



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

New India Business All Risk Flexi Policy

UIN: IRDAN190CPPR0009V01202526

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 <input type="checkbox"/> No <input type="checkbox"/>
	Section 3 : Business Interruption [Optional]	Yes <input type="checkbox"/> No <input type="checkbox"/>
	[i] Business Interruption [Other than Machinery LOP]	Yes <input type="checkbox"/> No <input type="checkbox"/>
	[ii] Business Interruption [Machinery LOP]	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Whether the Sum Insured for the location is above 100 Cr ?	Yes <input type="checkbox"/> No <input type="checkbox"/>



9.	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 <input type="checkbox"/> No <input type="checkbox"/>	
	Standing Chagres	Rs.
	Net Profit	Rs.
	Gross Profit	Rs.

10. 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

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



12. Give details of insurance with any other insurance company

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

13. 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

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

Policy No.	Location	Sum insured in Lakhs	Premium in Lakhs

15. Floater Cover for stocks at various locations)

	Postal Address with Pin Code	Sum Insured

i] Maximum Value at any one Location : ₹.....

ii] Whether Stocks stored in Open : Yes / No



Please use additional pages, if required.

16.	Premium Details	
	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.