ZURICH kotak
General Insurance

ZK - 24-25/v2

Burglary Secure Proposal Form

ARS

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.
2. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document/Cover Note and subject to the receipt by the Company of the premium paid.
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on non-disclosure in any material particular in the Proposal Form /personal statement, declaration and connected documents, or any material information having been withheld by the proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains. (Information given herein will be treated in strict confidence).

FOR OFFICE USE ONLY

Quote No.*	Quote Date*	Branch Code	Sales Manager Code	Intermediary Code	Intermediary Service RM	Intermediary Branch code	Intermediary business vertical	Intermediary Client Ref. No.	SP Name/Code

PROPOSAL DETAILS

Proposal for* ☐ New Property ☐ Rollover ☐ Endorsement ☐ Renewal

1. PROPOSER DETAILS

Title Mr. / Ms. / Dr. / M/s / Others

Name* First Name Middle Name Last Name

Gender* ☐ Male ☐ Female ☐ Others Date of Birth* GSTIN

Contact No. Email Id

Nationality Marital Status ☐ Single ☐ Married ☐ Others

Registered Office Address / Permanent Address*

Address (Line 1)

Address (Line 2) Nearest Landmark

City / District State Pin Code Country

Is the Communication Address same as the Registered Office Address / Permanent Address?* ☐ Yes ☐ No If 'No', please provide below

Communication (Postal) Address*

Address (Line 1)

Address (Line 2) Nearest Landmark

City / District State Pin Code Country

Contact No. Email ID GSTIN

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):

*Is the Insured is same as Proposer / Owner? ☐ Yes ☐ No (If 'No', please provide below)

2. INSURED & RISK DETAILS

Title Mr. / Ms. / Dr. / M/s / Others

Name* First Name Middle Name Last Name

Gender* Male Female Others Date of Birth* GSTIN

Contact No. Email Id

Nationality Marital Status Single Married Others

Communication Address*

Address (Line 1)

Address (Line 2)

Nearest Landmark Area City / District

State Pin Code Country

Insured Premises Address

Address (Line 1)

Address (Line 2)

Nearest Landmark Area City / District

State Pin Code Country

(In case of multiple risk locations, please attach a separate sheet)

3. Type of Client: Individual Non-Individual Government

4. Paid-up Capital: Business Sector Urban Rural

5. Type of Individual: Salarised Self-Employed Professional

6. If entity, Type of entity: Partnership firm Company Others (Please specify)

7. PAN Zurich /Kotak Group Employee Yes No If Yes, Employee ID

Any existing policy from us Yes No If Yes, Policy No.

Are you an existing customer of Kotak Mahindra Bank Ltd. / Kotak Mahindra Prime Ltd.? Yes No If Yes, CRN.

8. Hypothecation Details (If any):

9. Whether you have insured the same property with any other Insurance Company with the same type of coverage. Yes No

If Yes, kindly share the details:

10. Whether Insurance was declined by any other Company or imposed any Special Conditions . Yes No

If Yes, kindly share the details:

11. Period of insurance: From To Midnight

12. Please furnish the premium vis- a-vis claim details for the past 36 months or for lesser period.

Policy No	Insurer	Policy period	Description of property	Causes of loss	Amount of loss	Sum Insured (₹)	Premium (₹)

Details of previous insurance (if any)(Kindly attach the list of locations along with the Sum Insured)

13. Kindly provide details of Insured Premise

a. Year of construction of building Type: RCC Else Specify:

b. Built up area

c. Type of Building (Flat/ Bunglow/ farm or else Kindly specify

d. On which floor is premise located

f. Nature of construction of the insured premise? Wall Roof Floor Compound Wall / Fencing

e. Adjoining area is occupied by(Residential , Commercial , Open space) if else please specify

14. Nature of construction of the Insured Premise

Wall	Roof	Floor	Compound wall /Fencing

15. Details of protection to any opening of the Insured Premises

16. Is Security available for the Property?

Security Guard Electronic Device(CCTV/Burglary Alarm) Common watchman Building boundary wall None

17. Mention whether books of accounts properly maintained ☐ Yes ☐ No

18. Occupancy of Risk ☐ Residential ☐ Shop ☐ Office ☐ Manufacturing Unit ☐ Warehouse/Godown

19. How long have you been an occupant of the premises

20. Are you the sole owner/occupant of the premises ☐ Yes ☐ No If No, who are the other occupants?

21. If you want add on covers by the payment of additional premium, please specify:

(i) Theft ☐ Yes ☐ No (ii) Riot, Strike and Malicious damage ☐ Yes ☐ No

22. Is first loss cover desired ☐ Yes ☐ No If yes, please indicate first loss percentage: (25/50/75/>75)

23. Do you wish to avail cover on floater basis? ☐ Yes ☐ No

24. If Yes, please furnish the addresses of the Locations over which the stock will be floating

25. Sum Insured Details

Cover	Sum Insured
Stock (Description required)	
Goods held by the proposer in trust or commission for which he is responsible	
Machinery	
Furniture, Fixtures and Fittings	
Money in locked Safe	
Others – Specify	
Specify Maker's name and specification of safe (Height,width,depth and weight)	

26. Do you want to opt for voluntary deductible? If yes, specify the deductible amount.

Table of discount for Voluntary Deductible			
Sr. No.	**Deductible Amount (In ₹)**	**Discount %**	**Select the box**
1	50,000	5	☐
2	100,000	7.5	☐
3	150,000	10	☐
4	300,000	15	☐
5	500,000	20	☐
6	> 500,000	PMC would provide the relevant guidance– 25%	☐

27. Are these assets covered under insurance taken from other insurance? If yes, then provide the details below.

Note: Please use additional sheet, if space is not sufficient to complete details.

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.

BANK ACCOUNT DETAILS

PAYMENT DETAILS	REFUND / CLAIMS DETAIL
☐ Cheque ☐ Demand Draft ☐ Credit / Debit Card ☐ Online Payment	☐ Details as per premium cheque to be used for electronic fund transfer;
Cheque / D.D# ____ Drawn Amount ____	☐ Cancelled cheque submitted of other bank
Drawn To ____	Account Number ____ IFSC/MICR Code ____
Date D D M M Y Y Y Y IFSC/MICR Code ____	Bank Name ____
Bank and Branch Name ____	Account Holder name ____
For Credit / Debit Card ____	Disclaimer: Zurich Kotak General Insurance Company (India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete.
Transaction Reference No ____ Transaction Date D D M M Y Y Y Y	

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	
Please mention name of Insurance Repository	
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 (Registered with Insurance Repository)	
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.	

DECLARATION

I/We hereby declare that 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 the "Zurich Kotak General Insurance Company (India) Limited".

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would 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 / Thumb impression of the Proposer*

ACKNOWLEDGEMENT:

Received from Ms./Mrs./ Mr. ____

sum of ₹ ____ Through Cheque/DD ____ against your proposal for Burglary Secure.

Signature of Zurich Kotak General Insurance Company (India) Limited Official / Intermediary ____

Date D D M M Y Y Y Y

Zurich Kotak General Insurance Company (India) Limited Official/Intermediary Name: ____

Time: ____ : ____ Place: ____

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. If Zurich Kotak General Insurance Company (India) Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Zurich Kotak General Insurance Company (India) Limited and the policy Terms and Conditions of Burglary Secure and the Company shall have no liability to make any payment if premium is not received by Zurich Kotak General Insurance Company (India) Limited in full and in time, or is not realised. If a proposal is not accepted, Zurich Kotak General Insurance Company (India) Limited will inform you and refund any payment received from you without interest.

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*

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*

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
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