



THE NEW INDIA ASSURANCE COMPANY LIMITED

Head Office : New India Assurance Bldg.
87,M.G. Road, Fort, Mumbai – 400 001

PROPOSAL FORM

Important:

1. 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.	Address of Proposer	
3.	Telephone No (Landline)	
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 :



B. Business and Location of Business:

9.	Business of Proposer						
10.	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					

C. Details about business covered at the insured location

11.	The Insured property is	Please tick in the space below :
a.	Offices, shops, hotels etc.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b.	Industrial / manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c.	Storage outside Industrial/ manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d.	Tanks / gas holders outside industrial/ manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e.	Utilities located outside Industrial/manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f.	Boundary wall	Yes <input type="checkbox"/> / No <input type="checkbox"/>
g.	Basement storage	Yes <input type="checkbox"/> / No <input type="checkbox"/>
		If, yes Value stored S.I. ₹.....
h.	Others (please specify)	_____



12.	If used as warehouse / godown (not Located in a manufacturing unit) please give the list of goods stored.	
13.	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)	
14.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
15.	Fire Protection devices installed	Please Tick the correct answer in the box below.
		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.
16.	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force :	Yes <input type="checkbox"/> / No <input type="checkbox"/>
17.	Construction Details	
a.	Please state material used	Please tick the correct answer in the box
i.	Walls	Kutchra <input type="checkbox"/> / Pucca <input type="checkbox"/>
ii.	Floor	Kutchra <input type="checkbox"/> / Pucca <input type="checkbox"/>
iii.	Roof	Kutchra <input type="checkbox"/> / Pucca <input type="checkbox"/>



	<p>Note: Kutchha: 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 Kutchha Construction. Pucca: Buildings other than Kutchha are treated as Pucca constructions.</p>		
b.	Number of Floors		
c.	Age of the Building	Less than 5 years	
		5-10 years	
		10-20 years	
		Above 20 years	
18.	Distance between the risk to be covered and nearest Fire Brigade		
19.	Whether You have insured the same property with any other Insurance Company with the same type of coverage. (Give details)		
20.	Whether Insurance was declined by any other Company (Give details)		
21.	Premium / Claim details for the past 36 months excluding the expiring policy period	Year	Claim
		Premium	
		₹	₹
		₹	₹
		₹	₹
		₹	₹
		₹	₹
		TOTAL	₹

D. 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**



22.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	FFF and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please specify)	Total
									₹
									₹
									₹

I. Details of Floater Cover: Yes/No (strike off what is not applicable). If yes, give details below:

23.	Floater Cover (for stocks at various locations)	Location (Postal Address with Pin Code)	Sum Insured (in ₹)
		i) Maximum value at any one location: ₹.....	
		ii) Whether stocks stored in open: Yes / No	



II. Details for Declaration Policy: Yes/No (strike off what is not applicable). If yes, give details below :

24.	<p>Stocks which fluctuate in value to be covered on (monthly) declaration basis:</p> <p>Amount (₹)</p> <p>[1] Policy will not be issued on short period basis [2].Stocks in process & stocks stored at Railway sidings are not covered</p>
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F	Additional covers [add-ons] offered with the policy	Please tick in the space below : [S.I. if specific]
		Yes <input type="checkbox"/> / No <input type="checkbox"/>
		Yes <input type="checkbox"/> / No <input type="checkbox"/>
		Yes <input type="checkbox"/> / No <input type="checkbox"/>
		Yes <input type="checkbox"/> / No <input type="checkbox"/>
		Yes <input type="checkbox"/> / No <input type="checkbox"/>

G. Premium Details

25.	Mode of Payment	
	Payment Details	
	Amount	

H. Declaration by Insured

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 _____.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

Date:
Place:

Signature of the Proposer