

Shop Secure (Bharat Laghu Udyam Suraksha) Proposal Form & Questionnaire

SSB

ZK - 24-25/v1

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.
2. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document/Cover Note and subject to the receipt by the Company of the premium paid.
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on non-disclosure in any material particular in the Proposal Form /personal statement, declaration and connected documents, or any material information having been withheld by the proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains. (Information given herein will be treated in strict confidence).
6. This proposal is for covering an enterprise whose total value of insurable assets at a location exceeds ₹5 Crore but does not exceed ₹50 Crore, against Fire and Allied Perils.

FOR OFFICE USE ONLY

Quote No.*	Quote Date*	Branch Code	Sales Manager Code	Intermediary Code	Intermediary Service RM	Intermediary Branch Code	Intermediary Business Vertical	Intermediary Client Ref. No.	SP Name/Code

PROPOSER'S INFORMATION

Proposer's Name*

First Name
Middle Name
Last Name

Proposer's Trade or Business*

Registered Office Address*

Address (Line 1)

Address (Line 2) Nearest Landmark

City / District State Pin Code Country

Is the Postal Address same as the Registered Office Address?* Yes No If 'No', please provide below

Postal Address*

Address (Line 1)

Address (Line 2) Nearest Landmark

City / District State Pin Code Country

Contact person details if not an individual:

a. Name

b. Designation

Contact

Telephone No. (Landline No.) Mobile No. Email ID

GSTIN

For Individual customers, please share below details:

PAN*: / Form 60 (only in case the customer does not have PAN No.) Yes No

GSTIN:

Occupation Business Salaried Professionals Student Housewife Retired Others

Nationality* Indian Non-Indian NRI

Annual Income Upto 2.5 lacs 2.5 - 6 lacs 6 - 10 lacs 10 - 15 lacs 15 - 20 lacs 20 - 25 lacs > 25 lacs

CKYC Identifier / Number (Generated by CERSAI)

Please share the following for authentication purpose:

Proof of Identity (POI) and Proof of Address (POA) [(✓) Tick whichever is applicable]

PAN Aadhaar Passport Driving Licence Voter ID Card Others (Please specify): _____

For Corporate customers, please share below details:

CKYC Identifier / Number (Generated by CERSAI):

PAN*: GSTIN:

Please share the below details for the Authorised Signatory:

Name: Designation:

CKYC Identifier / Number (Generated by CERSAI):

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)	Sections		Yes / No (please (✓) tick against section for opting)	
	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 - All Risk			
	Section VII - Money			
	Section VIII - Fidelity			
	Section IX - Plate Glass			
	Section X - Signage			
	Section XI - Baggage			
	Section XII - Pedal Cycle			
	Section XIII - Personal Accident			
	Section XIV - Employee Compensation			
	Section XV - Public Liability			
Section XVI - Tenant Legal 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	Whether Insurance was declined by any other Company (Give details)																
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 (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. 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>Location Address:</td> <td></td> <td></td> </tr> <tr> <td>Gross Profit:</td> <td></td> <td></td> </tr> <tr> <td>Location Address:</td> <td></td> <td></td> </tr> <tr> <td>Gross Profit:</td> <td></td> <td></td> </tr> </tbody> </table>	Description	Sum Insured (₹)	Indemnity Period	Location Address:			Gross Profit:			Location Address:			Gross Profit:					
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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. & 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>Total</td> <td></td> <td></td> </tr> </tbody> </table>	Description with Sr. No. & make	Year of manufacture	Sum Insured (₹)										Total					
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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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		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).					
		Description	Size	Sum Insured (₹)			
10.	Signage	Please provide a description of the Signage / Sign Board / Glow Sign / Hoarding etc which you wish to insure and its value.					
		Description	Situation (outdoors/at height on ground) pl specify	Type/Age	Sum Insured (₹)		
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.					
		Description				Sum Insured (₹)	
		Total					
12.	Fidelity: If named or unnamed please specify and fill relevant information against this section.	Name of Employee	No of employee	Designation/nature of work done by them	In service since	Amount of indemnity per event	Aggregate limit of indemnity
13.	Employee Compensation: Pl specify is same detail needs to be considered, then no need to fill in details separately.	Name of Employee	No of employee	Designation/nature of work done by them	Designation	Salary monthly /yearly (pl specify)	
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"> • Annual turn over • Nature of work • Limits required (AOA:AOY) 					
16.	Personal Accident	Name of the insured person	Date of Birth	Occupation	Relationship with You	Details of existing infirmity or disability	
		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.	Pedal Cycle	Name of Manufacturer		Age	Sum Insured (₹)		
18.	Additional Extensions	Section I - Zurich Kotak Bharat Laghu Udyam Suraksha				Sum Insured (₹)	
		Section II Business Interruption (Fire)				Sum Insured (₹)	
		Section III Burglary & House - Breaking				Sum Insured (₹)	
		Section VI Portable Equipment				Sum Insured (₹)	
		Section VII Money				Sum Insured (₹)	
		Section VIII Fidelity Guarantee				Sum Insured (₹)	
		Section XI Baggage				Sum Insured (₹)	
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).	Date of Occurrence	Details of Loss	Amount of Loss (₹)	Name of the Insurers
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		to	

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#	Drawn Amount	<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer;	
Drawn To		<input type="checkbox"/> Cancelled cheque submitted of other bank	
Date	IFSC/MICR Code	Account Number	IFSC/MICR Code
Bank and Branch Name		Bank Name	
For Credit / Debit Card		Account Holder name	
Transaction Reference No	Transaction Date	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	
Please mention name of Insurance Repository	
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)	
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.	

ACKNOWLEDGEMENT

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

Through Cheque/DD _____ against your proposal for Shop 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 Shop 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

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 / Stamp of the Proposer*

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 / Stamp of the Proposer*

Place*

Date*

Signature of Intermediary / Sales Person*

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 / Stamp of the Proposer*

Place*

Date*

Signature & Stamp as applicable of the Insurance Advisor/Specified person of Corporate Agent/Authorised Employee of Broker/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.