract between me/ us and the “THE NEW INDIA ASSURANCE CO LTD”.

If any additions or alterations are carried out in the risk proposed after the submission of this Proposal Form then the same will be conveyed by me to the Insurers immediately.

Date:\_\_\_\_\_

Place:\_\_\_\_\_

Signature of Proposer\_\_\_\_\_

#### Prohibition of Rebates (Section 41) of the Insurance Act

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

Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

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