

ZK - 24-25/v1

Business Secure Proposal Form & Questionnaire

ESE

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*

Address (Line 1)

Address (Line 2) Nearest Landmark

City / District State Pin Code Country

Is the Postal Address same as the Registered Office Address?* Yes No If 'No', please provide below

Postal Address*

Address (Line 1)

Address (Line 2) Nearest Landmark

City / District State Pin Code Country

Contact No. Email ID GSTIN

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

Hypothecation Details: Bank Name

PUT A (✓) TICK MARK WHEREVER APPLICABLE:

All the questions to be answered completely. In case of any additional details, kindly enclose the information as an annexure:

1. Sections opted for (Section I is mandatory and minimum criteria is to select one additional section)	Sections	Yes/No (Pls tick against section for opting)
	Section I - Fire and Special Perils	Yes
	Section II - Business Interruption (Fire)	
	Section III- Burglary & Housebreaking	
	Section IV- Electronic Equipments	
	Section V – Machinery Breakdown	
	Section VI- Boiler and Pressure Vessels	
	Section VII – All Risk	
	Section VIII- Money	
	Section IX- Fidelity Guarantee	
	Section X- Plate Glass	
	Section XI- Signage	
	Section XII- Baggage	
	Section XIII- Personal Accident	
	Section XIV- Employee Compensation	
	Section XV- Public Liability	
	Section XVI- Tenant's Legal Liability	
	Section XVII- Directors and Officers Liability	

2. Sum Insured of Assets	Description	Building	Furniture, Fixtures, other installations	Other Contents (pls specify)	Stocks (specify if on floater basis)	Other insurable items (pls specify)
	Location Address 1:					
	Location Address 2:					
	TOTAL					
	Any other location please provide additionally.					
3. Business Interruption (Fire) - Loss of profit following Fire (insured peril under Section I)	Description	Sum Insured (₹)		Indemnity Period		
	Location Address					
	Gross Profit					
	Location Address					
4. Please specify the contents which you want to avail burglary cover against (in case of no entry in table here, total content SI will be considered)	Description	Sum Insured (₹)		First Loss %(optional)		
5. Details of security arrangement at premises, including watch and ward facility (pls specify)						
6. Pl specify the electrical/ mechanical / electronic equipment / Boiler against which you want to opt for cover under Section IV,V and VI	Description with Sr. No. & make	Year of manufacture		Sum Insured (₹)		
	Total					
7. Valid maintenance contract Force?	Yes / No If yes, Copy to be enclosed					
8. Money Section	I. Money in transit	Single carrying limit (₹)	Total estimated amount of money in transit per annum ₹			
	II. Money in counter	Per Location Limit (₹)	Sum Insured/ Limit (₹)			
	III. Money in safe	Per Location Limit (₹)	Sum Insured/ Limit (₹)			
1. What is the maximum distance in kms that the money will be carried? 2. Mode of Transportation <input type="checkbox"/> By Foot <input type="checkbox"/> By Public Transport <input type="checkbox"/> Own 2 Wheeler <input type="checkbox"/> Own 4 Wheeler 3. Please specify if there is an armed guard/Security a. Accompanying the Money carried outside: Yes/No b. At Insured's Premises for 24 hours: Yes/No c. Please specify if additional person accompany the money outside: Yes/No 4. Is there a CCTV in the insured premises that is clearly operational all through: Yes/ No						
9. Plate Glass	Please provide a description of the Plate Glass which you wish to insure and its value. (Only fixed glass and not furniture glass to be considered under this section)					
	Description	Size		Sum Insured (₹)		
10. Signage	Please provide a description of the Signage/Sign Board/Glow Sign/Hoarding etc which you wish to insure and its value.					
	Description	Situation (outdoors/at height/on ground) pl specify		Type/Age	Sum Insured (₹)	
11. Baggage	Please provide details in relation to accompanied baggage, clothing, personal effects, medicines and all other articles that are generally carried during the period of travel anywhere within India, including a break-up of the value of such articles and a total value of all these articles combined as well					
	Description of item					Sum Insured (₹)
	Total					
12. Fidelity Guarantee If named or unnamed please specify and fill relevant information against this section.	Name of Employee	No of employee	Designation/ nature of work done by them	In service since	Amount of indemnity per event	Aggregate limit of indemnity
13. Employee Compensation Pl specify is same detail needs to be considered, then no need to fill in details separately.	Name of Employee	No of employee	Designation/ nature of work done by them	Designation	Salary monthly/yearly (pl specify)	

14. Tenant's Legal Liability - Limit of Indemnity required (Relevant only if you are tenant)	Sum Insured- AOA and AOY to remain at same value under this cover. Please separately mention assets used by you belonging to owner/lessor				
15. Public Liability	- Annual turn over - Nature of work - Limits required (AOA:AOY)				
16. Personal Accident	Name of the insured person	Date of Birth	Occupation	Relationship with You	Details of existing infirmity or disability
Please provide detail of Nominee the claim to be paid in event of death of any person included here Name of Nominee- Age- Relationship with insured person-					
17. Directors and Officers Liability	Nature of ownership- Pvt Company Public Company Others (pl specify) Please provide details of serving directors and officers in the Proposer's most recent annual report and accounts: Has the chairman, managing director, chief executive officer or chief financial officer of the Proposer left such office within the last 3 years for any reason other than death or retirement? If yes then please provide details: Limit of Liability required: Any other information:				
18. Additional extensions	Please fill up the addendum enlisting the add on cover required for selected section as per question 1				
19. Details of Fire Protection Arrangement available (pl tick options available)	Portable Fire Extinguishers <input type="checkbox"/> Sprinklers <input type="checkbox"/> Hydrants <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 systems <input type="checkbox"/> fire alarm <input type="checkbox"/> systems <input type="checkbox"/> Gas flooding systems <input type="checkbox"/>				
20. Details of Past claim experience under each section opted for (please provide upto last 3 year loss experience, if available)					
	Date of Occurrence	Details of Loss	Amount of Loss (₹)	Name of the Insurers	
21. Has any Company in respect of any section included by you for this insurance has a) Declined your Proposal? b) Cancelled or refused to renew your Policy? c) Accepted your Proposal on special terms and condition?					
22. Period of Insurance	From <input type="text"/> To <input type="text"/>				

BANK 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;	<input type="checkbox"/> Cancelled cheque submitted of other bank	
Cheque / D.D# <input type="text"/> Drawn Amount <input type="text"/>	Account Number <input type="text"/> IFSC/MICR Code <input type="text"/>	Bank Name <input type="text"/>	
Drawn To <input type="text"/>	Bank Name <input type="text"/>	Account Holder name <input type="text"/>	
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IFSC/MICR Code <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.		
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

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	
Please mention name of Insurance Repository	
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)	
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 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 the Proposer*

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/Thumb impression of 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 after fully understanding the contents thereof.

Signature / Thumb impression of Proposer

Place* Date* Signature of Intermediary / 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.

ACKNOWLEDGEMENT:

Received from Ms./Mrs./ Mr.
sum of ₹ Through Cheque/DD against your proposal for Business Secure.

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 Business 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.

Please fill add on covers required against the Section selected.

Section I - Fire and Special Perils

Additional extensions	Yes/ No	Sum Insured/Limits (₹)
Escalation (Max allowed upto 25% of fixed asset Sum Insured)		
Floater Clause		
Architects, Surveyors and Consulting Engineers Fees (in excess of 3% claim amount)		
Removal of Debris (in excess of 1% claim amount)		
Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril		
Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery (ies) in the Insured's premises due to operation of insured peril.		
Forest Fire		
Impact Damage due to Insured's own Rail/Road Vehicles, Fork lifts, Cranes, Stackers and the like and articles dropped therefrom		
Spontaneous Combustion		
Omission to Insure additions, alterations or extensions		
Earthquake (Fire and Shock)		
Spoilage Material Damage Cover		
Leakage And Contamination Cover		
Temporary removal of stocks Cover		
Loss of Rent		
Additional Expenses of Rent for an alternate accommodation		
Start Up Expenses		
Terrorism Damage Inclusion Endorsement		
Voluntary Deductible Clause		
Molten Material Spillage Cover		
Loss Minimisation Expenses		
Brands/ Trademarks		
Sue and Labour Charges		
Claims Payment on Account		
72 Hours Clause		
Involuntary Betterment / Technological Advancement		
Parts Undamaged Clause		
Decontamination and cost of cleanup expenses		
Accidental Damage Cover		
Dewatering Expenses		
Accounts Receivable		
Broad Water Damage		
Electrical Apparatus Clause		
Immediate Repairs		
Employee's personal property/ effect		
Growing Plants, Crops and Trees, Landscaping		
Claims Preparation Cost		
Capital Addition /Newly acquired property/ interest		
Catalysts, Lining, Refractory and Consumable		
Expediting Expenses		
Inadvertent Omission		
Property in Transit		
Cost of Clearing Drains		
Pair and Set Clause		
Deferred Payment clause		
Protection and Preservation of Property		
Additional Insured		
Startup/Shut Down Expenses		
Tenants Liability		
Collapse		
Obsolete Equipment Clause		
Obsolete Parts Clause		
Professional Fees Clause		
Aggravation Clause		
Leak Search and Finding Costs		
Non Invalidation Clause		
Waiver of Underinsurance Clause		
Removal of Debris – External Debris		
Deliberate Damage Clause		
Minor Works		
Non Vitiating Clause		
Multiple Insured Clause		
Property Not In Insured Premises/ Off-Site		
Valuable Papers and Records		
Waiver of Subrogation		
Goods Held in Trust		
Floater Insurance – Unspecified Locations		
Vehicle Load Clause		
Trace and Access		

Additional extensions	Yes/ No	Sum Insured/Limits (₹)
Removal of Debris Including External Debris		
Unoccupancy Clause		
New Location Cover		
Additional Customs Duty		
Errors and Omissions and Mis-Description Clause		
Fire-Fighting Expenses		
Automatic Reinstatement Clause		
Demolition and Increased Cost of Construction		
Contamination and Co-Mingling of Stocks		
Loss Payee Clause		
Primary and Non Contributory Cover		
Temporary Repairs		
Contract Works		
Contingent Duty Clause		
Delay in Repairs		
Bankruptcy and Insolvency		
Expiration		
Outage Clause		
No Control Clause		
Sprinkler Up-Grading Costs		
Control of Damaged Goods Clause		
Destruction Cost		
Re-Validation Charges		
Destruction of Sound Property		
Repeat Tests		
Export Tax Benefits		
Damage to Building (Occasioned by Theft)		
Pollutant Clean Up and Removal		
Undeclared Property of Others		
Appraisalment Clause		
Key and Lock Clause		
Tax Treatment of Profits		
Mould & Fungi Endorsement		
Duty		
Vessel Impact to Jetty		
Currency Conversion		
Merger and Acquisition		
Tenants		
Civil Authority		
Temporary Structures Plant & Equipment (Including Electrical Cables & Pipes)		
Ammonia Contamination		
Customer Goods Clause		
Margin Clause		
Operational Testing		
Original Equipment Manufacturer		
Property in The Course of Construction / Erection		
Purchaser Clause		
Unrepaired Damages		

Section II- Business Interruption (Fire)

Additional Covers	Yes/ No	Sum Insured/Limits (₹)
Supplier's extension		
Customer's extension		
Service Interruption Time element		
Additional Increase in cost of working		
Group Interdependency		
Molten Metal Spillage Cover		
Professional Accountants		
Claims Preparation Cost		
Ingress/Egress		
Denial of Access		
Prevention of Access		
Insured Property Stored at Other Situations		
Spoilage Risk Extension		
Terrorism Damage Cover Endorsement (Material Damage And Loss Of Profit)		
Voluntary Deductible Clause		

Section III- Burglary and Housebreaking

Additional Covers	Yes/ No	Sum Insured/Limits (₹)
Theft Cover		
Riot, Strike and Malicious Damage		
Hold Up		
First Loss Basis Clause		
Floater Clause		
Terrorism Damage Cover Endorsement		

Section IV- Electronic Equipment

Additional Covers	Yes/ No	Sum Insured/Limits (₹)
Third Party Liability		
Express Freight		
Air Freight		
Additional Customs Duty		
Escalation Clause		
Floater Clause		
Parts Undamaged Clause		
Owners Surrounding Property		
Waiver of Betterment		
Omission to Insure/ Inadvertent Omission		
Professional Fee		
Omission to Insure Additions, Alterations		
Claims Investigation Cost		
Claims Preparation Cost		
Non Vitiating Clause/ Multiple Insured Clause		
Cover for Mobile and Portable Equipment outside the Premises		
Terrorism Damage Inclusion Endorsement		

Section V- Machinery Breakdown

Additional Covers	Yes/ No	Sum Insured/Limits (₹)
Third Party Liability		
Express Freight		
Air Freight		
Additional Customs Duty		
Escalation Clause		
Floater Clause		
Parts Undamaged Clause		
Owners Surrounding Property		
Waiver of Betterment		
Omission to Insure/ Inadvertent Omission		
Professional Fee		
Omission to Insure Additions, Alterations		
Claims Investigation Cost		
Claims Preparation Cost		
Non Vitiating Clause/ Multiple Insured Clause		
Cover for Mobile and Portable Equipment outside the Premises		

Section VI- Boiler and Pressure Vessels

Additional Covers	Yes/ No	Sum Insured/Limits (₹)
Third Party Liability		
Express Freight		
Air Freight		
Additional Customs Duty		
Escalation Clause		
Floater Clause		
Parts Undamaged Clause		

Owners Surrounding Property		
Waiver of Betterment		
Omission to Insure/ Inadvertent Omission		
Professional Fee		
Omission to Insure Additions, Alterations		
Claims Investigation Cost		
Claims Preparation Cost		
Non Vitiating Clause/ Multiple Insured Clause		
Cover for Mobile and Portable Equipment outside the Premises		

Section VII- All Risk

Additional Covers	Yes/ No	Sum Insured/Limits (₹)
Geographical Scope - Worldwide		
Mechanical or Electrical Derangement/Breakdown		
First Loss Basis Clause		
New For Old Basis Clause		
Terrorism Damage Cover Endorsement		

Section VIII- Money

Additional Covers	Yes/ No	Sum Insured/Limits (₹)
Cash Kept Overnight at Proprietor's, Partner's, Director's House Due to Exigencies		
Assault Risks		
Theft		
Damage to Safe		
Floater Cover		
Infidelity of Cash Carrying Employees		
Loss of Personal Effects of Employees		
Terrorism Damage Cover		
Use of Duplicate Key		
Off Roll/ Contractor's Employees		
Strike, Riot and Civil Commotion		

Section IX- Fidelity Guarantee

Additional Covers	Yes/ No	Sum Insured/Limits (₹)
Additional Expenses Extension		
Contractual Employee(s) Extension		
Retroactive Period (No of Years)		
Coverage for Foreign Exchange		

Section XII- Baggage

Additional Covers	Yes/ No	Sum Insured/Limits (₹)
Geographical Scope - Worldwide		

Section XIV- Employee Compensation

Additional Covers	Yes/ No	Sum Insured/Limits (₹)
Coverage for Medical Expenses		
Coverage for Occupational Diseases		
Coverage for Contractors Workers/ Employees		
Coverage for Legal Liability under the Fatal Accidents Act, 1885		
Coverage for Terrorism		

Section XVI- Public Liability

Additional Covers	Yes/ No	Sum Insured/Limits (₹)
72 Hours Sudden & Accidental Pollution Extension		
AOG Perils Endorsement		
Food and Beverages Extension		
Guest Effects		
Lifts and Hoists – Trade Use		
Lifts, Hoists, Escalators & Elevators – Public Use		
Medical Payments		
Swimming Pool Extension		
Tenant's Legal Liability		
Terrorism Legal Liability Extension		
Transportation Endorsement		
Valet Parking		
Joint Insured Extension		

Section XVII- Directors and Officers Liability

Additional Covers	Yes/ No	Sum Insured/Limits (₹)
Advancement of Defence Costs		
Corporate Manslaughter		
Counselling Services Extension		
Emergency Cost Adjustment		
Employee Practice Liability Cover		
Insured Vs Insured Cover		
Intellectual Property Cover		
Interpretive Counsel		
Libel and Slander		
Mitigation Costs		
Public Relations Cover		
Retired Directors and Officers		
Spousal, Legal Representative / Heir/ Estate		

TERRORISM DAMAGE COVER (Other than Sections mentioned above)

Section	Yes/ No	Sum Insured/Limits (₹)
Section X - Plate Glass		
Section XI - Signage		
Section XII - Baggage		
Section VI - Tenant's Legal Liability		