

PROPOSAL FORM FOR EDUCATIONAL INSTITUTIONS PACKAGE POLICY

Proposal Form No: ____

Variant Name:____

GUIDELINES FOR COMPLETION OF THE FORM									
Please provide all required information fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. Insurance is a contract of utmost good faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the Proposal Form. If you think any fact is material, please disclose it. The policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form, declaration and connected documents or any material information having been upheld									
by the Proposer or anyone acting on his behalf. Please use additional sheets wherever space is not sufficient to fill up the details.									
Flease use additional sneets wherever space is not sufficient to fill up the details. Kindly contact the Company's Offices or the Insurance Advisor/ Agent for any doubts or clarifications on the Proposal Form.									
NOTE									
The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.									
SCOPE OF COVER Please refer to the Marketing Brochure									
SIGNIFICANT EXCLUSIONS Please refer to the Marketing Brochure									
EXCESS APPLICABLE As per the attached sheet									
EXTENSIONS In addition to the extensions mentioned in the form, certain other optional extensions are available. Kindly contact your Insurance Advisor or Representative of the Company if you require any such extension that is not mentioned herein.									
CUSTOMER INFORMATION									
Name of Proposer: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _									
Proposer Address/Mailing Address:									
City _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ State _ _ _ _ _ _ _ _ _ _ _ Pin: _ _ _ _ _ _ _ _									
Landline No. _ _ _ _ _ _ _ Mobile No. _ _ _ _ _ _ _ _ E-mail ID. _ _ _ _ _ _ _ _ _ _ _ _ _									
Risk Address									
City _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _									
Landline No. _ _ _ _ _ _ Mobile No. _ _ _ _ _ _ _ _ E-mail ID. _ _ _ _ _ _ _ _ _ _ _ _ _									
Paid-up Capital of the enterprise									
PREMISES DETAILS									
Put a (🗸) mark wherever applicable									
Age of building: Years Total built-up area: sq. ft. Two of Construction Formed Load baseling DCC									
Type of Construction: Framed Load-bearing RCC									
Distance from the oceanfront: _ < 500 ft. _ > 500 ft. If < 500 ft., is there an embankment Yes _ No _ No. of floors in the building _ _									
Property located _ (Use NA for not applicable, 'B' for Basement, '0' for G.F., '1' for lst floor and so on.)									
Ownership of property _ Trust _ Rented _ Other									
Occupied by Proposer _ Tenant _ Vacant _ Proposer _									
Name and address of Financier (if a bank or financial institution):									
(Please note that the Agreed Bank Clause Endorsement is applicable for financed properties)									
INSURANCE DETAILS									
Period of Insurance: Start Date _ _ _ _ _ _ To _ _ _ _ _ _ _ _									
This policy covers the following sections. Please tick the sections that you wish to avail of and fill in the details against that section:									
I. Standard Fire and Special Perils II. Electronic Equipment _ III. Machinery Breakdown _ IV. All Risks _									
V. Burglary VI. Fidelity Guarantee VII. Group Personal Accident									
VIII. Critical Illness IX. Money X. Public Liability (Non- Industrial Risks)									
XI. Employer's Liability (Workmen's Compensation) XII. Health (please choose any one) a. Group Health									
b. Group Health (Floater) _ XIII. Plate Glass _ 1									

Please fill i	in the details	s of the re	elevant sec	nations onted							
				•							
Section I-	Standard Fi	ire and S	pecial peri	ls							
Details of t	the Sum Ins	ured :							1	1	
	Building Descriptio	on S	<u>Building</u> Super Struc	Including Plint ture Plinth & Foundati	k .	Machinery & accessories	Furnitu & Fixtures equipm	Office	Others (Please specify)	Total	
-		-		e building? Yes		No					
5	5		0	tinguishing app					Frank Contains 1		
	_		Fire Alarm	System _ F	ydrant S	system _	Sprinklers Sy	stem	Foam System	_ Smoke [Detector
	ns Required										
	II- Electronic		ents Cover	ſ:							
		-		Decembration	Carda		Mana a f			Malanatana	
Sr.	. No.	Quanti		Description of Items		l No./ ification No	Year of Manufacture		Sum nsured (Rs.)	Voluntary Deductible	(lf any)
	computers, em Software		equipmen	t shall include th	ne entire	computer sy	ystem compris	sing of CP	U, Key boards, Mo	onitors, Printe	ers, Stab
-			and in this s	section covered	in Socti	on I: Standar	rd Fire and Sp	ocial Dorile	s Yes No	1 1	
	2 – EXTERN				III Secti				<u> </u>		
								Si	Im Insured		1
	i) Data	Media (t	ype and qu	uantity)							1
				uantity) Iction and rerec	ording o	f informatior	۱.				
	ii) Exp	enses for	Reconstru	iction and rerec	ording o	finformatior	۱.				
	ii) Expo	enses for	SURED	iction and rerec			ı.				
	ii) Expo TOTAL Valid Mainte	SUM INS	SURED	orce Yes _	_	No _	_				
f yes, whe	ii) Exp TOTAL Valid Mainte ether the cor	ENSES FOR SUM IN: nance Co	SURED SURED	orce Yes	_ _ W	No _ /ith External /	_ Agency	t			
f yes, whe (a) In case	ii) Exp TOTAL Valid Mainte ether the cor e of Mainten	enses for SUM IN: nance Co ntract is v ance Cor	SURED SURED pontract in for with the Ma ntract, plea	orce Yes _ anufacturer _ se furnish a cop	_ _ W by of the	No ∣_ 'ith External / Valid Mainte	_ Agency nance Contrac	ct.			
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Section	V-	Burg	lary
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							ions,	please at	ttach as an an	inexure)				
	1 2													
ls cover	for stocks re	equired	on? Total Va	lue Fi	rst Loss Ba	isis If	cove	r is requir	red on First Lo	oss basis	, state the to	tal valu	ue at risk and pr	oposed
First Los	ss sum insur	ed in th	e following	format:										
	F	Total S	Sum Insured	J (Rs.)			Firs	st loss sur	m insured (R	s.)				
	L													
	premises gu		5											
		-		alled, if so	o details of	the same	;							
	ons Required			Yes	No _	_ Others								
Section	VI: Fidelity	Guaran	ntee											
What is	the basis of	insuran	ice? Named	Desi	ignation $ _$	_ Floate	r _	_						
Please	provide deta								· .		•		•	1
	Names/ Designatio		Class* (I/ II/ III)		when in se DMMYYY			ice of oyment	Total remu (annual)		Amount insured		Any security taken	
		$ \blacksquare $		<u> </u>										
	Total	\rightarrow		+		—								
*Risk Ca		anagers	. Executive	s. Officers	and Clerks	s including	a cas	hiers II. C	ash Collector	s and tra	velers III. Of	ffice bo	NVS. DEONS	
Note: P	Please provide	le name	es or specific	c designati	ion for ide	ntification	n purp	ooses.						
Please p	provide the e	estimate	e of maximu	m amoun	t held by a	ny employ	yee c	on your be	ehalf in the fo	ollowing f	ormat:			
		cription	I	Amount	(Rs.)				Per	iod held	(days)			
	Mon Stoc	5												
<u>Section</u>	n VII- Group F		al Accident											
	r of persons t				Tc	otal Capita	al Sur	m Insured	Rs					
	provide the list													
	Name of		Place		Name		Re		o of Nomine		Address of	the	Capital Sum	
	Insured pe	erson	Employ	ment	Nom	inee	–		sured person		Nominee	9	Insured (Rs.)	
A – Acci	idental Death	 h												
	idental Death			-										
C Acc	idental Deatr	n + loss	s of limb+ Ic	oss of eye	s+ Permar	nent Totai	Disa	blement -	+ Permanent	Partial D	isablement			
Section	NIII- Critical	l IIIness	6											
Numbe	er of persons	to be ir	nsured:	'	 									
Please p	provide the li	-								-				
	Ν	Jame of	f the employ	/ee	D	Date of Bir	[.] th	Age	Gender	Sum (Rs.)	Insured	Sp di:	becify existing seases, if any	
l L										,				-
1					<u> </u>			—]
L														
Note: P	lease provide	e inforn	nation on ac	Iditional s	heets if spa	ace is not	suffic	cient to co	omplete deta	ils.				
Do all th	ne members	propos	sed to be ins	ured form	part of or	ne Group d	or As	sociation	or Corporate	body? `	Yes No	_		
Kindly p	provide the p	barticula	ars for the pa	ast 3 polic	y periods (or less per	riod,	for which	n policy availe	ed, in the	following fo	ormat.		
	Kindly provide the particulars for the past 3 policy periods or less period, for which policy availed, in the following format. Policy Period From – To Name & Address of the Insurer Policy Number Total Premium (Rs.) Total amount of claims (Rs.) (Paid + Outstanding)													
					—									
														I
Any Ado	ditional infor	mation	relevant to	the policy	applied fo	, r					-			

Sectio	on IX- Mon	еу						
(i) : Ca	ish in safe							
	Item II			Maximum amount of money held at one time (in Rs.)				
	(a)	locked	l safe(s) or in stro e business hours	ng room on the	es during the busine e Proposer's premis of burglary, house bi	es as specifie	ed in the schedule	ned at one time (in its.)
	(b)	Mone	y in counter / in s at the risk of hold-	pecified premis	ses during business	hours		
Are the	e premises g	guardec	I round the clock?	Yes No	.			
(ii) : Ca	ish in Transi	it						
	Iten	nl	Descrip	tion of Money		Tr	ansit	Limit of any one loss
					F	rom	То	(AOL) (Rs.)
	(,	a) N	Money in transit, f specified premises	rom the bank t s.				
	(1		Money in transit fr premises to the ba					
What i	s the Estim	nated A	nnual amount of r	money in Trans	sit (EAT)?		•	
		-		-				
				0				
			Hr					
	-							
			ty (Non- Industria		te (ettech concrete e	hoot if no ou in		
Please	e provide tr	Sr.	9	s, escalators el Make	tc (attach separate s		ed) Capacity	
		51.	110.	Make			capacity	
(I) Are	e the prem	ises or	equipment or ma	chinery in sou	nd condition of oper	ation and wi	II they be maintained	d so? Yes No
Do	you have r	mainter	nance schedule? I	f yes, please st	ate the maintenance	e frequency p	ber Year	
	5				erty in the following			
			Direct	ion	Description of su	ırroundina	Occupancy [Details
			East		propert			
			West					
			North					
			South					
								J
	-							he premises? Yes No
		0					_ _ _ Tonr	nes
	•	, ,						
						•	nd continuously kep	t in force:
(Iv) Ple	ease indica	ite the l	imits of Indemniti	es during the p	period of Insurance	n the followi	ng format	
			Year			Limit of In	demnity	
(v) Ple	ease indica	te the a	mount of indemn	ity required: A	ny One Accident (A	0A) (Rs.)		
(vi) Ple	ease specif	y the ra	atio of limit of inde	emnity for any	one accident (AOA)	and Any On	e Year (AOY) 1:1	_ 1:2 _ 1:3 _ 1:4
(vii) Ot	her facilitie	es: (Plea	ase specify)					
Extens	sions Reau	ired :						

I. Sports Facilities Extension	n Yes	No	II. Swimming Pool Extension Yes $ _ $	No		
--------------------------------	-------	----	--	----	--	--

III. Foods & beverages Extension Yes |_| No |_| IV. Goods Kept in Custody of Insured Extension Yes |_| No |_|

V. Others (please specify upon consultation with your insurance advisor/ underwriter of the company) _

Section XI- Employer's Liability/ Workmen's Compensation

No. Of Workmen to be insu	red:										
Description of Employees 1		ed Number nployees 2	Cash 3	n Liv allov	ing or oth vances if a 4	ner any)	Total 5			uired. State prospectus	Rate %o PREMIUM (For office use) 7
Workmen drawing month wages up to Rs.4000/-	ly										
Clerical Staff											
Commercial Travellers											
Employees engaged with woodworking machinery including machinists and machinists labourers											
Others (specify)											
Workers drawing monthly wages over Rs.4000/-	/										
Clerical Staff											
Commercial Travellers											
Employees engaged with woodworking machinery including machinists and machinist's labourers											
Others (specify)											
The total amount of wages	salaries and	other earnir	ngs paic	l by you d	during the	past	twelve	months was	s Rs. _	_	_ _ _
Section XII- Group Health/	Group Healt	h (Floater) In	surance	9							
Number of persons to be ir	nsured										
Please provide the list of pe	ersons to be	insured in th	ne follov	ving form	nat						
	nder of the	Relation w		ame of N	ominee			s of the	DOB		red Specify existing
insured person Insu	ured Person	the employ	yee 1		onninee		Nom	ninee		(Rs.)	diseases, if any
Note: 1. Please provide an addition 2. Names of the dependent	onal sheet if s may be m	space is not entioned imr	sufficie nediate	nt to com ly below	nplete deta the name	ails. of ea	ich emp	oloyee.			
If you want to avail of exter	ision of the j	oolicy, please	e specif	y:							
Cover for Pre existing Disea	ise Yes _	No	Famil	y Floater	Cover Yes	s	No				
Others (please specify upor	n consultatio	on with your	insuran	ce adviso	or/ underv	vriter	of the c	company)			
Section XIII- Plate Glass Ins	urance Plea	ise provide t	he desc	ription of	f the prop	erty to	o be ins	sured in the	following	format:	
Sr. no. Tuno of gloop	\//batba	in front rot	urn	Desition		Ci70		Malua	of		a Additional
Sr. no. Type of glass	door, fa case she	r in front retu nlight, count If or mirror a r glass is fixe	ter and	Position of glass	Heigh	Size It x W I cms		Value ornamenta Lettering/I	I work/	Value of glas	s Additional Information (please specify)
1. Plain Glass											
2. Ornamental Glass											
3. Corner Glass											4
4. Special type of glass : please elaborate											
PREVIOUS INSURANCE D	TAILS										
Has any Insurance compan											
a) Declined to insure any c	-	tv/ persons	now pro	oposed?			Yes	N	o		
b) Required an increased p							Yes		o		
c) Requested for repairs of					improvem	nent?			0		
If yes, please provide de											5

PREVIOUS POLICIES AND CLAIMS DETAILS

Please provide details of past insurance with respect to the property proposed to be covered and the claims details thereof :

		Name of	Policy	Insu	rance	Clair	ns History	(for the past 3 yrs.	
S. No	Section	Previous Insurer	Numbers	From	То	No. of claims	Premium paid	Claim Amount	Remarks (if any)
1	Standard Fire and Special Perils								
2	Electronic Equipment								
3	Machinery Breakdown								
4	All Risks								
5	Burglary								
6	Fidelity Guarantee								
7	Group Personal Accident								
8	Critical Illness								
9	Money								
10	Public Liability (Non- Industrial Risks)								
11	Employer's Liability (Workmen's Compensation)								
12	Group Health/ Group Health (Floater)								
13	Plate Glass								

Cheque/DD No.: ____

MODE

______Dated ___/____Drawn on ______Amount ____

ANY ADDITIONAL INFORMATION RELEVANT TO THE POLICY APPLIED FOR

DECLARATION

I/We declare that the quality of construction of the building is satisfactory.

I/We agree that the Company may at any time during the validity of the Policy or at the time of processing any claim under this Policy, if any, in its sole discretion, require me/us to provide proof, documented or otherwise, that insurable interest proportionate to my/our status as declared under the Section "Property Details of this proposal exists, and that I/We shall promptly comply with such requirement of the Company at all such times.

I/We authorize the Company and their agents to exchange, share or part with all the information relating to my/our personal and financial details with Government bodies / Regulatory Authorities/ Statutory bodies, or under court orders as may be required and I/ we will not hold the Company and its agents liable for use of this information.

I/We authorize the Company and their agents to exchange, share or part with all the information relating to my/our personal and financial details and information with other ICICI Bank Group companies/ Banks/ Financial Institutions/ as may be required and I/ we will not hold the Company or any other group companies of ICICI Bank Group and their agents liable for use of this information. (Please tick "Yes" or "No" as applicable)

Yes |__ | No |__ |

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal, declarations and Annexure hereto (if any) shall be the basis of contract between me/us and the Company and I/We agree to accept the Policy subject to the conditions prescribed by the Company under intimation to me/us.

I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.

Place: _____

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 five hundred rupees.

Deferment less		A
Referred by :	Agent Code :	Agent Name :
NCICITCUDY		

Sector: |_| Urban |_| Rural |_| Social



— GENERAL INSURANCE—

Mailing Address : ICICI Lombard General Insurance Company Limited, 4th, Floor, Interface -11, Office No. 401 & 402, New Linking Road, Malad (W), Mumbai - 400 064.

Corporate Office :

ICICI Lombard General Insurance Company Limited, Zenith House, Keshavrao Khadye Marg, Opp. Race Course, Mahalaxmi, Mumbai - 400 034. e-mail: info@icicilombard.com

Insurance is the subject matter of the solicitation. IRDA Reg. No. 115, Misc 103