



UNITED INDIA INSURANCE COMPANY LIMITED

REGD & HEAD OFFICE: NO 24 WHITES ROAD CHENNAI – 600 014

COMMERCIAL PACKAGE KIT (COMPACT) INSURANCE

Proposal Form

	DO/BO Code:	Fresh Proposal / Renewal		
	Dev. Officer Code:	Agency Code:		
1	Name of the Insured:	1.		
2	Address for communication:	2.		
3	Description of Business / Profession:	3.		
4	a) Address of the premises to be insured (If different from 2 above b) Please indicate whether the premises is own or rented c) Do you wish to cover the building under Section I? If so whether under Reinstatement Value (RIV) basis or Market Value (MV) basis? (please contact our office for exact definition of RIV and MV)	4. a) b) Own / Rented c) Yes / No If yes, on RIV / MV basis		
5	Has any of the items covered under the following sections/ endorsements suffered any damage previously? If so, give details of the same in the following format. Attach a separate sheet, if necessary.			
	Date of Occurrence	Details of Loss	Amount of Loss (Rs.)	Name of the Insurance Company
6	Give details of previous insurance, if any			
7	Has any Company in respect of any of the items proposed for insurance hereunder a) Declined your proposal? b) Cancelled / refused to renew your Policy? c) Accepted your proposal on special terms and conditions?			
8	Please indicate the Sections to be covered under the Policy by putting a tick mark in the appropriate column.			
Section No.	Description of property	Sum Insured (Rs.)	Rate (Rs. Per 1000)	

I. Fire & Allied Perils	A. Building. (Refer 4 (c) above)			Rs-----	
	B. Contents (Incidental stock to be declared specifically) (Please attach a separate list).			Rs-----	
	C. Tenant's Legal Liability			Rs-----	
II. Burglary & House breaking	Contents (Please attach a separate list)			Rs -----	
III. Electrical & Mechanical Appliances	Item	Serial No.	Year of Mfg.	Rs -----	
	Please attach a separate list Note: All items without selection have to be declared for Insurance				
IV. Electronic Appliances	Item	Serial No.	Year of Mfg.	Rs -----	
	Please attach a separate list Note: All items without selection have to be declared for Insurance				
V. Money Insurance	Please indicate the amount to be insured				
	a) In transit Max. Limit per carrying Rs-----			Rs -----	
	b) In Safe c) In Till			Rs ----- Rs -----	
VI. Personal Accident	Name	Age	Designation Capital Sum Insured (Rs.)	Rs -----	
	Please attach a separate list				
VII. Infidelity / Dishonesty of employees	Name	Designation	Limit of liability	Rs. 6.00 on the Sum Insured selected + Rs. 10	

	Please attach a separate list		per person on the number of persons to be covered	
VIII. Legal Liability	A. Towards Third Parties AOA= AOY= Sum Insured		Rs. -----	As per W. C Act
	B. Towards Employees			
	Est. No. of emp. p.	Nature of Work	Est. Wages	
	Please attach a separate list			
IX. Fixed Glass / Sanitary Fittings	Description of plate glass / sanitary fittings		Rs -----	
	Please attach a separate list			
X. Neon / Glow Sign / Hoarding	Description	Year of Mfg.	Rs.-----	
	Please attach a separate list			
9	Do you wish to cover any of the following endorsements? If so, please indicate the endorsements to be covered under the Policy by putting a tick mark in the appropriate column.			
A	Do you wish to cover baggage? If yes, please indicate the amount to be covered. (If you wish to cover Travelling Advance and Business Sample, please specify and the value thereof)		Yes / No.	
B	Do you wish to cover the Loss of Profits? If yes, please indicate a) Sum Insured for i. Gross Income ii. Additional Expenditure iii. CA's Fees b) Indemnity Period opted for (Indemnity period cannot exceed 12 months)		Yes / No Rs ----- Rs ----- ----- months	

C	<p>Do you wish to extend this Policy to cover students towards Personal Accident? If yes, please indicate</p> <p>a) limit of liability</p> <p>i. per student per accident</p> <p>ii. per accident for all students</p> <p>iii. per year for all students for all accident</p> <p>(This endorsement also covers hospitalisation expenses arising out of accident the limit for which depends on the Compensation limit chosen for a student)</p>	<p>Rs. -----</p> <p>Rs. -----</p> <p>Rs. -----</p>	
D	<p>Do you wish to cover Professional Negligence? If so, please indicate Limit of liability for the establishment</p> <p>a) per accident</p> <p>b) per year</p>	<p>Rs. -----</p> <p>Rs. -----</p>	
E	<p>Do you wish to cover occupants Benefits? If so, please specify the limits for the following sub-sections</p> <p>(AOY = Any One Accident)</p> <p>(AOY = Any One Year)</p> <p>(AOO = Any One Occupant)</p> <p>a) Loss of belongings</p> <p>b) Legal Liability towards</p> <p>i. Valuables under care, control and custody</p> <p>ii. Food and beverages</p> <p>iii. Extra facilities such as health clubs, beauty parlours, shops, swimming pools, indoor and outdoor sports</p> <p>iv. Aqua sports facilities</p> <p>v. For inclusion of skydiving, skiing and hang gliding</p> <p>c) Personal Accident for occupants</p>	<p>AOO AOY-</p> <p> for all</p> <p>occupants</p> <p>a)Rs. 5,000/-</p> <p>Rs.1,00,000/-</p> <p>b)AOA (Rs.) AOY</p> <p>(Rs.)</p> <p>c) AOA (Rs.) AOY</p> <p>(Rs.)</p>	

F	<p>Do you wish to cover additional rent for alternative accommodation as consequent of fire to insured premises?</p> <p>If so, please indicate the amount for which the coverage is required?</p> <p>Limit of Indemnity: The sum(s) produced by multiplying the monthly additional rent or actual additional rent whichever is lower by number of months for which the Insured Premises was unfit occupancy or the maximum indemnity period of 12 months. The sum insured is the maximum liability of the Company under this Endorsement.</p> <p>Monthly Additional Rent:</p> <p>a) If the Insured is owner-occupant it is calculated by dividing 10% of the Sum Insured under Section 1(A) by 12 (twelve).</p> <p>b) If the Insured is tenant, it is calculated by dividing the 25% of the Sum Insured on contents under Section I (B) by 12.</p>	<p>Rs.-----</p>
For Office Use only		
Total Premium		Rs. _____
Add: Premium for endorsements No.		Rs. _____
Sub-Total (I)		Rs. _____
Less: Section Discount covering more than -----sections / Endorsements		Rs. _____
sub Total (II)		Rs. _____
less: Renewal Discount for ----- Renewal		Rs. _____
sub-Total (II)		Rs. _____
NET PREMIUM		Rs. _____
<p>Note:</p> <ol style="list-style-type: none"> Section / Renewal Discounts are applicable on all sections/endorsements except Sections I,III, IV, VIII and Endorsements B. Section I is compulsory. The policy should be taken for a minimum of 5 sections including Section I. 		
The liability of the company does not commence until the proposal has been accepted by the company and the full premium paid to the Company.		

We hereby declare that the particulars contained herein are true and correct and that no material fact has been withheld, misstated or misrepresented and also that this proposal cum schedule forming part of the company's standard policy shall be the basis of contract between us and the Insurance Company. We further declare that the sum insured herein represents the full value of the property described herein.

Place :

Date :
of Proposer

Signature

Section 41 of The Insurance Act 1938

Prohibition of Rebates

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 continuing a policy accept any rebate except such rebates as may be allowed in accordance with the prospectus 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 Rs. 500/-