

ZK - 24-25/v2

Property Shield Proposal Form

PS

- Important**
1. This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed ₹ 50 Crore, against Fire and Allied Perils.
 2. Read the Prospectus/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 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 if not an individual a. Name b. 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. COVER DETAILS

Sr. No.	Perils Covered	Cover Opted
Section 1	Property Damage	Mandatory Cover
Section 2	Spontaneous Combustion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 3	STFI Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 4	Earthquake Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 5	Forest Fire and Jungle Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 6	Riot, Strikes and Malicious Damages	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 7	Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 8	Theft after an Insured Peril	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 9	Inbuilt Covers	Yes

C. BUSINESS AND LOCATION OF BUSINESS

1	Business of Proposer						
2	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).							

D. DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION

1	The Insured property is	Please tick in the space below
a	Offices, Shops, Hotels etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Industrial / Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	Storage outside Industrial/ Manufacturing risks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d	Tanks / Gas holders outside Industrial/ Manufacturing risks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e	Utilities located outside Industrial/Manufacturing risks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f	Boundary wall	<input type="checkbox"/> Yes <input type="checkbox"/> No
g	Basement storage	<input type="checkbox"/> Yes <input type="checkbox"/> No
h	Others (please specify)	If, yes value stored SI: ₹ _____
2	If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.	
3	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.)	
4	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	

5	Fire Protection devices installed	Please tick the correct answer in the box below.			
		<input type="checkbox"/>	Portable Extinguishers		
		<input type="checkbox"/>	Small bore hose reels		
		<input type="checkbox"/>	Trailer Pumps/Fire engines		
		<input type="checkbox"/>	Hydrant System		
		<input type="checkbox"/>	Sprinkler System		
		<input type="checkbox"/>	Fixed Water Spray System		
		<input type="checkbox"/>	Foam System		
		<input type="checkbox"/>	Fire Alarm System		
		<input type="checkbox"/>	Gas Flooding System		
		<input type="checkbox"/>	Others, please specify below.		
6	Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7	Construction details				
A	Please state material used	Please tick the correct answer in the box.			
i	Walls	<input type="checkbox"/>	Kutchra/	<input type="checkbox"/>	Pucca
ii	Floor	<input type="checkbox"/>	Kutchra/	<input type="checkbox"/>	Pucca
iii	Roof	<input type="checkbox"/>	Kutchra/	<input type="checkbox"/>	Pucca
	Note: Kutchra: 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 Kutchra Construction. Pucca : Buildings other than Kutchra are treated as Pucca constructions				
B	Number of Floors				
C	Age of the Building	Less than 5 years			
		5-10 years			
		10-20 years			
		Above 20 years			
8	Distance between the risk to be covered and nearest Fire Brigade				
9	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)				
10	Whether Insurance was declined by any other Company (Give details)				
11	Premium / Claim details for the past 36 months excluding the expiring policy period	Year	Premium	Claim	
			Rs	Rs	
			Rs	Rs	
			Rs	Rs	
		Total	Rs	Rs	

E. 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).

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
								Rs
								Rs
								Rs

F. OPTIONAL COVERS (available on payment of additional premium)

Please furnish the below mentioned details in case you have opted for Optional Covers under Section 10

1:	Additions or alterations	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
2:	Additional Start-Up/ Shut Down Expenses	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
3:	Floater Cover (for stocks at various locations)	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Location (Postal Address with Pin Code) _____ Sum Insured (in ₹) _____ i) Maximum value at any one location: ₹ _____ ii) Whether stocks stored in open: <input type="checkbox"/> Yes <input type="checkbox"/> No
4:	Declaration Policy for Stocks	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹): _____
5:	Loss of Rent / Rent for Alternative Accommodation	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
6:	Accidental Damage	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
7:	Involuntary Betterment/ Technological Advancement	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
8:	Loss Minimization Expenses	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
9:	Escalation	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
10:	Incidental Expenses	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
11:	Minor works	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
12:	Undamaged property	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
13:	Removal of debris	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
14:	Professional Fees	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____

G. PREMIUM DETAILS

Mode of Payment	
Payment Details	
Amount (in ₹)	

H. 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.

I. BANK ACCOUNT DETAILS

PAYMENT DETAILS	REFUND / CLAIMS DETAIL
<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Online Payment	<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer;
Cheque / D.D# <input type="text"/>	<input type="checkbox"/> Cancelled cheque submitted of other bank
Drawn Amount <input type="text"/>	Account Number: <input type="text"/>
Drawn To <input type="text"/>	IFSC/MICR Code: <input type="text"/>
Date <input type="text"/>	Bank Name: <input type="text"/>
IFSC/MICR Code <input type="text"/>	Account Holder Name: <input type="text"/>
Bank and Branch 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
For Credit/Debit Card: <input type="text"/>	
Transaction Reference No: <input type="text"/>	
Transaction Date: <input type="text"/>	

J. 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"/>
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 (to be 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	

K. DECLARATION

I / We hereby declare that the statements made by me / us in this Proposal Form and Questionnaire are to the best of my / our knowledge and belief, complete and true, and I / We hereby agree that this proposal forms and questionnaire the basis and is part of any policy issued in connection with the above risk(s). It is agreed that Zurich Kotak General Insurance Company (India) Limited is liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. Zurich Kotak General Insurance Company (India) Limited undertakes to deal with this information in strict confidence.

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 Proposer*

ACKNOWLEDGEMENT

Received from Ms. /Mrs. / Mr.

a sum of Rs. Through Cheque/DD against your proposal for Property Shield

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 Property Shield 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.

L. 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 signature after fully understanding the features thereof.

Signature of Proposer

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

*Place: _____

*Date:

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. 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 above after fully understanding the contents thereof.

Signature of Proposer

Signature of Intermediary/ Sales Person*

*Place: _____

*Date:

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

- 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus 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.