ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

Royal Sundaram General Insurance Co. Limited
Corporate Office: Vishranthi Melaram Towers, No.2/319,
Rajiv Gandhi Salai (OMR), Karapakkam, Chennai – 600097.
Tel.: 91-44-71177117 Toll: 1860 425 0000 / 1860 258 0000
Email: care@royalsundaram.in / Website: www.royalsundaram.in

# PROPOSAL FORM FOR ENTERPRISE SHIELD POLICY– SOOKSHMA

UIN: IRDAN102RP0021V05100001

(The insurance for this proposal does not commence until the proposal is accepted and premium paid)

1. **PLEASE ANSWER ALL QUESTIONS FULLY**
2. **PLEASE WRITE IN BLOCK LETTERS**
3. **PLEASE TICK (☒) WHERE APPROPRIATE**

**Intermediary Details:**

Policy sourced through (Select One)

☐ Corporate Agent ☐ Broker ☐ Web Aggregator ☐ Insurance Marketing Firm (IMF) ☐ Common Public Service Centre (CPSC)

**Details of the Person Who Sold the Policy**

- Name
- Functional ID
- Branch Mobile Number
- Branch Email Address

**If Sold through a Digital Platform**

- Principal Officer's Telephone Number
- Principal Officer's Email Address

## PARTICULARS OF INSURED

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name of the Insured: | | | | | | | | | | | | | | | | | | | | | | |
| Correspondence Address | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Email ID | | | | | | | | | | | | | | | | | | | | | | |
| Name & Address of Proposer (Group Manager) | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Postcode: | | | | | | | | | | | | |
| Tel: | Office: | | | | | | | | | Mobile No: | | | | | | | | | | | | |
| Proposer type (please tick whichever is applicable) | | MSME | ☐ | | | Non MSME | ☐ | | | NGO | ☐ | | | | | | | | | | | |
| | | Registration No. | | | | | | | | Darpan ID | | | | | | | | | | | | |

Aadhaar Number:

Permanent Account Number

Period of Insurance required: From: To:

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name of the Mortgagee/ Fin. Interest (If applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | |
|---|---|
| Describe the Nature of Business/Profession | |

## PARTICULARS OF PREMISES TO BE INSURED

**Location of risk/business to be covered - full postal address with Pin Code**

| Premises Reference | Address of the Premises with Pin code | Floor Ground Floor (GF) / Mezzanine Floor (MF)/ Higher Floor | Construction details (Kutcha/Pucca) | | | Occupied As | No of Floors |
|---|---|---|---|---|---|---|---|
| | | | Walls | Roof | Floors | | |
| A | | | | | | | |
| B | | | | | | | |
| C | | | | | | | |

(Please attach separate sheets if more locations are required to be covered)

***Note:***

***Kutcha:*** *Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction.*

***Pucca:*** *Buildings other than Kutcha are treated as Pucca constructions.*

a. Basement Storage – Yes/No, If Yes, Value Stored SI: ₹_____

b. If used as warehouse/ godown (not located in a manufacturing unit), please give the list of goods stored.

c. If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)

d. If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?

**e. Details of Fire Protection Devices installed**

| List out the various blocks and indicate the type of protection provided for each block. | **Please Tick Yes or No in the box below** |
|---|---|
| | Portable Extinguishers Yes/No |
| | Trailer Pumps /Fire Engines Yes/No |
| | Hydrant system Yes/No |
| | Sprinkler System Yes/No |
| | Foam systems Yes/No |
| | Fire alarm systems Yes/No |
| | Gas flooding systems Yes/No |
| | Fixed water spray system Yes/No |
| | Smoke & Heat Detection System Yes/No |
| Indicate whether annual maintenance contract for the appliances is in force | Yes/No |

| Age of the Building | | |
|---|---|---|
| | Less than 5 years | |
| | 5-10 years | |
| | 10-20 years | |
| | Above 20 years | |

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f. Distance between the risk to be covered and nearest Fire Brigade

**SECTION 1 –FIRE AND ALLIED PERILS – GROUP ALTERNATE**

**A. Sum Insured and Other details of Insured Property**

**(Indicate Sum Insured on the following basis:**

- *For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents:*
  **Reinstatement Value;**
- *For raw material:* ***Landed Cost;***
- *For stock in process:* ***Input cost;***
- *For finished stock: Manufacturing cost of the finished stock or the Contract Price*of goods sold but not delivered, as applicable.*

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

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| SL. No. | Description of Block | Building including plinth, Basement and additional structures | Plant & Machinery | Furniture & Fixtures, Fittings and other equipment | Semi-finished stock | Stock in Process | Finished Stock | Other Content (Please Specify) | Total |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | ₹ |
| | | | | | | | | | ₹ |
| | | | | | | | | | ₹ |

*Please attach separate sheet, if space found inadequate.

***B. Details for in-built cover for Floater***

| | | | | |
|---|---|---|---|---|
| 1 | Floater Cover (for stocks at various locations) | Location (Postal Address with Pin Code) | Sum Insured (in ₹) | |
| | | | | |
| | | | | |
| | | | | |
| | | i) Maximum value at any one location: ₹……. | | |
| | | ii)Whether stocks stored in open: Yes / No | | |

***C. Endorsements (as applicable for Royal Sundaram Bharat Sookshma Udyam Suraksha)***

***List of endorsements selected by the insured (to be listed)***

**SECTION 2- BURGLARY**

| | |
|---|---|
| Do you wish cover for Burglary?<br>Percentage of Sum Insured of Section I excluding building (If you wish to cover on First Loss Basis) | Yes { } No { } |

**SECTION 3 - BUSINESS INTERRUPTION (FIRE)**

| | |
|---|---|
| Indicate Indemnity Period required (in months) | |
| Net Profit | |
| Standing Charges | |
| Gross Profit | |
| Name and address of your professional accountants / auditors | |
| Do you wish to cover on (Please tick appropriate) | Turnover Basis<br>Output basis |

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## SECTION 4 – MACHINERY BREAKDOWN

Describe items only, which are kept in the premises Attach separate sheets if space found inadequate

| Description (Type, Model, Manufacturer, Serial Numbers, Year of manufacture) | Sum Insured in Rupees |
|---|---|
| | |
| | |
| | |

## SECTION 5 – ELECTRONIC EQUIPMENT

- Describe items only which are kept in the premises
- Please fill in only when you require an All Risk cover, else, fill in Section I alone

Attach separate sheets if space found inadequate

| Description (Type, Manufacturer, Serial Numbers, Year of manufacture and model specifications) | | Sum Insured in Rupees |
|---|---|---|
| | | |
| | | |
| Please attach separate sheet, if space found inadequate. | | |
| Do you wish to cover against Reinstatement of Data | Yes { } No { } | |
| Please furnish Cost of Reinstatement of Data/ Programme with full details about Developing Agency] | | |
| Do you wish to cover against Increased Cost of Working | Yes { } No { } | |
| Please indicate the Time Excess opted by You (in Hours >24 hours) | | |

## SECTION 6 & 7 – PLATE GLASS & NEON SIGN

| Description of Plain Glass/Neon Sign | Type and Dimensions | Sum Insured | | |
|---|---|---|---|---|
| | | Premises A | Premises B | Premises C |
| Fixed Glass in Window doors, fan, lights and skylights | | | | |
| Sanitary ware | | | | |
| Mirror, tabletops and other fixed glass on furniture etc | | | | |
| Cost of lettering and decoration | | | | |
| Illuminated Signs/Neon Signs | | | | |

## SECTION 8 –PORTABLE ITEMS

Describe only those items, which are moveable

| Description ( Type, Manufacturer, Serial Numbers, Year of manufacture and model specifications ) | Sum Insured in Rupees |
|---|---|
| | |
| | |
| | |
| *Attach separate sheets if space found inadequate | |
| | |

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## SECTION 9 –MONEY

To be completed if Money insurance is required

| Sl. No | Premises Reference | Sum Insured in Rupees | | | |
|---|---|---|---|---|---|
| | | Premises A | Premises B | Premises C | Total |
| 1 | Please state your requirements for | | | | |
| | a) Max. amount of Money contained in locked safe/strong room when closed for business(pl. state make/model of safe also) | | | | |
| | b) Max. amount of Money on the premises Not contained in a locked safe or strong room when closed for business | | | | |
| | c) Max. amount of Money at any one time either in the premises whilst open for business, in transit or in a safe | | | | |
| 2 | Value of Safe(s) if to be insured | | | | |
| 3. | Estimated amount of money in transit over the annual period of insurance | | | | |
| 4. | Proportion for Seasonal Increase | | | | |

## SECTION 10 – EMPLOYEE DISHONESTY

*Attach separate sheets if space found inadequate

| | |
|---|---|
| Number of employees you wish to cover and their designation Cadre wise | |
| Cover required per employee | |
| Cover required for total employees | |
| Please attach list (with name & designation) | |

## SECTION 11 –ACCIDENT TO EMPLOYEES

Do you wish to cover against a) Occupational Accidents { } b) 24 hour cover { }
How many number of employees could possibly travel together by any conveyance at any one point in time
Please indicate the maximum Sum Insured per location:
*Attach separate sheets when space found inadequate

| Names | ID Number | Age | Occupation | Benefits Required | Physical Defect (if any) | Sum Insured |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

## SECTION 12 – BAGGAGE

Estimated number of travel per month per employee
Maximum Duration per Trip
Proportion of Domestic: International:

in Rupees

| | |
|---|---|
| State the estimated maximum value of official Property carried by an employee at any one time | |

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| | |
|---|---|
| State the maximum value of coverage required for the next twelve months | |

*Attach separate sheets when space found inadequate

### SECTION 13 –PUBLIC LIABILITY

| | |
|---|---|
| What is the maximum number of persons likely to be present | |
| at any one time | |
| Annual Turnover of business in rupees | |
| Indicate the amount of indemnity required per Event in rupees | |
| Indicate the amount of indemnity required per Year in rupees | |

### SECTION 14 –WORKMEN'S COM PENSAT ION

| | Number | Annual wages |
|---|---|---|
| Clerical Staff | | |
| Other Staff working at the Premises | | |
| Other staff working outside the Premises | | |

### GENERAL INFORMATION

1. Are there any hazardous trades carried on or near the premises or any other circumstances which increase the risk you now wish to insure? If 'Yes', please give full particulars — Yes { } No { }
2. Do you keep a separate record of cash in locked safe/drawer/cabinet stocks and sales? — Yes{ } No{ }
3. Do you have Central Monitoring System(CMS), Closed Circuit Television (CCTV), Motion Sensors, Alarms Watchman and/or Guards Services at your premises? If 'Yes', please list them. — Yes{ } No { }
4. In respect of the risks you now wish to insure, have you ever sustained any losses during the past 4 years? If 'Yes' please give details. — Yes { } No { }

| | Year | Premium | Claim |
|---|---|---|---|
| Premium / Claim details for the past 36 months excluding the expiring policy period | | ₹ | ₹ |
| | | ₹ | ₹ |
| | | ₹ | ₹ |
| | | ₹ | ₹ |
| | TOTAL | ₹ | ₹ |

5. Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)
6. Whether Insurance was declined by any other Company (Give details)

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## SECTION 15 – ROYAL PERSONAL CYBER INSURANCE

Please provide the following details with respect to your proposed Policy

| | |
|---|---|
| Please state the devices you commonly use | Mobile Phone ☐<br>Laptop ☐<br>Tablet ☐<br>Smart-watch ☐<br>Others (Please mention : _____ |
| Do you have anti-virus software installed on your commonly used devices? | Mobile phone Yes ☐ No ☐<br>Laptop Yes ☐ No ☐<br>Tablet Yes ☐ No ☐<br>Smart Watch Yes ☐ No ☐ |
| Please confirm if you maintain confidentiality and regularly change your passwords | Yes ☐ No ☐ |

## COVERAGE AND SUM INSURED DETAILS

1. Sum Insured opted Rs_____ (Sum Insured can be in multiples of Rs.500 upto Rs.1,00,000 or Rs.1,25,000, Rs.1,50,000 or Rs.1,75,000 or Rs.2,00,000)

2. Coverages opted

| Coverage | Insured Event | Please tick whichever is opted |
|---|---|---|
| Base | Theft of Fund (Mandatory cover) | ✓ |
| Ext-1 | Identity Theft | |
| Ext-2 | Data Restoration / Malware Decontamination/ Hardware Replacement | |
| Ext-3 | Cyber Bullying, Cyber Stalking And Loss Of Reputation: | |
| Ext-4 | Cyber Extortion | |
| Ext-5 | Online Shopping | |
| Ext-6 | Online Sales | |
| Ext-7 | Social Media And Media Liability | |
| Ext-8 | Network Security Liability | |
| Ext-9 | Privacy Breach And Data Breach Liability | |
| Ext-10 | Privacy Breach And Data Breach By Third Party | |
| Ext-11 | Smart Home Cover | |
| Ext-12 | Loss Of Professional Income | |

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3. Do you wish to extend the coverage opted above to your Family? Yes ☐ No ☐

If yes, please mention the relationships of the eligible family members you wish to include:

(Eligible family members are: Spouse, children upto 18 years (maximum 2 children), parents or parents-in-law, residing in India)

| Sl. No. | Name of the Family Members | Age in years | Relationship with the Insured |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

## SECURITY INCIDENTS AND LOSS HISTORY

Are you or your family (if applicable) aware of any incidents or circumstances (currently or in the recent past) which is likely to lead to you suffering a loss or a claim being made against you which would be covered under any of the sections of this policy you applying for?

Yes No

If yes, please provide details of the incidents.

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## PREMIUM DETAILS

| | | |
|---|---|---|
| | Mode of Payment | |
| | Payment Details Cheque no. and date Bank name and Branch Bank Account details IFSC Code | |
| | Amount in (₹) | |
| | Date of Payment (DD/MM/YY) | |
| | PAN (If premium is 1 Lac and Above.) | |
| | GSTIN (If more than one GSTIN, kindly attach an annexure with details) | |

## BANK DETAILS OF PROPOSER FOR REFUND OR CLAIM PURPOSE

| | | |
|---|---|---|
| | Name of bank account holder (mention specifically, if different from name of policyholder) | |
| | Bank Name & Branch | |
| | Bank Account Number IFSC Code | |

## NOMINEE DETAILS

| | |
|---|---|
| Name of the Nominee | |
| Date of Birth | |
| Relationship with the Proposer | |
| Mobile Number | |
| E-mail id | |
| Address of the Nominee | |
| Present address | |
| Permanent address ((if left blank, will be construed as being same as Present Address)) | |
| Bank Account Details of Nominee | |
| Name of Account holder | |
| Bank Name & Branch | |
| Bank Account Number | |
| IFS Code | |
| Authorized person details (in case nominee is a minor) | |

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## ELECTRONIC INSURANCE ACCOUNT DETAILS

| | |
|---|---|
| I would like Enterprise Shield Policy - Sookshma Policy document and related information in Physical format. | YES / NO |
| I would like Enterprise Shield Policy - Sookshma and related information in e-Format (electronic) as and when applicable. | YES / NO |
| I have E-Insurance Account and the No. is | |
| Choose your Insurance repository (For those selecting e-format) | NSDL Data Management ☐<br>CSDL Insurance Repository Limited ☐<br>Karvy Insurance Repository Ltd ☐<br>CAMS Repository Services Limited ☐ |
| CKYC No (Central Know Your Customer Registry Number), (if available): | |

I,_____, hereby grant explicit consent to Royal Sundaram General Insurance Company Limited for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Royal Sundaram General Insurance Company Limited will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

**Declaration by insured**

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, misrepresented or mis-stated any material fact.

I/ We hereby declare that the value of insurable assets is less than ₹5 Crore (Rupees Five 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 Royal Sundaram General Insurance Co. Limited.

If any additions or alterations are carried out in the risk prop osed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.

I / we are not Politically Exposed Persons nor are their close relative's / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons. "Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time."

**DPDP Act 2023, declaration**

I/We confirm that I/We have provided personal data for the purpose of securing Insurance policy/ policies of the Insurer and I / We hereby provide express consent under Sec 6 of DPDP act, 2023 for the use and processing of such personal data by the Insurer for the purpose of the Insurance.

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**AML GUIDELINES: (Premium Payment Shall Be Made by The Policyholder of the Policy)**

I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premiums have been/ will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I/We understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian ☐ Non-Indian ☐ if Non-Indian, please specify Country: _____

**Type of Organization:**

| | | | | |
|---|---|---|---|---|
| **Corporations** ☐ | **Governments** ☐ | **Non-Governmental organizations** ☐ | **Society** ☐ | **Trust** ☐ |
| **International Organisation** ☐ | | **Partnership** ☐ | **Co-operatives** ☐ | **Section 8 Companies** ☐ |

Signature of the Proposer

Place:
Date:

Name:_____

**VERNACULAR DECLARATION (Certification in case the Proposer has signed in Vernacular/Thumbprint):**

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness _____(Relation with the Proposer/Primary insured)_____adult and inhabitant of (city) and residing at_____do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance policy from Royal Sundaram General Insurance Company Limited, to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness Insured
Date:

Signature/Thumb impression of the Proposer
Place:

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UIN: IRDAN102RP0021V05100001

## INTERMEDIARY'S DECLARATION

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 response(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, the Company shall have the right to vary the benefits whic h may be payable and further more 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 premiums paid under the Policy may be forfeited to the company.

License No.: _____ Signature of intermediary
Date: Place:

**Sharing of Information**: The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details is sought by any governmental bodies, regulatory authorities reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

**Fraud Warning:** This policy shall be voidable at the option of the Company in the event ofmisrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

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**Section 41 of 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 in the policy; nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or table of the Insurer.

2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.