THE NEW INDIA ASSURANCE COMPANY LIMITED
Head Office : New India Assurance Bldg.
87, M.G. Road, Fort, Mumbai – 400 001
CIN No: L66000MH1919GOI000526 / IRDAI Regn. No.190

FIRE LOSS OF PROFIT [FLOP] / BUSINESS INTERRUPTION [BI]

UIN: IRDAN190CP0084V01201819

Proposal Form

1. **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)	

2. Details about Proposer and Policy Period:

1	Name of the Proposer	
	Address	
	Contact Details	
	Mobile No.	
	Email id	
2	Financial Institution Details	
	Name of Financier	
	Address of Financier	
3	Period Of Insurance	
4	Description of Business/ Business Activity	
5	POLICY COVERAGE	**Sum Insured**
	Section I : Material Damage [Mandatory]	
	Section 2: Machinery Breakdown {Optional}	Yes ☐ No ☐
	Section 3 : Business Interruption [Optional]	Yes ☐ No ☐
	[i] Business Interruption [Other than Machinery LOP]	Yes ☐ No ☐
	[ii] Business Interruption [Machinery LOP]	Yes ☐ No ☐
6	Whether the Sum Insured for the location is above 100 Cr ?	Yes ☐ No ☐

7.	RISK LOCATION DETAILS

Details of the location to be covered under the policy

Section I – Material Damage - [Sum Insured Details]

Sr. No.	Block No.		Building	Plinth & Foundation	Machinery	Furniture Fixture Fittings	Piping Cabling	Total
	Main	Communicating						
							Total	
							Total Sum Insured for material Damage Section	

8.	Section 3 – Business Interruption : Do you wish to opt for
	[i] Business Interruption [Other than Machinery LOP] Yes / No

Standing Chagres	Rs.
Net Profit	Rs.
Gross Profit	Rs.

Indemnity Period _____ months

Sr.No.	Standing Charges covered under the Policy	Add On cover

[II] Machinery Loss of Profit [MLOP] : Yes ☐ No ☐

Standing Chagres	Rs.
Net Profit	Rs.
Gross Profit	Rs.

9. Details of the Equipment to be covered under Machinery Loss of Profit:

Sr. No.	Machine or Equipment to be insured	Specification	Spare parts available	No. of Shifts	Year Of Manufact-ure	Whether Indigenous or Imported	Indemnity Period

10. Are you aware of defects in the Machinery? If Yes Please state Details

11. Give details of insurance with any other insurance company

Name of Insurer	Address / Contact Details	Policy No. Period Of Insurance	Sum Insured

12. DETAILS OF PREVIOUS LOSSES : Losses during the 3 preceding years

Policy No.	Date of Loss / Place of loss	Incident & Cause	Improvement made after the loss

13. Details of Sum Insured and Premium paid location wise for the past 5 years

Policy No.	Location	Sum insured in Lakhs	Premium in Lakhs

Please use additional pages, if required.

	Premium Details	
14.	Mode of Payment	
	Payment Details	
	Amount	

Declaration by Insured

I/ We hereby declare that 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 _____.

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

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.