ZURICH kotak
General Insurance

ZK - 24-25/v1

Zurich Prime Proposal Form

ZPPF

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.

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* First Name Middle Name Last Name

Proposer's Trade or Business*

Registered Office Address / Permanent Address*

Address (Line 1)

Address (Line 2)

Nearest Landmark

City / District Pin Code

State 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 Pin Code

State Country

GSTIN

Contact No

Email id

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):

Any existing policy from Us Yes No If 'Yes', Policy No

Are you a Non-profit Organization? Yes No

Hypothecation Details: Bank Name

Paid up Capital of the firm

Period of Insurance: From_____To_____

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RISK DETAILS

1. Details of Construction

Type of construction:	☐ Class "A"	☐ Class "AA	☐ Class "B	☐ Class "C"	☐ Class "D"	☐ Mixed Construction (E)
Definition	Buildings with protection which provides a high degree of resistance to fire	Buildings that are fire resistive	Buildings which are incombustible in nature	Buildings having construction features that are generally referred to as masonry, brick, brick joisted or merely joisted building	"Frame" buildings whose walls, roof and floors of combustible construction	
No of Basement Levels						
Age of the Plant						

2. Details of Sum Insured for Property Damage

Sr. No.	Particulars	Risk Location	Remarks
1	Building		
2	Plant & Machinery		
3	Furniture & Fixtures		
4	Piping		
5	Cabling		
6	Stock & Stock in process		
7	Stock in godown		
8	Material in open/Gas holders/ Tank Farms		
	Total Sum Insured		

Business Interruption

3. Details of Sum Insured for Business Interruption

Sr. No.	Particulars	Sum Insured / Limits
1	Gross Profit (Net Profit + Standing Charges)	
	Total Sum Insured	

Please specify the Indemnity Period in Months ☐☐ and Standing Charges

4. Extension of Coverage to Property Damage Section

Sr. No.	Name of the Cover	Yes/ No	Sum Insured / Limits
1	Accounts Receivable (Book Debts)	☐ Yes ☐ No	
2	Brands and Labels	☐ Yes ☐ No	
3	Capital Additions at Existing Premises	☐ Yes ☐ No	
4	Civil or Military Authority	☐ Yes ☐ No	
5	Debris Removal	☐ Yes ☐ No	
6	Expediting Costs	☐ Yes ☐ No	
7	Fine Arts	☐ Yes ☐ No	
8	Fire Brigade Service Charges	☐ Yes ☐ No	
9	Land Improvements	☐ Yes ☐ No	
10	Money in Locked Safe and/or Strong-Room	☐ Yes ☐ No	
11	Money on Insured Premises during Business Hours	☐ Yes ☐ No	
12	Personal Property of Officers, Employees and Visitors of the Insured	☐ Yes ☐ No	
13	Professional Fees	☐ Yes ☐ No	
14	Public Authorities (Increased Cost of Construction)	☐ Yes ☐ No	
15	Temporary Removal	☐ Yes ☐ No	
16	Valuable Papers and Records (Reconstruction Costs)	☐ Yes ☐ No	

5. Extension of Coverage to Business Interruption Section

Sr. No.	Name of the Cover	Yes/ No	Sum Insured / Limits
1	Civil Authority Business Interruption	☐ Yes ☐ No	
2	Contingent Business Interruption	☐ Yes ☐ No	
3	Denial of Access (Ingress/Egress)	☐ Yes ☐ No	
4	Loss of Rent (Rental Value)	☐ Yes ☐ No	
5	Research and Development	☐ Yes ☐ No	

6. Extension of Coverage to Property Damage and Business Interruption Section

Sr No	Name of the Cover	Yes/ No	Sum Insured / Limits
1	Miscellaneous Unnamed Locations	☐ Yes ☐ No	
2	Off Premises Service Interruption Property Damage and Business Interruption Loss (Public Utilities)	☐ Yes ☐ No	
3	Protection and Preservation of Property	☐ Yes ☐ No	
4	Machinery and Equipment Breakdown	☐ Yes ☐ No	
5	Extension to Machinery and Equipment Breakdown - Deterioration of Stock (Spoilage)	☐ Yes ☐ No	

7. Defined Perils covered under the Policy

Sr No	Name of the Cover	Yes/ No	Sum Insured / Limits
1	Earthquake and Volcanic Eruption	☐ Yes ☐ No	
2	Flood	☐ Yes ☐ No	
3	Storm	☐ Yes ☐ No	

8. Details of Sum Insured / Limits for Additional Covers

Sr No	Name of the Cover	Yes/ No	Sum Insured / Limits
1		☐ Yes ☐ No	
2		☐ Yes ☐ No	
3		☐ Yes ☐ No	
4		☐ Yes ☐ No	
5		☐ Yes ☐ No	
6		☐ Yes ☐ No	

9. Details of Fire Extinguishing Appliances

Type of Protection	Yes/ No
Hand Appliances and / or hose reels and / or Trailer Pumps /Fire Engines/Mutual Aid	
Fire Alarm and/ or Smoke Detection system	
Fire Diversion and/ or Spot Protection /CO2 flooding	
Hand Appliances and / or hose reels and / or Trailer Pumps/ Fire Engines + Hydrant System	
Independent Sprinkler and / or Fixed Water Spray System	
Hand Appliances and / or hose reels and / or Trailer Pumps/ Fire Engines + Hydrant System & independent Sprinkler/ Fixed Water Spray System	

10. 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

BANK 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	Bank Name: _____
IFSC/MICR Code _____	Account Holder name: _____
Bank and Branch Name: _____	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: _____	
Transaction Reference No: _____ Transaction Date: _____	

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 (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.	

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:

☐ 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*

ACKNOWLEDGEMENT:

Received from Ms./Mrs./ Mr. _____

sum of ₹ _____ Through Cheque/DD _____ against your proposal for Zurich Prime.

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 Zurich Prime 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.

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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 / 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*

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 / Stamp of the Proposer*

Place Date

Signature of Intermediary / Sales Person*

STATUTORY WARNING

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 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.

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