

## Consequential Loss (Fire) Insurance Proposal Form

**ZK - 24-25/v2**

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**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

**PROPOSER / OWNER'S DETAILS**

Proposer's Name\*

Proposer's Trade or Business\*

**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):

Hypothecation Details: Bank Name

Paid up Capital of the firm  Period of Insurance: From:  To

**RISK DETAILS**

Description of Business

Location of Risk to be Covered\*

City / District  Pin code  State  Country

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

Period of Insurance\*: From         To         Indemnity Period\* (In months)

Basis of Indemnity\*  Turnover basis  Output basis  Difference basis  Revenue basis

Wages  Dual Basis  Pro-rata basis

Type of Process  Continuous  Non-continuous

Sum Insured Details\*

a. Net Profit in ₹  b. Standing charges in Rs.  c. Annual Gross Profit in Rs. (Net Profit + Standing charges)

d. Gross Profit for selected Indemnity Period (If Indemnity Period is more than 12 months)

**Description of Standing charges to be Insured**

Name and Address of Independent Accountants/ Auditors

Name

Address

City / District  Pin code  State  Country

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 the Insurer

Policy Period From         To

Whether Insurance was declined by any other Company or imposed any Special conditions (Give Details)  Yes  No

Reasons for Declinature

Conditions imposed

Details of Claims Experience - Please give premium and claim details for last 3 policy periods

Policy Period	Sum Insured and Premium Paid	Incurred Claim Amount (Paid + Outstanding)	Nature of Claim/Section

Do you wish to opt for Voluntary Deductible  Yes  No (if Yes please provide the information below)

Days Gross Profit subject to a minimum of ₹  lakhs

Extensions Required (Please specify)

Details of Material Damage (Fire) Policy\*

A. Name of the Insurer

Policy Period From         To

Policy No.  Sum Insured

**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 DETAILS****PAYMENT DETAILS**

<input type="checkbox"/> Cheque	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Online Payment
Cheque / D.D # <input type="text"/>		Drawn Amount <input type="text"/>	
Drawn To <input type="text"/>			
Date <input type="text"/>		IFSC/MICR Code <input type="text"/>	
Bank and Branch Name: <input type="text"/>			
For Credit/Debit Card: <input type="text"/>			
Transaction Reference No: <input type="text"/>		Transaction Date: <input type="text"/>	

**REFUND / CLAIMS DETAIL**

<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer;
<input type="checkbox"/> Cancelled cheque submitted of other bank
Account Number: <input type="text"/> IFSC/MICR Code <input type="text"/>
Bank Name: <input type="text"/>
Account Holder name: <input type="text"/>
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

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

Do you have an EIA Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please quote EIA Number	<input type="text"/>
Please mention name of Insurance Repository	<input type="text"/>
If No, do you want Us to create an EIA account for you	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill up Insurance Repository Application form)
Email id (Registered with Insurance Repository)	<input type="text"/>
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."

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:

<input type="checkbox"/> Limited Company	<input type="checkbox"/> Government Organisation	<input type="checkbox"/> Non-Government Organisation (NGO)	<input type="checkbox"/> Society	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership
<input type="checkbox"/> International Organisation	<input type="checkbox"/> Co-operatives	<input type="checkbox"/> Section 25 Company	<input type="checkbox"/> 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\*

**ACKNOWLEDGEMENT:**

Received from Ms./Mrs./ Mr.

sum of ₹  Through Cheque/DD  against your proposal for Consequential Loss (Fire) Insurance.

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

Date

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 Consequential Loss (Fire) Insurance 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 of 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 of 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.