



**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)	<b>Sections</b>		<b>Yes / No (please (✓) tick against section for opting)</b>	
	Section I - Zurich Kotak Bharat Laghu Udyam Suraksha		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 Insurance			
	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 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 (H).

**Details about business covered at the insured location**

2.1	The Insured property is	Please (✓) tick in the space below	
	a. Offices, Shops, Hotels etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Industrial / Manufacturing risks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c. Storage outside Industrial / Manufacturing risks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	d. Tanks / Gas holders outside Industrial / Manufacturing risks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	e. Utilities located outside Industrial / Manufacturing risks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	f. Boundary Wall	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	g. Basement Storage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	h. Others (please specify)	If, yes value stored SI: ₹ _____	
2.2	If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.		
2.3	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).		
2.4	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?		
2.5	Fire Protection devices installed	Please (✓) tick the correct answer in the box below.	
		<input type="checkbox"/>	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.
2.6	Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.7	Construction Details	Please (✓) tick the correct answer in the box below.	
	a. Please state material used		
	i. Walls	<input type="checkbox"/>	Kutcha / <input type="checkbox"/> Pucca
	ii. Floor	<input type="checkbox"/>	Kutcha / <input type="checkbox"/> Pucca
	iii. Roof	<input type="checkbox"/>	Kutcha / <input type="checkbox"/> Pucca
	Note: Kutcha: 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 Kutcha Construction. Pucca : Buildings other than Kutcha are treated as Pucca constructions.		
	b. Number of Floors		
	c. Age of the Building	Less than 5 years	
		5-10 years	
		10-20 years	
		Above 20 years	

2.8	Distance between the risk to be covered and nearest Fire Brigade																
2.9	Whether you have insured the same property with any other Insurance Company with the same type of coverage (Give details)																
2.10	Distance between the risk to be covered and nearest Fire Brigade																
2.11	Premium / Claim details for the past 36 months excluding the expiring policy period	<table border="1"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>Claim</th> </tr> </thead> <tbody> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td>Total</td> <td>₹</td> <td>₹</td> </tr> </tbody> </table>	Year	Premium	Claim		₹	₹		₹	₹		₹	₹	Total	₹	₹
Year	Premium	Claim															
	₹	₹															
	₹	₹															
	₹	₹															
Total	₹	₹															

### 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 or the Contract Price\* of goods sold but not delivered, as applicable.

\* **Contract Price** is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total
								₹
								₹
								₹

I. Do You want to opt for Floater Cover?: Yes / No (strike off what is not applicable). If yes, give details below

Floater Cover (forstocks 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. Do You want to opt for Declaration Policy? - Yes / No (strike off what is not applicable). If Yes, give details below:

Stocks which fluctuate in value to be covered on (monthly) declaration basis:

Amount (₹): \_\_\_\_\_

3.	Business Interruption (Fire): Loss of profit following Fire ( insured peril under Section I).	<table border="1"> <thead> <tr> <th>Description</th> <th>Sum Insured (₹)</th> <th>Indemnity Period</th> </tr> </thead> <tbody> <tr> <td><b>Location Address:</b></td> <td></td> <td></td> </tr> <tr> <td>Gross Profit:</td> <td></td> <td></td> </tr> <tr> <td><b>Location Address:</b></td> <td></td> <td></td> </tr> <tr> <td>Gross Profit:</td> <td></td> <td></td> </tr> </tbody> </table>	Description	Sum Insured (₹)	Indemnity Period	<b>Location Address:</b>			Gross Profit:			<b>Location Address:</b>			Gross Profit:					
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		<b>Location Address:</b>																		
		Gross Profit:																		
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Gross Profit:																				
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).	<table border="1"> <thead> <tr> <th>Description</th> <th>Sum Insured (₹)</th> <th>First Loss% (optional)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Description	Sum Insured (₹)	First Loss% (optional)															
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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.	<table border="1"> <thead> <tr> <th>Description with Sr. No. &amp; make</th> <th>Year of manufacture</th> <th>Sum Insured (₹)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> <td></td> </tr> </tbody> </table>	Description with Sr. No. & make	Year of manufacture	Sum Insured (₹)										<b>Total</b>					
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<b>Total</b>																				
7.	Valid maintenance contract Force?	Yes / No																		
		If yes, Copy to be enclosed																		
8.	Money Section	<table border="1"> <thead> <tr> <th>I. Money in transit</th> <th>Single carrying limit (₹)</th> <th>Total estimated amount of money in transit per annum (₹)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th>II. Money in counter</th> <th>Per Location Limit (₹)</th> <th>Sum Insured / Limit (₹)</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th>III. Money in safe</th> <th>Per Location Limit (₹)</th> <th>Sum Insured / Limit (₹)</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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 (₹)			
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		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).					
		<b>Description</b>		<b>Size</b>		<b>Sum Insured (₹)</b>	
10.	Signage	Please provide a description of the Signage / Sign Board / Glow Sign / Hoarding etc which you wish to insure and its value.					
		<b>Description</b>		<b>Situation (outdoors/at height on ground) pl specify</b>		<b>Type/Age</b>	<b>Sum Insured (₹)</b>
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.					
		<b>Description</b>					<b>Sum Insured (₹)</b>
		<b>Total</b>					
12.	Fidelity Guarantee: If named or unnamed please specify and fill relevant information against this section.	<b>Name of Employee</b>	<b>No of employee</b>	<b>Designation/nature of work done by them</b>	<b>In service since</b>	<b>Amount of indemnity per event</b>	<b>Aggregate limit of indemnity</b>
13.	Employee Compensation: Pl specify is same detail needs to be considered, then no need to fill in details separately.	<b>Name of Employee</b>	<b>No of employee</b>	<b>Designation/nature of work done by them</b>	<b>Designation</b>	<b>Salary monthly /yearly (pl specify)</b>	
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	<ul style="list-style-type: none"> <li>• Annual turn over</li> <li>• Nature of work</li> <li>• Limits required (AOA:AOY)</li> </ul>					
16.	Personal Accident	<b>Name of the insured person</b>	<b>Date of Birth</b>	<b>Occupation</b>	<b>Relationship with You</b>	<b>Details of existing infirmity or disability</b>	
		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: <input type="checkbox"/> Pvt Company <input type="checkbox"/> Public Company <input type="checkbox"/> 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)	<input type="checkbox"/> 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 systems <input type="checkbox"/> Gas flooding systems					
20.	Details of Past claim experience under each section opted for (please provide upto last 3 year loss experience, if available).	<b>Date of Occurrence</b>	<b>Details of Loss</b>		<b>Amount of Loss (₹)</b>	<b>Name of the Insurers</b>	
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 Cheque / D.D# <input type="text"/> Drawn Amount <input type="text"/> Drawn To <input type="text"/> Date <input type="text"/> IFSC/MICR Code <input type="text"/> 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="checkbox"/> Details as per premium cheque to be used for electronic fund transfer; <input type="checkbox"/> Cancelled cheque submitted of other bank Account Number <input type="text"/> IFSC/MICR Code <input type="text"/> Bank Name <input type="text"/> Account Holder name <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.

**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	<input type="text"/>
Please mention name of Insurance Repository	<input type="text"/>
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)	<input type="text"/>
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 value insurable assets is more than ? 5 Crore but less than ?50 Crore and 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 Zurich Kotak General Insurance Company (India) Limited.

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.

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\*

**ACKNOWLEDGEMENT**

Received from Ms./Mrs./ Mr  a sum of ₹

Through Cheque/DD  against your proposal for Business Secure (Bharat Laghu Udyam Suraksha).

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 (Bharat Laghu Udyam Suraksha) 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.

## 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.

## ADDENDUM - ADD ON EXTENSIONS

Please fill add on covers required against the Section selected.

Additional Covers	Yes / No	Sum Insured / Limits (₹)
<b>Section I - Zurich Kotak Bharat Laghu Udyam Suraksha</b>		
Removal of Debris		
Loss of Rent/ Rent for Alternative Accommodation		
Accidental Damage		
Involuntary Betterment/ Technological Advancement		
Loss Minimization Expenses		
Escalation		
Incidental Expenses		
Additional startup / shut down expenses		
Minor Works		
Undamaged property		
<b>Additional Covers</b>		
<b>Section II - Business Interruption (Fire)</b>		
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		
<b>Section III - Burglary &amp; House - Breaking</b>		
Theft Cover		
Riot, Strike and Malicious Damage		
Hold Up		
First Loss Basis Clause		
Floater Clause		
Terrorism Damage Cover Endorsement		
<b>Section IV - Electronic Equipment</b>		
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		
<b>Section V - Machinery Breakdown</b>		
Third Party Liability		
Express Freight		
Air Freight		
Additional Customs Duty		
Escalation Clause		
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Parts Undamaged Clause		

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Cover for Mobile and Portable Equipment outside the Premises		
<b>Section VI - Boiler and Pressure Vessels</b>		
Third Party Liability		
Express Freight		
Air Freight		
Additional Customs Duty		
Escalation Clause		
Floater Clause		
Parts Undamaged Clause		
Owners Surrounding Property		
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Professional Fee		
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Claims Investigation Cost		
Claims Preparation Cost		
Non Vitiating Clause/ Multiple Insured Clause		
Cover for Mobile and Portable Equipment outside the Premises		
<b>Section VII - All Risk</b>		
Geographical Scope - Worldwide		
Mechanical or Electrical Derangement/Breakdown		
First Loss Basis Clause		
New For Old Basis Clause		
Terrorism Damage Cover Endorsement		
<b>Section VIII - Money</b>		
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		
<b>Section IX - Fidelity Guarantee</b>		
Additional Expenses Extension		
Contractual Employee(s) Extension		
Retroactive Period (No of Years)		
Coverage for Foreign Exchange		
<b>Section XII - Baggage</b>		
Geographical Scope - Worldwide		
<b>Section XIV - Employee Compensation</b>		
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		
<b>Section XVI - Public Liability</b>		
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		
<b>Section XVII - Directors and Officers Liability</b>		
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		

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