

# FUTURE GENERALI INDIA Insurance Company Limited

# **Business Suraksha for Hotels & Restaurants Proposal Form**

1. Name of Proposer along with correspondence address:	
City State	Pincode
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2. Risk Address:	
City Ctota	Dincodo
City State	Pincode
Telephone (O) (R) (M) (F	ax No)
3. Policy Period: From To	
4 Coverage Proposed (Please tick the relevant sections you require)	
4. Coverage Proposed : (Please tick the relevant sections you require)	Contont
Standard Fire and Special Perils – Building and / or	Contents
Building construction Walls / Roof	Brick wall in RCC Framework.
Walls / NOO!	Others (Please specify)
	Is the premises situated in Basement: Yes /
	No
Do you own the building?	Yes No
If yes, sum to be insured for insurance	
(Please take the reinstatement value for building Premises)	Rs.
Contents: What is the value of contents on Market Value basis (other than money and	Rs.
electronic equipments)	
Furniture, Fixture, Fittings	Rs.
(Please take the reinstatement value)	
Machinery / Equipments, if any	Rs.
Do you wish to opt for terrorism cover extension?	Yes No
Do you wish to opt for Rent for Alternate Accommodation extension?	Yes No
Fire Loss of Profit (Business Interruption)	
Do you wish to opt for Rent for	Yes No
Alternate Accommodation extension?	
What is annual gross profit in INR	INR
What is Indemnity period to be	3 M/ 6 M/ 9 M/
opted in Months	12 M
opted in Months	T7 IAI
Burglary and Housebreaking	
What is the value of contents (other than money)?	Rs.
Furniture, Fixture, Fittings Please take the reinstatement value	Rs.
Whether 24-hrs security provided for the complex/ building of Hotel & Restaurant that is to be	Yes No
insured?	
Whether any burglar alarm or similar security devices are provided. If 'Yes' please specify	Yes No

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Machinews Ducaldayun of Floatsical and Machanical A	nulianess
Machinery Breakdown of Electrical and Mechanical A (Excluding the equipments which are more than 7 year	
Air conditioner and Generator along with its reinstatement value, date of manufacture	5 010)
Other than above equipments to be insured if any - along with reinstatement value, date of mfg.(Please attach separate sheet if req)	
Please provide details of breakdown and Repair cost incurred during the last 3 years for the	
above equipments (Please attach separate sheet if required)	
(Trease attach separate sheet in requirea)	
Electronic Equipment	
(Excluding equipments which are more than 7 years old from the date of man	ufacture of such equipments)
Please provide in respect of all the Electronic equipment that you wish to insure the following :	
Description	
Type of the items along with serial number.	
Date of manufacture	
Name of manufacturer	
Reinstatement Value	
Money	
Money in transit (Please indicate the limit required per transit)	Rs.
Transit details from where to where.	
Is there a daily written record of the money in transit and is it updated every day?	Yes No
Sum Insured for Money in Safe	
Description of Safe	
Sum Insured for Money in Counter	
Fidelity Guarantee	and a second to a south to
Please provide the following information in respect of all the employees in respect of whom insur- Name	ance cover is sought :
Designation	
Per Employee sum insured limit ( Max Limit up to Rs.50,000)	
Any One Accident (AOA) sum insured ( Max Limit up to Rs. 200,000)	
Any One Year (AOY) sum Insured ( Max Limit up to Rs.200,000)	
Is there a system to obtain references from previous Employers? If not, specify practice followed	
Has there been any occasion to question honesty or conduct of any person proposed for	☐Yes☐ No
guarantee?  If yes, please provide details	
How often are the employees required to account for money ?	
Are books of accounts balanced everyday?	Yes No
What independent system is there to check that all sums received by employees are accounted	
for	
Plate Glass	
Please provide a description & location of the Plate Glass, which you wish to insure, and its	
value (Attach separate sheet if required)	
(Attach separate sheet in required)	
Neon / Glow sign	
Description Description	
Year of Make	
Name of manufacturer	
Reinstatement value for which you wish to insure	Rs.
Personal Accident	
Do you want personal accident cover for:	
Hotel Owner	Yes No
Discourage the list of the manage of the construction to the term of the construction to t	<u> </u>
Please provide the list of the names of the employees to be insured in the following format:	

: Loyal Insurance Brokers Ltd.
<ul> <li>Broker</li> </ul>
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Name	Date of Birth	Nominee Name	Relationship	Details of any infirmity/ injur		Maximum Sum Insured	
Please attach separate							
Have you / and or yo company and sum insu		ken personal accident	t cover from any o	other insurance	∐Yes ∐ No	)	
company and sum mst	ared details.						
		Wo	rkmen's Compen	sation			
Please provide following	ng information if \	Workmen compensation	on cover is required				
Number of Workers							
Nature of Work  Any security measures	to prevent accid	ents					
Any past history of acc							
,							
			Public Liability	,			
Please provide the lim For Any One Accident					Rs.		
(Maximum limit Rs. 50							
(11011111111111111111111111111111111111				l			
			isk- Portable Equi				
Cum Incured		(E	xcluding Mobile Ph	ones)			
Sum Insured Make / YOM / Serial N	os						
(Please attach separat		d)					
Please provide details	in relation to nor	conal haggago, clothin	Baggage	ll other articles			
(Excluding Valuable /							
within India, including	g a break-up of t	-					
articles combined toge	ether.						
		Description of item				Value (Rs)	
						(1.0)	
Total							
Total					<u> </u>		
			Other Information	on			
Whether you have insi					Yes No		
Insurance Company w			nocod any Crassist	`andition:	□Voc □ M -		
Whether Insurance was Is the premises has su					Yes No		
details	crea any nood	iosses in last 5 years.	yes picase piovi	ac 1035 / Claii113		"	
					Details of Los	S:	
Please provide the se	ction wise claim ,	Loss details if any un	der any of the opto	ed section			

### **Declarations and Warranty**

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Future Generali India Insurance Company Ltd. and I/We agree to accept a policy, subject to the conditions prescribed by Future Generali India Insurance Company and to pay premium on the amount estimated above at the end of each policy period. I /We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

## **Prohibition or Rebates**

"No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue and insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission

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payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer." Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to five hundred rupees.
☐ I/We hereby declare that the premium for the said policy is paid out of the legally declared and assessed source of my/our income. OR
☐ I/We hereby declare that the premium is paid from the Bank Account of Mr./Msthe payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.
PAN NO: if the premium payable is above Rs. 1 lac (please attach proof)
Date: Proposer's Signature
Note: The liability of the Company does not commence until the proposal is accepted by the Company and full premium is paid.