

# OFFICE PACKAGE INSURANCE POLICY Proposal Form



Version no. PF.OFF.ver01.08.24

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016, West Bengal. | CIN: U66000WB2009PLC136327 | **IRDAI Reg. No. 149** Product UIN: IRDAN149RP0001V02201415 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license. Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789





	PROPOSA	L FORM -	– OF	FICE PA	ACKAGE IN	SURANCE PO	OLICY	
Name	of the Proposer							
Addre	ss of the Proposer							
	of the insured to whom the							
policy	has to be dispatched	Telephone	e No.			Fax No.		
		E Mail ID				Bank Account	No.	
	ss of the insured							
Agent	/Broker Name					Agent /Broker Code		
	of Insurance	From				То		
-	ation/ Business Activity							
-	Office Name to be orated in the policy							
	p Capital							
Sectio	n I & Section II – Fire & Allied I	Perils and B	Burglai	ry & Rob	bery Insuran	<b>ce</b> (Compulsory	sections)	
A.	Business and Location of Bus	iness- Locat	tion of	f risk/bus	siness to be co	-		with Pin Code.
SI	Address			Pin	Occupancy	Age of unit	Floor*	
No.				code				
1.								
2.								
3.								
*Floor	: Ground floor (GF)/ Mezzanin	e Floor (MF	)/ Higi	her Flooi	r (HF)			
B.	Details about Business cover	ed at the in	sured	location				]
1.	Details of insured property	1						
a.	Boundary wall		Yes		No			
b.	Basement storage		Yes		No			
			If Yes	s, Value s	stored SI : INF	<u> </u>		
с.	Others ( please specify)							
2.	If used as warehouse /godown (not Located in a manufacturing unit), please the list of goods stored.	egive						





3.	Fire Protection devices installed	Please tick the correct answer in the box below.
		Portable Extinguishers
		Small bore hose reels
		Trailer Pumps/Fire engines
		Hydrant System
		Sprinkler System
		Fixed Water Spray System
		Foam System
		Fire Alarm System
		Gas Flooding System
		Others, please specify below
4.	Indicate whether AMC ( Annual Maintenance contract) for the Fire Protection Appliances is in force	Yes I No I
5.	Construction details	
a.	Please state material used	Please tick the correct answer in the box.
i.	Walls	Kutcha 🗗 / Pucca 🔲
ii.	Floor	Kutcha / Pucca 🗆
iii.	Roof	Kutcha / Pucca 🗆
		NoteKutcha : Building(s) having walls and/or roofs of wooden planks/thatchedleaves 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	
с.	Age of the Building	Less than 5 years   5- 10 years   10-20 years   Above 20 years
6.	Distance between the risk to be covered and nearest Fire Brigade	



	7.	property Company	You have insured with any other Ins with the same ty (Give details)	surance						
	8.		nsurance was decl Company (Give de	-						
g	).	-	<sup>7</sup> Claim details for t s excluding the expi od	iring -	Year	P1	remium (IN	R)	Claim (INR)	
	C	. Sum Ins	ured and Other d	etails of Insur	ed Property					I
	<ul> <li>(Indicate Sum Insured on the following basis:</li> <li>For Building,Plant and Machinery, Furniture, Fixture and Fittings and other contents: Reinstatement Value;</li> <li>For raw material: Landed Cost;</li> <li>For stock in process: Input cost;</li> <li>For finished stock: Manufacturing cost of the finished stock or the Contract Price* of goods sold but not delivered, asapplicable.</li> <li>* 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).</li> </ul>									
10	10       Description of Block       Building including plinth, Basement and additional structures (INR)       Plant & Furniture & Fixtures, Plinth, Basement and additional structures (INR)       Furniture & Fixtures, Plinth, Plant & Fixtures, Plinth, Basement and additional structures (INR)       Furniture & Fixtures, Plinth, Plant, Plan									



#### D. Details for in-built cover for Floater

11.	Floater Cover (for stocks at various locations)	Location (Postal Address with PINCODE)	Sum Insured (INR)
		<ul> <li>i) Maximum value at any one location:₹.</li> <li>ii) Whether stocks stored in open: Yes/</li> </ul>	

#### E. Standard Add-on

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 (₹):

- **1.** What protection is provided to:
  - (a) Doors
  - (b) Windows
  - (c) Skylights, ventilators, exhaust fans, lights, airconditioners, trap doors

#### NB: Mention any specific precautions you have adopted for safeguarding your Property

- 2. Are the premises guarded by Watchmen? If so by how many and during whattime?
- 3. Are all valuables secured in a safe(s) outside business hours?
- 4. How many keys are there to the safe (s) and with whom are they kept?

#### **Details of Safe**

5. Is the insured location protected by a burglar alarm system? If yes, please specify

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# 6. Sum to be Insured for contents (Please provide details in reference to Fire Section Sum Insured)

					Add O	n Co	ver Unde Se	er Bu ectio		and R	obbe	ery		
Coverag tick the bo selected)		ase	Location 1		Location 2	Lo ca ti o n 3	Location 4			Locatio	on 5	Location 6		Total Amount
Theft														
RSMD														
Section	III- F	ire Lo	oss of Prof	it									•	
					Amount	t In R	ls			Se		he indemnit	y period ı	required
Annual	Gros	s Rev	enue					3	Month		-		9 Months	□ 12 Months
								15	Month	ns 1	18 Mo		24	30 Months
												ſ	Nonths	
Section	IV -	Mone	ey In Trans	it & '	Safe									
Sr. No.			-	ation				Tran	sit Be	tween	1		Limit of	Liability
							Fro	m		Т		Maximum		Estimated Annual
										ο		at any one	total Amount Rs	
1														
2														
3														
4														
	V - P	late			n Signs/Glow	/ Sig	1	• • •						
Sr . No.			Loc	ation	n				w sign		Dime	ension of Pla Glow Sig	-	Sum Insured
1.														
2.														
3.														
Sr . No.			Loc	catio	n		Frame	work	ow sig n	al		Dimension Frame /Framewo	Sum Insured	
1.														
2.	on VI, VII – Electronic Equipment , Machinery Breakdown Insi													
				<u> </u>	-	nine	•							
Sr . No.	Cove e (E ME	EI/	Locatio	on	Type of Equipmen t		Make					Specification KVA/HP/Kg/cm 2		Sum Insured
1														
2														





3									
	I	1							
4									
5									
6									
7									
8									
9									
10									
							Total	Sum Insured	
	re any AMC fo								
-		-		ufficient se	eparate sheet to	be attached)			
	on VIII –Pers			-+!	Place of	Date of		Manimu	Containe
Sr. No.	Employee	e Name	Occup of Emp		Employmen	Birth	Nominee Name	Maximu m Limit	Coverage Type(Basic/
100.				bloyce	t	/Age		of	Wi
								Benefit	der/Compre
									h ensive)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12. 13.									
13.									
14.									
	· (If the snace	provided	is not si	ufficient se	eparate sheet to	he attached)			
	on IX –Fideli					be attached,			
Sr	Name of P	-		Designa	ation	Limit of Liabil	itv	Any addition	al information
No.		,.		2 00.8.10			,	,	
1.									
2.									
3.									
4.									
5.									
Section	on X –Public	Liability	( Non –	Industria	al)				
	Α	ny one A	ccident	Limit Rs.			Any one Y	ear Limit Rs	





	Past Loss Record									
Date of Loss	Incident & Cause	Loss Amoun t	Improvement Made after the Loss							

Premium Payment	Deta	ails	:																				 
Total Premium Amo	ount (	(Inc	ludi	ng	GST	-) – I	NR								-								
Payee Name -																							
Kindly select : 🔲	Chec	que						DD			[	NE	FT						ash				
Cheque /DD/ PO /L	JTR N	۱o.																					
Date								IFS	SC														
Amount in Rs.																							
Bank Account No.																							
Bank Name														В	Bran	ch							
PAN Number																							
Aadhaar Number																							
Documents to be at	ttach	ed	as p	er i	requ	ıirer	nei	nt fo	or fu	ılfill	me	nt o	f KY	YC	No	rms							
GST Registered																	Y	′es/	' Nc	)			
GSTIN Number																							
					(	GST	Sta	ate															

#### **ELECTRONIC INSURANCE DETAILS**

Do you wish to have this Policy credited to an eIA? (Please select anyone)

□ No, I do not have an eIA and do not wish to open one □ Yes, Credit this Policy to my e-Insurance account

If yes, please share existing e-Insurance Account No \_\_\_\_\_

Please select Insurance Repository Name (you have opened your account with)

□ M/s NSDL Database Management Limited □ M/s Karvy Insurance Repository Limited

□ M/s Central Insurance Repository Limited □ M/s CAMS Repository Services Limited (Please select any one) Or



□ I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account (Please

submit electronic insurance account opening form (eIA form) along with relevant documents)

My CKYC No. (Central Know Your Customer registry number) is (if available):

Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)

**First Name** 

Middle Name

Last Name

Gender

DOB

PAN

Address Line 1

Address Line 2

Address Line 3

Pin code

Telephone Number

Mobile Number

Relationship

Other Relationship

Email Id

UID

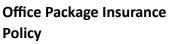
Landmark

State

City

Country





# Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check

mark against each before signing)

#### **INTERMEDIARY DECLARATION**

**Intermediary PAN number:** 

Intermediary Aadhaar number:

I, \_\_\_\_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

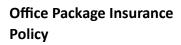
Signature of the Insurance Advisor: \_\_\_\_\_

## **DECLARATION BY INSURED**

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Magma HDI General Insurance Co. Ltd

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.





I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

I hereby consent to and authorize Magma HDI General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC.

I wish to get all policy related communications on my Whatsapp (other app) number.

Place Date Signature of Proposer

#### **AML Guidelines**

I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not
paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I
/ we understand that the Company has the right to call for documents to establish sources of funds
and to cancel the insurance policy in case I / we are found guilty by any competent court of law
under any of the statutes, directly or indirectly governing the prevention of money laundering law in
India.

Date: DD/MM/YYYY Signature of the Proposer: \_\_\_\_\_

Are you or any of the proposal applicants PEPs\* or a close relative/associate of PEPs\*?

 $\Box$  YES  $\Box$  NO

If yes, please share the details of "Politically Exposed Persons" (PEPs):

\* (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

#### 2. Additional Information:

Nationality: Indian 🗔	Ν

Non-Indian 🗌

If, Non-Indian, please specify Country:-----

#### 3. <u>Type of Organisation:</u>

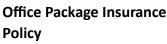
- (i) Corporations
- (ii) Trust
- (iii) Government
- (iv) Partnership
- (v) Non-Government Organisations
- (vi) Co-operatives
- (vii) Society
- (viii) Private Limited Company
- (ix) Public Limited Company
- (x) others, please specify------

#### 4. Source of Funds:

Business: ----- Salaried:----- Others (please specify)------

#### **VERNACULAR DECLARATION**





I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma HDI General Insurance Company Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: Signature	Proposer's	
	Company stamp	
Date:	Name:	Designation
(DD-MM-YYYY)		

### Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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.