ZURICH kotak General Insurance

ZK - 24-25/v2

Zurich Kotak Bharat Sookshma Udyam Suraksha Proposal Form

BSUS

Important
1. This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed ₹ 5 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	**Permanent Address***								
	Address (Line 1)								
	Address (Line 2)								
	City / District		Nearest Landmark		State		Pin Code		Country
	Is the Correspondence Address same as the Permanent Address?* ☐ Yes ☐ No If 'No', please provide below								
	Correspondence (Postal) Address*								
	Address (Line 1)								
	Address (Line 2)								
	City / District		Nearest Landmark		State		Pin Code		Country
3	Telephone No.			Landline No.					
4	Mobile No.								
5	Email								
6	Contact person details (where proposer is not an individual)			Name:					
				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:					

For Individual customers, please share below details:

PAN*: _____ / Form 60 (only in case the customer does not have PAN No.) ☐ Yes ☐ No

GSTIN: _____

Occupation ☐ Business ☐ Salaried ☐ Professionals ☐ Student ☐ Housewife ☐ Retired ☐ Others

Nationality* ☐ Indian ☐ Non-Indian ☐ NRI

Annual Income ☐ Upto 2.5 lacs ☐ 2.5 - 6 lacs ☐ 6 - 10 lacs ☐ 10 - 15 lacs ☐ 15 - 20 lacs ☐ 20 - 25 lacs ☐ > 25 lacs

CKYC Identifier / Number (Generated by CERSAI) _____

Please share the following for authentication purpose:

Proof of Identity (POI) and Proof of Address (POA) [(✓) Tick whichever is applicable]

☐ PAN ☐ Aadhaar ☐ Passport ☐ Driving Licence ☐ Voter ID Card ☐ Others (Please specify): _____

For Corporate customers, please share below details:

CKYC Identifier / Number (Generated by CERSAI): _____

PAN*: _____ GSTIN: _____

Please share the below details for the Authorised Signatory:

Name: _____ Designation: _____

CKYC Identifier / Number (Generated by CERSAI): _____

B. BUSINESS AND LOCATION OF BUSINESS

9	Business of Proposer	
10	Location of risk/ business to be covered - full postal address with Pin Code.	

Sl No.	Address	Pin code	Occupancy	Age of unit	Floor*
1					
2					
3					
4					

*Floor: Ground Floor (GF) / Mezzanine Floor (MF)/ Higher Floor (H).

C. DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION

11	Details of insured property.	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.	
13	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)	
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 ☐ Fixed Water Spray System ☐ Small bore hose reels ☐ Foam System ☐ Trailer Pumps/Fire engines ☐ Fire Alarm System ☐ Hydrant System ☐ Gas Flooding System ☐ Sprinkler System ☐ Others, please specify below.
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
	Note: Kutcha: Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction. **Pucca:** Buildings other than Kutcha are treated as Pucca constructions	
	b Number of Floors	
	c Age of the Building	Less than 5 years ☐ 10-20 years ☐ 5-10 years ☐ Above 20 years ☐
18	Distance between the risk to be covered and nearest Fire Brigade	
19	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)	
20	Whether Insurance was declined by any other Company (Give details)	
21	Premium / Claim details for the past 36 months excluding the expiring policy period	**Year** / **Premium** / **Claim** ₹ ₹ ₹ ₹ ₹ ₹ **Total** ₹ ₹

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**;
- 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 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	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total
									₹
									₹
									₹

E. DETAILS FOR IN-BUILT COVER FOR FLOATER

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 in open: Yes ☐ No ☐	

F. STANDARD ADD-ON

24	Do You want to opt for Declaration Policy? -- Yes/No (strike off what is not applicable). If Yes, give details below:	
	Stocks which fluctuate in value to be covered on (monthly) declaration basis:	
	Amount (`):	

G. ADDITIONAL/ ADD-ON COVERS (over and above optional covers available on payment of additional premium)

Sr. No.	Name of Add-on cover	Sum Insured (in ₹)	Sr. No.	Name of Add-on cover	Sum Insured (in ₹)
1	Loss of Rent/Rent for Alternate Accommodation		6	Escalation	
2	Accidental Damage		7	Incidental Expenses	
3	Involuntary Betterment/Technological Advancement		8	Additional Startup/ Shut Down Expenses	
4	Loss Minimization Expenses		9	Minor Works	
5	Removal of Debris Cover		10	Undamaged Property	

H. PREMIUM DETAILS

Mode of Payment	
Payment Details	
Amount (in ₹)	

I. NOMINEE DETAILS (Applicable for individual customers)

Nominee Name*	Relationship of Nominee with Proposer*	Nominee Date of Birth DD/MM/YYYY*	Nominee Mobile Number	Nominee Email ID	Nominee Present Address	Nominee Permanent Address	Nominee Bank Name and Account Details	% of claim share*

***Total % share cannot exceed more than 100%**

Where Nominee is a minor, give details of Appointee

Name of the Nominee	Name of the Appointee	Date of Birth DD/MM/YYYY	Relationship with the Nominee

Note: Please provide an additional sheet if space is not sufficient to complete details.

J. ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER (E-MAIL ID IS MANDATORY)

Do you have an EIA Account	☐ Yes ☐ No
If Yes, please quote EIA Number	
If No, do you want Us to create an EIA account for you	☐ Yes ☐ No (If Yes, please fill up Insurance Repository Application form)
Email id (to be registered with Insurance Repository)	
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.	

K. DECLARATION BY INSURED

I/We hereby declare that the value of insurable assets is less than ` 5 Crore (Rupees Five Crore) and the statements made by me / Us in this Proposal Form 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 Zurich Kotak General Insurance Company (India) 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.

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory /policy servicing requirements. ☐ I / We would still want to receive a physical copy of the policy.

☐ I / We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

AML DECLARATION

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. I / We understand that the Company has the right to call for document to establish sources of funds. 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.

In case of entity, Type of Organisation making the payment:

☐ Limited Company ☐ Government Organisation ☐ Non-Government Organisation (NGO) ☐ Society ☐ Trust ☐ Partnership

☐ International Organisation ☐ Co-operatives ☐ Section 25 Company ☐ Others

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)?* ☐ Yes ☐ No

"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Are you a Non-Profit Organization?*(only in case of an entity) ☐ Yes ☐ No

"Non-profit organization" means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013)."

Place _____ Date _____ 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.

L. VERNACULAR DECLARATION

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression / signature after fully understanding the contents thereof.

Signature / Stamp of the Proposer*

Place _____ Date _____

Signature of Intermediary / Sales Person*

M. DECLARATION IN CASE THE PROPOSER/ POLICYHOLDER IS PERSON WITH DISABILITY (PWD) (Applicable for individual customers)

I hereby declare that I _____ , am a person with a disability and require assistance in completing this proposal form. I authorize _____ [Name of Representative], to act as my authorized representative and provide necessary declaration on my behalf for this Insurance Policy.

Signature/Thumb impression of Proposer

Place* _____ Date* _____

Signature of Authorised Representative*

N. DECLARATION FOR AGENT

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the thumb impression / signature after fully understanding the features thereof.

Signature / Stamp of the Proposer*

Place _____ Date _____

Signature & Stamp as applicable of the Insurance Advisor/Specified person of Corporate Agent/Authorised Employee of Broker/Sales person*

STATUTORY WARNING

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938 as amended)

1) 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 prospectuses or tables of the Insurer.

2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.

Zurich Kotak General Insurance Company (India) Limited
(Formerly known as Kotak Mahindra General Insurance Company Limited)
CIN: U66000MH2014PLC260291. IRDAI Reg. No. 152. Registered & Corporate Office: 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai - 400063. Maharashtra, India. Toll free: 1800 266 4545; Email: care@zurichkotak.com; Website: www.zurichkotak.com