

ENTERPRISE SECURE 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. 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** Proposer Address/Mailing Address: State | Landline No. 1 | Mobile No. | F-mail ID. I __|State Mobile No. | E-mail ID. Paid-up Capital of the enterprise | | | | Annual turnover (Rs.): | PREMISES DETAILS DETAILS: Put a (✔) mark wherever applicable Age of building: |__|_|_| years No. of floors in the building |__|_| Type of Construction: Framed Load-bearing Kutcha (Use B for Basement, 0 for G. F., 1 for 1st floor and so on) Property located Ownership of property Trust Rented Other Occupied by Proposer Tenant 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: Date | __ | __ | __ | __ | To Midnight of | __ | __ | __ | __ | 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. (A) Standard Fire and Special Perils - Structure |__| (B) Standard Fire and Special Perils - Contents |__| II. Electronic Equipment |__| III. All Risks |__| IV. Burglary |__| V. Fidelity Guarantee |__| VI. Group Personal Accident |__| VII. Critical Illness VIII. (A)Money - Cash in Safe | __| (B) Money - Cash in Transit IX. Employer's Liability (Workmen's Compensation) |__| XI. Plate GlassI X. Group Health Please fill in the details of the relevant sections opted.

Section I-	Standard Fire an	d Special perils	(and Earthquake	e) - Structure					
	Building Description	Type of Construction	Plinth and Foundation	Plant and Machinery	FFF	Others (Please spe		Total	
							+		
							+		
							<u></u>		
 Sprink Hand Hand Hand Hand Hand Hand Other feat 	 2) Hand Appliances & Trailer Pumps / fire Water Spray System 3) Hand Appliances & Hydrant System 								
Section II	- (B) Standard Fir - Electronic Equi 1 - LIST OF EQUI	oments Cover :	erils (and Earthqu	uake) - Contents	5				
	Item No.	Quanti		cription Items	Year of Manufacture	Sum Insured (Rs.)		Deductible	
							_		4
UPS, Syste	em Software etc.				system comprising o	-	s, Monito	ors, Printers, S	tabilisers,
SECTION	2 - EXTERNAL D	ATA MEDIA							
Γ							Sum Ins	sured	
	i) Data Media (t								
⊢	ii) Expenses for TOTAL SUM INSU		and re-recording	or iniormation.					
If yes, whe a) I b) I i	Is there a Valid Maintenance Contract in force _ Yes _ No If yes, whether the contract is with the Manufacturer _ With External Agency _ a) In case of Maintenance Contract, please furnish a copy of the Valid Maintenance Contract.								
	II - AII Risks ovide the descript	ion of the equip	ments to be cove	ered :					
	S. No.	Type of Equipmen	t	Make, Model	Serial Number	Year of Manufacture	Sum	Insured (Rs.)	
									_
"\ C	2 Compared and an analysis of Colorina badis to the								
	i) Scope of cover required : Only in India _ Scotion V. Burgland								
Locations	'- Burglary and addresses o		•	-	nce after each part o	f address and at	tach sep	arate sheet fo	r multiple
	Is cover for stocks required on? Total Value First Loss Basis If cover is required on First Loss basis, state the total value at risk and proposed First Loss sum insured in the following format:								

		Total	Sum Insured (Rs.)	F	irst loss	sum insured	(Rs.)		
Are the premises guarded by exclusive 24 hours watchman _ Yes _ No Please give details of openings in premises & how are they secured: Doors, Windows or Skylights Whether any special safety devices installed, if so details of the same Are the valuables secured in safe(s) outside business hours? _ Yes _ No										
		/ Outside busilless	s riours:	-	_ 162	100				
	I: Fidelity Guarantee:									
Named	e basis of insurance? _ Designation	1 1								
	vide details of the empl	_ ovees to be guara	anteed in the f	allowing	ı format:					
Employed ID	_		Designations	Class (I/II/III)	Since w	ice	Place of Employment	Total remuneration (annual) (Rs.)	Amount to be Insured (Rs.)	Any Security taken
						,		, , ,	,	
*Risk Cate										
I) Man II) Cash III) Office Note: Please pro	nagers, Executives, Officent Collectors and traveled be boys, peons ovide names or specific covide the estimate of ma	rs designation for id	entification pu	rposes.	on your be	ehalf in th	he following fo	ormat:		
Г	Description		Amount (Rs	s.)			Perio	od held (days)		
	Money			,						
	Stocks									
Number of Total Capit	I- Group Personal Accid f persons to be insured tal Sum Insured Rs wide the list of persons									
Name of Insured p		Place of Employment	Name of t Nomine		Nominee	nship of with th person	ne Catego	ry Tab	efit Cap le Insi	oital Sum ured (Rs.)
				+			-			
Risk Category I Doctors, Lawyers, and Persons engaged in clerical & Administrative staff etc. II Builder, Contractor, Engineer on site, workers, Mechanics, Driver & Manual laborers etc. III Persons working in mines, explosive units, Electrical installations on line, Racing, Circus, Skiing, Mountaineering, Ballooning, Winter Sports & Polo etc. Benefit Table: A - Accidental Death B. Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement C - Accidental Death + loss of limbs + loss of eyes + Permanent Partial Disablement										
Section VIII - Critical Illness Number of persons to be insured: _ _ _ _ _ _										
Please provide the list of persons to be insured in the following format										
	Name of the employee		Employee No.	Date c Birth	~	Gende	Sum Insur (Rs.)		ify existing ases, if any	
							+			\dashv
	H		+				+	_		_

Note:									
	•	n additional sheet if sp		•					
		proposed to be insured	•	•	•	,	_ Yes	Nc)
Kindiy prov	Policy	Period Period	Name & A	ddress	or which policy a	Policy	Total	Tot	al amount of claims
	Fror	n - To	of the In	surer		Number	Premium (Rs.) (Rs.)	(Paid + Outstanding)
		<u>l</u>			!		ļ.		
Any Addition	onal inforn	nation relevant to the p	policy applied for						
Note: Plea	adı	ditional sheets if space	is not sufficient to co	omplete de	taile				
		•	ris not sumcient to d	ompiete de	rtalis.				
Section II (i): Cash	-	/							
(i) . Casii		<u> 1</u>	Daga	windian af	Cook			Marria	
	Item	"	Desc	ription of	Casn			held a	m amount of money t one time (in Rs.)
	(a)		on the Proposer's						
			cked safe(s) or in the schedule outs						
		house breakir	ng, dacoity, robber	y and hold	dup.				
	(b)	Money in cou of hold-up	nter / in specified p	oremises (during business	s hours agair	nst the risk		
Aro tho n	romisos	guarded round the	clock? Vos l	No			l		
			clock: les	110					
(ii) : Cash	n in Trans	sit							
	Item I	Descript	ion of Money				Transit		Limit of any one loss (AOL) (Rs.)
						From		То	, , , ,
	(a)	Money in transit, specified premise							
	(b)	Money in transit f	rom the specified						+
	(-)	<u> </u>	ank for remittance o the specified pre		s bank and				
	(c)	in personal custo	dy of Proposer or	his emplo	yee for a				
		period not exceed	ding 48 hours from	n time of c	collection.				
What is th	ne Estima	ated Annual amoun	t of money in Tran	sit (FAT)?					
		carried (i.e. whether							
What is th	ne desigr	nation of the employ	ee handling mone	ey?					
Section IX	X- Emplo	yer's Liability/ Wor	kmen's Compensa	ation					
No. Of Wo	orkmen t	o be insured:							
ſ	D	escription of	Estimated	Cash	Living or oth	ner Total	Insu	rance	Rate %o
		Employees	Number of Employees		allowance s if any)		require	d. State or B of	PREMIUM (For office use)
		1				_	prosp	ectus	
	10/22/	1	2	3	4	5		6	7
	monthl	en drawing y wages up							
	to Rs.40								
}	Clerical	Staff ercial Travellers	1				-		+
}		rees engaged	1						+
	with wo	oodworking ery including							
		ists and ists labourers			1				

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 earnings paid by you during the past twelve months was Rs. |_|_|_|_|_|_|

Section X - Group Health Insurance

Number of persons to be insured : _____

Please provide the list of persons to be insured in the following format.

Name of the insured person	Gender of the Insured Person	Relation with the employee	Date of Birth	Sum Insured (Rs.)	Specify existing diseases, if any

Note:

- 1. Please provide an additional sheet if space is not sufficient to complete details.
- 2. Names of the dependents may be mentioned immediately below the name of each employee.

Section XI - Plate Glass Insurance

Please provide the description of the property to be insured in the following format

Sr. no.	Type of glass	Whether in front return door, fanlight, counter case shelf or mirror and whether glass is fixed.	Position of glass	Size Height x Width (in cms)	Value of ornamental work/Lettering/ Painting	Value of glass	Additional Information (please specify)
1.	Plain Glass						
2.	Ornamental Glass						
3.	Corner Glass						
4.	Special type of glass*: please elaborate						

OTHER DETAILS

 $Please\ provide\ the\ following\ information\ for\ all\ your\ employees\ (please\ use\ additional\ paper\ and\ attach\ if\ space\ provided\ below\ is\ not\ sufficient):$

Information	Employee No 1	Employee No 2	Employee No 3
Employee Number			
Employee Name			
Age			
Designation			
Contact Number			
Is he/she a home owner (Y/N)?			
If he/she owns a vehicle then: 1. Name of Model 2. Is it 4-wheeler? 3. Insurance Renewal Date			
Identification Type (pan no, driving license no, voter id no etc)			
Identification No			

Has any Insurance company, a) Declined to insure any of the property/ persons now proposed? Yes |__| No |__| b) Required an increased premium or imposed special conditions? Yes |__| No |__| c) Requested for repairs or made other special stipulations for risk improvement? Yes |__| No |__| If yes, please provide details. 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: Insurance Claims History (for the past 3 yrs. Name of Policy Section Previous S. No No. of Premium Claim Remarks Numbers From Insurer claims paid Amount (if any) Standard Fire and Special Perils 2 Consequential Loss (Fire) **Boiler and Pressure Plant** 3 4 Electronic Equipment 5 Machinery Breakdown 6 All Risks 7 Burglary 8 Fidelity Guarantee **Group Personal Accident** 9 10 Critical Illness Money 11 a) Public Liability Industrial 12 Risks) b) Public Liability (Non-Industrial Risks) 13 Employer's Liability (Workmen's Compensation) Marine i) Inland single Transit 14 (ii) EXIM SIngle Transit Group Health/Group Health 15 (Floater) Plate Glass 16 17 **Directors & Officers Liability Public Liability Insurance** 18 (under PLI Act, 1991) MODE OF PAYMENT Cheque/DD No.: _____ _ Dated ____/___ Drawn on _____ ___ Dated ____/___/ ___ Drawn on ___ DD No.: _ ANY ADDITIONAL INFORMATION RELEVANT TO THE POLICY APPLIED FOR ____ **DECLARATION**

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

PREVIOUS INSURANCE DETAILS

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.

Intimation to me/ us.

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

Place:

Date: ___/__/____

Proposer's Signature/Seal/Stamp

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.

Referred by :	
Agent Code :	
Agent Name :	
Sector: Urban Rural Social	



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