



# UNITED INDIA INSURANCE CO. LTD.

Head Office: No. 19 4th Lane, Nungambakkam High Rd, Chennai, Tamil Nadu 600034  
CIN: U93090TN1938GOI000108

## **Standard Proposal Form**

### **United Bharat Laghu Udyam Suraksha**



# UNITED INDIA INSURANCE CO. LTD.

Head Office: No. 19 4th Lane, Nungambakkam High Rd, Chennai, Tamil Nadu 600034  
CIN: U93090TN1938GOI000108

## PROPOSAL FORM

### **Important:**

- 1. 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.**
- 2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.**
- 3. 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<br>a. Name<br>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 :<br><br>To : |



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## 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 checked="" 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 SI: ₹.....                                       |
| 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                                                               |                                                                       |



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|                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------|--|---------------------------------------------------|--|------------------------------------------------|--|-----------------------------------------------------|--|---------------------------------------------------|--|-------------------------------------------|--|---------------------------------------------------|--|--------------------------------------|--|--------------------------------------------|--|----------------------------------------------|--|--------------------------------------------------------|
| 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.                                                                                                                                                                                                                                                                                                                                                    | <table border="1"> <tr> <td>Fire Protection devices installed</td> <td>Please Tick the correct answer in the box below.</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Portable Extinguishers</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Small bore hose reels</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trailer Pumps/Fire engines</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Hydrant System</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Sprinkler System</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Fixed Water Spray System</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Foam System</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Fire Alarm System</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Gas Flooding System</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Others, please specify below.</td> </tr> </table> | 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. |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
| 16.                                                                                                                                                                                                                                                                                                                                                    | <table border="1"> <tr> <td>Indicate whether AMC( Annual Maintenance contract) for the Fire Protection Appliances is in force :</td> <td>Yes _____ / No _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Indicate whether AMC( Annual Maintenance contract) for the Fire Protection Appliances is in force : | Yes _____ / No _____                             |  | <input type="checkbox"/> <input type="checkbox"/> |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
| Indicate whether AMC( Annual Maintenance contract) for the Fire Protection Appliances is in force :                                                                                                                                                                                                                                                    | Yes _____ / No _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
|                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
| 17.                                                                                                                                                                                                                                                                                                                                                    | Construction Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
| a.                                                                                                                                                                                                                                                                                                                                                     | Please state material used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
| i.                                                                                                                                                                                                                                                                                                                                                     | Walls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
| ii.                                                                                                                                                                                                                                                                                                                                                    | Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
| iii.                                                                                                                                                                                                                                                                                                                                                   | Roof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
| <table border="1"> <tr> <td></td> <td>Please tick the correct answer in the box</td> </tr> <tr> <td></td> <td>Kutchha / Pucca</td> </tr> <tr> <td></td> <td>Kutchha / Pucca</td> </tr> <tr> <td></td> <td>Kutchha / Pucca <input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     | Please tick the correct answer in the box        |  | Kutchha / Pucca                                   |  | Kutchha / Pucca                                |  | Kutchha / Pucca <input type="checkbox"/>            |  | <input type="checkbox"/> <input type="checkbox"/> |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
|                                                                                                                                                                                                                                                                                                                                                        | Please tick the correct answer in the box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
|                                                                                                                                                                                                                                                                                                                                                        | Kutchha / Pucca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
|                                                                                                                                                                                                                                                                                                                                                        | Kutchha / Pucca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
|                                                                                                                                                                                                                                                                                                                                                        | Kutchha / Pucca <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
|                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
| <p><b>Note:</b><br/> <b>Kutchha:</b> 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.<br/> <b>Pucca:</b> Buildings other than Kutchha are treated as Pucca constructions.</p>                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |
| b.                                                                                                                                                                                                                                                                                                                                                     | Number of Floors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                  |  |                                                   |  |                                                |  |                                                     |  |                                                   |  |                                           |  |                                                   |  |                                      |  |                                            |  |                                              |  |                                                        |



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|                                                                                                                                |                   |         |       |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|-------|
| 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              | Premium | Claim |
|                                                                                                                                |                   | ₹       | ₹     |
|                                                                                                                                |                   | ₹       | ₹     |
|                                                                                                                                |                   | ₹       | ₹     |
|                                                                                                                                |                   | ₹       | ₹     |
|                                                                                                                                |                   | ₹       | ₹     |
|                                                                                                                                | 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 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



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*extent of the Damage. The Company's liability shall be based on the Contract Price).*

| 22. | 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 |
|-----|----------------------|---------------------------------------------------------------|-------------------|----------------------------------------------------|--------------|------------------|----------------|----------------------------------|-------|
|     |                      |                                                               |                   |                                                    |              |                  |                |                                  | ₹     |
|     |                      |                                                               |                   |                                                    |              |                  |                |                                  | ₹     |
|     |                      |                                                               |                   |                                                    |              |                  |                |                                  | ₹     |

## E. Standard add-ons

- I. Do You want to opt for 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: ₹..... <input type="checkbox"/> |                    |
|     |                                                 | 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 :

|     |                                                                                                  |
|-----|--------------------------------------------------------------------------------------------------|
| 24. | Stocks which fluctuate in value to be covered on (monthly) declaration basis:<br><br>Amount (₹): |
|-----|--------------------------------------------------------------------------------------------------|



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## F. Other add-ons

|                             |     |                          |    |                          |
|-----------------------------|-----|--------------------------|----|--------------------------|
| 25. Accidental Damage Cover | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 26. Escalation Clause       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 27. Removal of Debris       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

## G. Premium Details

|     |                 |  |
|-----|-----------------|--|
| 28. | Mode of Payment |  |
|     | Payment Details |  |
|     | Amount          |  |

## H. Declaration by Insured

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 the United India Insurance Co.Ltd.

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

### **INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates**

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.