

Bajaj Allianz General Insurance Company Limited
Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113
Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006
 UIN- IRDAN113CPPR0035V01202425

6. Tel. Nos.
7. E-mail ID :
8. Period of Insurance
 From ___/___/___ To ___/___/___
9. PAN/TAN No. _____ Bank Details _____
 (in case of Premium equal to or more than Rs.1,00,000/-)
10. Details of other active policies of Bajaj Allianz General Insurance (if any) _____

COVERAGE PROPOSED: Please tick the relevant Coverage Sections you require. All Sections are optional.

1	Paid up capital of firm	
2	Whether the sum insured for proposed location/s is above Rs. 50 crore?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Would you like to cover Plinths & Foundation along with your buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	State the details of products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed)	
6	Fire Extinguishing Appliances installed	Please tick in the space below :
	a. List the various blocks and indicate the type of protection provided for each block.	<input type="checkbox"/> Portable Extinguishers
		<input type="checkbox"/> Trailer Pumps
		<input type="checkbox"/> Fire Engine
		<input type="checkbox"/> Hydrant System
		<input type="checkbox"/> Sprinkler System
<input type="checkbox"/> Fixed Water Spray System		
b. Indicate whether annual maintenance contract for the appliances is in form	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Is basis proposed for insurance is an reinstatement value basis ? (Building/Machinery/Furniture Fixtures & Fittings)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Construction Details	
	a. Please state material used	
	i. Walls	
	ii. Floor	
	iii. Roof	
	b. Height of the building	_____ Meters _____ Floors
c. Age of Building / Plant & Machinery	<input type="checkbox"/> Up to 5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-20 years <input type="checkbox"/> Above 20 years	

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Note : Buildings having walls and / or roofs of wooden planks/ thatched leaves and/ or grass/ hay of any kind / bamboo / plastic cloth / asphalt cloth/ canvas/ tarpaulin and the like are treated as "Kutchra" construction

9	Building wise values (Please include the 'Kutchra' building also in this list and give individual value in Rs. against such buildings)								
	Description of block	Age (Yrs)	Height (mts)	Construction Pucca/Kutchra	Sum insured Rs.				
					Building Including plinth	Machinery accessories	F&F, Office and other equipments	Stocks and stocks-in process**	Other Property to be insured specifically
					Rs.	Rs.	Rs.	Rs.	Rs.
	Total								

Add-On-Cover*

Section	Sub-Section	Description	Time Limits	Particulars

* In the event of multiple add-ons, a separate annexure may be attached, providing detailed information regarding each addition.

Other details –

Unoccupied Buildings	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fire Break Doors and Shutters	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Automatic Fire Alarms	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Automatic Sprinkler Installation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Back-up of Data Records	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

11	Would you like to avail discounts for voluntary deductibles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If answer is yes, indicate the choice of deductible amount	Rs.	
12	MACHINERY BREAKDOWN		
	1. Do the items listed represent the whole of the plant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2. a. Are you at present Insured	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. If so, with whom?		
	3. Has any company		
	a. Declined to insure any of the Machinery now proposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Required increased premium of other special stipulations for risk improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	4. a. Are you aware of any defects/damage existing in the machinery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If so give details thereof			

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13	5. a. Has your machinery sustained any damage from breakdown or other cause during last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. If so give details of damage/s and Repairing		
	6. a. Are regular periodical inspections of the machinery carried out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. If so, by whom and what intervals?		
	7. On payment of additional premium do you wish to cover? If yes, provide limits of indemnity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	a. Express Freight (excluding Air-freight, overtime and Holiday rates of wages)	Rs.	
	b. Owners Surrounding Property	Rs.	
	c. Third Party Liability	Rs.	
	8. Period of Insurance	From	To
	Loss of Profits		
	Full description of the trade		
	How long has (ve) the business (es) been established?		
	Addresses of all premises from which the business do trade		
a. By whom are your accounts audited?			
b. When does your financial year end ?			
Insurance History			
a. Names of the insurer covering the contents of your premises			
b. Have you any other consequential loss insurance in force ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Have you ever suffered a loss by any perils against which you wish to insure ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Has any insurer refused to insure you or imposed increased terms for nay peril against which you wish to insure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. If you answer Yes to questions b, c, d please submit details			
Cover required			
a. Fire loss of profit (compulsory) Please indicate			
i) Indemnity period	_____ Months		
ii) Sum insured	Rs. _____		
<p>Note : Sum insured to be the estimated annual Gross Profit for indemnity period of 12 months or less. For Indemnity period more than 12 months the sum insured Should be the annual Gross profit proportionately increased.</p> <p>Gross Profit : Net profit before tax plus all standing charges (Alternately Gross sales turnover less variable expenses)</p>			
Standing Charges :			
Please indicate the standing charges included :			

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	- Interest on Debentures, Loans, & Bank Mortgages, overdrafts	
	- Rent	
	- Rates and Taxes (excluding tax on profit)	
	- Salaries and wages	
	- Company's Contribution to PF	
	- Maintenance expenses for building, Plant & machinery	
	- Depreciation	
	- Power & Fuel (fixed expenses)	
	- Any other standing charges (please specify)	
	- Miscellaneous standing charges (not exceeding 5% of the amount of standing charges specified)	
	b. Machinery Loss of Profit	
	i) Indemnity period	Months
	ii) Sum insured	Rs.
	<p>Note : Sum insured to be the estimated annual Gross Profit for indemnity period of 12 months or less. For Indemnity period more than 12 months the sum insured Should be the annual Gross profit proportionately increased.</p> <p>Gross Profit : Net profit before tax plus all standing charges (Alternately Gross sales turnover less variable expenses)</p>	
	Standing Charges:	
	Please indicate the standing charges included :	
	- Interest on Debentures, Mortgages, Loans, & Bank overdrafts	
	- Rent	
	- Rates and Taxes (excluding tax on profit)	
	- Salaries and wages	
	- Company's Contribution to PF	
	- Maintenance expenses for building, Plant & machinery	
	- Depreciation	
	- Power & Fuel (fixed expenses)	
	- Any other standing charges (please specify)	
	- Miscellaneous standing charges (not exceeding 5% of the amount of standing charges specified)	

Please answer below questions common for Section 2 and Section 3
BUSINESS AND LOCATION OF BUSINESS:

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1	Location of risk/business to be covered - full postal address with Pin Code	SL No.	Address	Pin code	Occupancy	Age of unit	Additional Details (Boundary Wall, Floor, Basement Details, etc.)	
		1						
		2						
		3						
		4						

DETAILS ABOUT BUSINESS COVERED AT THE INSURED LOCATION

2	The Insured property is	Please tick in the space below :
a.	Offices, shops, hotels etc.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b.	Industrial / manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c.	Storage outside Industrial/ manufacturing risks	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d.	Tanks / gas holders outside industrial/ manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e.	Utilities located outside Industrial/manufacturing risks.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f.	Boundary wall	Yes <input type="checkbox"/> / No <input type="checkbox"/>
g.	Basement storage	Yes <input type="checkbox"/> / No <input type="checkbox"/> If, yes value stored SI: ₹.....
h.	Others (please specify)	
i.	Please mention % of waiver for Underinsurance to be opted	___ %
3	If used as warehouse / godown (not located in a manufacturing unit) please give the list of goods stored.	
4	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)	
5	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
6	Fire Protection devices installed	Please Tick the correct answer in the box below.
		<input type="checkbox"/> Portable Extinguishers
		<input type="checkbox"/> Small bore hose reels
		<input type="checkbox"/> Trailer Pumps/Fire engines
		<input type="checkbox"/> Hydrant System
		<input type="checkbox"/> Sprinkler System
		<input type="checkbox"/> Fixed Water Spray System
		<input type="checkbox"/> Foam System
		<input type="checkbox"/> Fire Alarm System
		<input type="checkbox"/> Gas Flooding System
<input type="checkbox"/> Others, please specify below		

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7	Indicate whether AMC (Annual Maintenance contract) is in force:	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes please specify for below: <input type="checkbox"/> Fire Safety Equipment <input type="checkbox"/> Other Equipment and Machinery								
8	Construction Details									
a.	Please state material used	Please tick the correct answer in the box								
i.	Walls	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>								
ii.	Floor	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>								
iii.	Roof	Kutchha <input type="checkbox"/> / Pucca <input type="checkbox"/>								
	Note: Kutchha: 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 Kutchha Construction. Pucca: Buildings other than Kutchha are treated as Pucca constructions.									
b.	Number of Floors									
c.	Age of the Building	<table border="1"> <tr> <td>Less than 5 years</td> <td></td> </tr> <tr> <td>5-10 years</td> <td></td> </tr> <tr> <td>10-20 years</td> <td></td> </tr> <tr> <td>Above 20 years</td> <td></td> </tr> </table>	Less than 5 years		5-10 years		10-20 years		Above 20 years	
Less than 5 years										
5-10 years										
10-20 years										
Above 20 years										
9	Distance between the risk to be covered and nearest Fire Brigade									

PROPERTY ALL RISK COVER

1	Description of Unit	Basis of Sum Insured	(I)	(II)	(III)	(IV)	(V)				Total (IV+V)
			Building including plinth, Basement and additional structures	Plant & Machinery, Furniture & Fixtures, Fittings and other contents	Curious or Work of arts or obsolete machinery	Total (I+II+III)	Stock				
							Raw Material (A)	Stock in Process (B)	Finished Stock (C)	Total (A+B+C)	
		Reinstatement Value (Applicable to I, II)									
		Market Value (Applicable to I, II)									
		Agreed Value (Applicable to I, II and III)									
2	Do you want to opt for excess under this section? If Yes, How much					<input type="checkbox"/> Yes <input type="checkbox"/> No					
3	Do you want to opt for Terrorism Cover					<input type="checkbox"/> Yes <input type="checkbox"/> No					
4	Do you want to cover Mechanical and / or electrical breakdown and/or derangement, overloading or strain; overrunning excessive pressure, short circuiting and / or self heating					<input type="checkbox"/> Yes <input type="checkbox"/> No					

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12. Limits Table (non-applicable options must be deleted)

Section	Section / Sub-Section	Description	Limit of Liability	Particulars		
Section 2	2.3	Policy Limit and Limits of Liability regardless of the number of Insured Premises	XXX INR.	for the total of all coverages		
			XXX INR.	in the Annual Aggregate		
	2.3.8	2.3.8.1	Limit of Liability for an Occurrence unless otherwise shown	XXX INR.	Property Damage and Business Interruption combined	
				XXX INR.	Property Damage	
				XXX INR.	Business Interruption	
				XXX INR.	Limited for specific Insured Premises (please attach a list wherever such limits apply)	
		2.3.8.2	Limits of Liability for Special Extensions Machinery Breakdown (Annexure B – Endorsement - B5A)	XXX INR.	Property Damage and Business Interruption combined	
				XXX INR.	Property Damage	
				XXX INR.	Business Interruption	
				XXX INR.	Limited for specific Insured Premises (please attach a list wherever such limits apply)	
		Optional Cover (to be deleted if not applicable)				
				Computer Breakdown (Annexure B – Endorsement - B5B)	Not applicable	Property Damage and Business Interruption combined
		2.3.8.3	Combined Limits of Liability for Defined Perils:	i. Earthquake, Volcanic Eruption (Annexure B – Endorsement - B6A) ii. Flood (Annexure B – Endorsement -B6B)	XXX INR .	Property Damage and Business Interruption combined in the Annual Aggregate
					XXX INR	Property Damage in the Annual Aggregate
	XXX INR.				Business Interruption in the Annual	

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Section	Section / Sub-Section	Description	Limit of Liability	Particulars
		iii. Storm (Annexure B – Endorsement -B6C)		Aggregate
				<u>but limited</u>
			XXX INR.	for specific Insured Premises/ Region (please attach a list wherever such limits apply) in the Annual Aggregate
			No Cover Provided	for Miscellaneous Unnamed Locations in the Annual Aggregate
			No Cover Provided	for Contingent Business Interruption for <named locations of> Specified Suppliers and/or Specified Customers in the Annual Aggregate
			No Cover Provided	for Contingent Business Interruption for Direct Unspecified Suppliers and/or Direct Unspecified Customers in the Annual Aggregate
			but not to exceed the following limits for: (delete above section if no combined limits apply)	
		Limits of Liability for Earthquake, Volcanic Eruption (Annexure B – Endorsement - B6A)	XXX INR.	Property Damage and Business Interruption combined in the Annual Aggregate
			XXX INR.	Property Damage in the Annual Aggregate
			XXX INR.	Business Interruption in the Annual Aggregate
				<u>but limited</u>
			XXX INR.	for specific Insured Premises/ Region (please attach a list wherever such limits apply) in the Annual Aggregate

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Section	Section / Sub-Section		Description	Limit of Liability	Particulars
				No Cover Provided	for Miscellaneous Unnamed Locations in the Annual Aggregate
Section 2	2.3.8	2.3.8.3	Limits of Liability for Flood (Annexure B – Endorsement - B6B)	No Cover Provided	for Contingent Business Interruption for <named locations of> Specified Suppliers and/or Specified Customers in the Annual Aggregate
				No Cover Provided	for Contingent Business Interruption for Direct Unspecified Suppliers and/or Direct Unspecified Customers in the Annual Aggregate
				XXX INR.	Property Damage and Business Interruption combined in the Annual Aggregate
				XXX INR.	Property Damage in the Annual Aggregate
				XXX INR.	Business Interruption in the Annual Aggregate
					<u>but limited</u>
				XXX INR.	for specific Insured Premises/ Region (please attach a list wherever such limits apply) in the Annual Aggregate
				No Cover Provided	for Miscellaneous Unnamed Locations in the Annual Aggregate
				No Cover Provided	for Contingent Business Interruption for <named locations> of Specified Suppliers and/or Specified Customers in the Annual Aggregate
				No Cover Provided	for Contingent Business Interruption for Direct Unspecified Suppliers and/or Direct Unspecified Customers

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Section	Section / Sub-Section	Description	Limit of Liability	Particulars
				in the Annual Aggregate
		Limits of Liability for Storm (Annexure B – Endorsement - B6C)	XXX INR.	Property Damage and Business Interruption combined in the Annual Aggregate
			XXX INR.	Property Damage in the Annual Aggregate
			XXX INR.	Business Interruption in the Annual Aggregate
				Limited for specific Insured Premises/ Region (please attach a list wherever such limits apply) in the Annual Aggregate
			No Cover Provided	for Miscellaneous Unnamed Locations in the Annual Aggregate
			No Cover Provided	Contingent Business Interruption for named locations of Specified Suppliers and/or Specified Customers in the Annual Aggregate
			No Cover Provided	Contingent Business Interruption for Direct Unspecified Suppliers and/or Direct Unspecified Customers in the Annual Aggregate
		Optional Endorsement (to be deleted if not applicable)		
		Flood including Ensuing Storm Surge (Annexure B – Endorsement - B6D)	Not Applicable	
		Optional Limiting Endorsements (to be deleted if not applicable)		

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Section	Section / Sub-Section	Description	Limit of Liability	Particulars
		Limited Cover for Unnamed Perils (Annexure B – Endorsement – B 6E)	Not Applicable	Property Damage and Business Interruption combined
		Breakage of Glass (Annexure B – Endorsement – B 6F)	Not Applicable	Property Damage and Business Interruption combined
		Hail (Annexure B – Endorsement – B 6G)	Not Applicable	Property Damage and Business Interruption combined
		Strike, Riots and Civil Commotions (Annexure B – Endorsement – B 6H)	Not Applicable	Property Damage and Business Interruption combined
		Theft (Annexure B – Endorsement – B 6I)	Not Applicable	Property Damage and Business Interruption combined
		Water Damage (Annexure B – Endorsement – BJ)	Not Applicable	Property Damage and Business Interruption combined
	2.3.8.4	Extensions and Sublimits for Property Damage (part of and not in addition to the above limits)	No Cover Provided	Accounts Receivable (Book Debts) (Annexure B – Endorsement – B 2A)
No Cover Provided			Brands and Labels (Annexure B – Endorsement – B 2B)	
Not Applicable			Capital Additions (Annexure B – Endorsement – B 2C)	
No Cover Provided			Civil or Military Authority (Annexure B – Endorsement – B 2D)	
No Cover Provided			Debris Removal (Annexure B – Endorsement – B 2E)	

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			No Cover Provided	Expediting Costs (Annexure B – Endorsement – B 2F)
			No Cover Provided	Fine Arts but not to exceed an INR _____ limit per item (Annexure B – Endorsement – B 2G)
			No Cover Provided	Fire Brigade Service Charges (Annexure B – Endorsement – B 2H)
			No Cover Provided	Land Improvements (Annexure B – Endorsement – B 2I)
			No Cover Provided	<p>Money in locked safe and/or strong room in the Insured Premises but not to exceed an INR _____ limit for safes rated with specific grade (Annexure B – Endorsement -B 2J)</p> <p>Subject to limit of INR _____ for safe grade(s) 0 or N (EN-1143-0)</p> <p>INR _____ for safe grade(s) 1 (EN 1143-1)</p> <p>INR _____ for safe grade(s) 2 (EN 1143-2)</p> <p>INR _____ for safe grade(s) 3 (EN 1143-3)</p> <p>INR _____ for safe grade(s) 4 (EN 1143-4)</p> <p>INR _____ for safe grade(s) 5 (EN 1143-5)</p> <p>INR _____ for safe grade(s) 6 (EN 1143-6)</p>

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				INR ____ for safe grade(s) 7 (EN 1143-7)
			No Cover Provided	Money on Insured Premises during Business Hours (Annexure B – Endorsement – B2K)
			No Cover Provided	Personal Property of Officers, Employees and Visitors of the Insured but not to exceed an INR _____ limit per individual (Annexure B – Endorsement – B 2L)
			No Cover Provided	Professional Fees (Annexure B – Endorsement – B 2M)
			No Cover Provided	Public Authorities (Annexure B – Endorsement – B 2N)
			No Cover Provided	Temporary Removal (Annexure B – Endorsement – B 2O)
			No Cover Provided	Valuable Papers and Records (Reconstruction Costs) but not to exceed a limit of INR ____ for Valuable Papers and Records stored on Electronic Data processing Media (Annexure B – Endorsement - B2P Error! Reference source not found.)
			Optional Covers (to be deleted if not applicable)	
			No Cover	Construction Works Carried out by the Insured (With Hot Work Permits)

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			Provided	(Annexure B – Endorsement – B 2Q)
			No Cover Provided	Construction Works Carried out by the Insured (Without Hot Work Permits) (Annexure B – Endorsement – B 2R)
			No Cover Provided	Miscellaneous Unnamed Third-Party Premises (Annexure B – Endorsement – B 2S)
			No Cover Provided	Temporary Removal with Transit (Annexure B – Endorsement – B 2T)
			No Cover Provided	Track and Trace for Burst Pipes (including Culverts) (Annexure B – Endorsement – B 2U)
			No Cover Provided	Completed Civil Engineering Structures (Annexure B – Endorsement – B 2V)
			No Cover Provided	Exhibitions (Excluding Transit) Annexure B – Endorsement – B 2W)
			No Cover Provided	Exhibitions (Including Transit) (Annexure B – Endorsement – B 2X)
			No Cover Provided	Hired-in Plant (Annexure B – Endorsement – B 2Y)
			No Cover Provided	Inland Transit (Annexure B – Endorsement – B 2Z)
			No Cover Provided	Escape of Molten Material (Annexure B – Endorsement – B 2AA)
			No Cover Provided	Land and Water Contaminant Clean-up (Annexure B – Endorsement – B 2BB)
			No Cover Provided	Locks and Keys (Annexure B – Endorsement – B 2CC)
			No Cover	Metered Substances (Annexure B –

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			Provided	Endorsement – B 2DD)
			No Cover Provided	Vehicles on Insured Premises (Full Cover) (Annexure B – Endorsement – B 2EE)
			No Cover Provided	Vehicles on Insured Premises (Limited Cover) (Annexure B – Endorsement – B 2FF)
			No Cover Provided	Ammonia Contamination (Annexure B – Endorsement – B 2GG)
			No Cover Provided	Deferred Payments (Annexure B – Endorsement – B 2HH)
			No Cover Provided	Fluctuations in Market Price (Annexure B – Endorsement – B2II)
			No Cover Provided	Miscellaneous Personal Property (Annexure B – Endorsement – B 2JJ)
			No Cover Provided	Margin/Inflation (Annexure B – Endorsement – B 2KK)
		2.3.8.5 Extensions and Sublimits for Business Interruption (part of and not in addition to the above limits)	No Cover Provided	Inter-Group Dependencies (Interdependencies) (4.1.4)
			No Cover Provided	Additional Increased Cost of Working (4.2.5)
			No Cover Provided	Civil Authority Business Interruption (Annexure B – Endorsement – B 3A)
			No Cover Provided	Contingent Business Interruption for Specified Suppliers and/or Specified Customers declared to the Insurers (Annexure B – Endorsement – B 3B1)
			No Cover Provided	Contingent Business Interruption for Direct Unspecified Suppliers and/or Direct Unspecified Customers

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12. Limits Table (non-applicable options must be deleted)

Section	Section / Sub-Section	Description	Limit of Liability	Particulars
				(Annexure B – Endorsement – B 3B2)
			No Cover Provided	Denial of Access (Ingress/Egress) (Annexure B – Endorsement – B 3C)
			No Cover Provided	Loss of Rent (Annexure B – Endorsement – B 3D)
			No Cover Provided	Research and Development(Annexure B – Endorsement – B 3E)
			Optional Covers (to be deleted if not applicable)	
			Not Applicable	Gross Revenue(Annexure B – Endorsement – B 3F)
			Not Applicable	Extra Expense / Increased Costs of Working (Stand-Alone)(Annexure B – Endorsement – B 3G)
			No Cover Provided	Denial of Access (Non-Damage Extension)(Annexure B – Endorsement – B 3H)
			No Cover Provided	Loss of Attraction(Annexure B – Endorsement – B 3I)
			No Cover Provided	Fines and Damages(Annexure B – Endorsement – B 3J)
			No Cover Provided	Royalties(Annexure B – Endorsement – B 3K)
			No Cover Provided	Leasehold Interest (Loss of Use) (Annexure B – Endorsement – B 3L)
			No Cover Provided	Wages – Limited Period basis(Annexure B – Endorsement – B 3M)
	2.3.8.6	Extensions and Sublimits for Property Damage and Business Interruption	No Cover Provided	Miscellaneous Unnamed Locations but not to exceed INR _____ limit per location (Annexure B –

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12. Limits Table (non-applicable options must be deleted)

Section	Section / Sub-Section	Description	Limit of Liability	Particulars
		combined (part of and not in addition to the above limits)		Endorsement – B 4A)
			No Cover Provided	Off Premises Service Interruption Property Damage and Business Interruption Loss (Public Utilities) (Annexure B – Endorsement – B 4B)
			No Cover Provided	Protection and Preservation of Property (Annexure B – Endorsement – B 4C)
			Optional Covers (to be deleted if not applicable)	
			No Cover Provided	Acquisition of Companies and New Locations(Annexure B – Endorsement – B 4D)
			No Cover Provided	Acquisition of New Locations(Annexure B – Endorsement – B 4E)
			No Cover Provided	Better Green™ Coverage(Annexure B – Endorsement – B 4F)
			No Cover Provided	Errors and Omissions(Annexure B – Endorsement – B 4G)
			No Cover Provided	Transit (Broad Cover)(Annexure B – Endorsement – B 4H)
	2.3.8.7	Additional Endorsements (Annexure C)	XXX INR.	Attach List

13. Time and Distance Limits Table

Section	Sub-Section	Description	Time Limits	Particulars
Section 2	2.4	Time and Distance Limits	180-day notification period	Capital Additions at existing premises
			Limited to any losses within a 30-day period of	Civil Authority Business Interruption

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13. Time and Distance Limits Table				
Section	Sub- Section	Description	Time Limits	Particulars
			the Occurrence and for property within 1.5 kilometres of the Insured Premises	
			Limited to any losses within a 30-day period of the Occurrence and for property within 1.5 kilometres of the Insured Premises	Denial of Access (Ingress/Egress)
			Limited to any losses within a 30-day period of the Occurrence	Off Premises Service Interruption (Public Utilities)
			Limited to any losses within a 48-hour period	Protection and Preservation of Property Business Interruption
			12 months	Maximum Indemnity Period (Gross Profit/Gross Revenue)
			12 months	Maximum Indemnity Period (Loss of Rent)

14. Time Specifications Table				
Section	Sub- Section	Description	Time Limits	Particulars
Section 2	2.5	Time Specification	72 hours	Earthquake and Volcanic Eruption Occurrence
			72 hours	Flood Occurrence
			72 hours	Storm Occurrence
			__ Hours	Others

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15. Qualifying Period Table				
Section	Sub- Section	Description	Time Limits	Particulars
Section 2	2.6	Qualifying Period	48 hours	Off Premises Service Interruption (Public Utilities) Property Damage and Business Interruption
			24 hours	Deterioration of Stock (Spoilage)
			48 hours	Denial of Access (Ingress/Egress)
			48 hours	Civil Authority Business Interruption
			__ Hours	Others

16. Policy Deductibles Table				
Section	Sub- Section	Description	Deductible	Particulars
	2.7.1	Policy Deductible	XXX INR.	For Property Damage Coverages and Business Interruption Coverages combined Standard (delete if Option applies)
			XXX INR.	For Property Damage Coverages
			XXX INR.	For Business Interruption Coverages
			Optional (delete if not applicable)	
			XXX INR.	For Property Damage Coverages
__ working days/ Hours (Time Deductible)	For Business Interruption Coverages			
Optional (delete if not applicable)				
XXX INR.	For Property Damage and Business Interruption Coverages combined			
For Business Interruption subject to __ working days/ Hours (Time Deductible)				

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16. Policy Deductibles Table					
Section	Sub- Section		Description	Deductible	Particulars
Section 2	2.7				Optional (delete if not applicable)
				XXX INR. __the Average Daily Value (ADV)	For Property Damage Coverages For Business Interruption Coverages Optional (delete if not applicable)
				XXX INR. __the Daily Value (DV)	For Property Damage Coverages For Business Interruption Coverages Optional (delete if not applicable)
				XXX INR.	Other Deductibles (if any) to be specified.
		2.7.1.1	Contingent Business Interruption		Optional (delete if not applicable)
				XXX INR.	for Specified Suppliers and/or Specified Customers per location at each Specified Supplier and/or Specified Customer where the physical loss or damage occurs.
				<>* the Average Daily Value (ADV)	for Specified Suppliers and/or Specified Customers
				<> * the Daily Value (DV)	for Specified Suppliers and/or Specified Customers
				XXX INR.	for Direct Unspecified Suppliers and/or Direct Unspecified Customers per location at each Direct Unspecified Supplier and/or Direct Unspecified Customer where the physical loss or

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16. Policy Deductibles Table					
Section	Sub- Section	Description	Deductible	Particulars	
Section 2	2.7			damage occurs.	
			<>* the Average Daily Value (ADV)	for Direct Unspecified Suppliers and/or Direct Unspecified Customers	
		2.7.1.2	Earthquake or Volcanic Eruption	XXX INR.	For Property Damage and Business Interruption Coverages combined Standard (delete if option applies)
		XXX INR.		For Property Damage Coverages	
		XXX INR.		For Business Interruption Coverages Optional (delete if not applicable)	
		XXX INR.		For Property Damage Coverages	
		__ working days/ Hours (Time Deductible)		For Business Interruption Coverages Optional (delete if not applicable)	
		XXX INR.		For Property Damage and Business Interruption Coverages combined For Business Interruption subject to __ working days/ Hours (Time Deductible) Optional (delete if not applicable)	
XXX INR.	For Property Damage Coverages				
__ the Average Daily Value (ADV)	For Business Interruption Coverages Optional (delete if not applicable)				
XXX INR.	For Property Damage Coverages				
__ the Daily Value (DV)	For Business Interruption Coverages				

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16. Policy Deductibles Table				
Section	Sub- Section	Description	Deductible	Particulars
				Optional (delete if not applicable)
			XXX INR.	Other Deductibles (if any) to be specified. Optional (delete if not applicable)
			XXX INR.	except as follows As respects Insured Premises in <list locations, zones or territories Optional (delete if not applicable)
			except as follows As respects Insured Premises in <list Zones or list territories>> a) Property Damage ____ % of the value as per the most current statement of values on the Schedule of Locations as of the date of loss for the Insured Premises where the Property Damage occurred per Insured Premises and b) Business Interruption ____ % of the full 12 months Gross Profit values that would have been earned following the Occurrence by use of the facilities at the Insured Premises where the Property Damage occurred and all other Insured Premises where Business Interruption	

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16. Policy Deductibles Table				
Section	Sub- Section	Description	Deductible	Particulars
			<p>loss ensues per Insured Premises For Contingent Business Interruption Coverages, the applicable deductible shall be determined according to the applicable deductible at the location where the physical loss or damage occurred. (delete if not applicable)</p>	
	2.7.1.2	Earthquake or Volcanic Eruption	<p>As respects Insured Premises in <list Zones or list territories></p> <p>a) Property Damage ___ % of the insured Property Damage loss</p> <p>and</p> <p>b) Business Interruption ___ % of the insured Business Interruption loss</p> <p>Insured Property Damage loss or insured Business Interruption loss is the amount which would have been paid without making deduction of the above deductibles but taking into account the Limits of Liability set forth in this Policy.</p> <p>(delete if not applicable)</p>	

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Section	Sub- Section		Description	Deductible	Particulars
Section 2	2.7	2.7.1.2	Earthquake or Volcanic Eruption		The above Earthquake or Volcanic Eruption Deductibles are subject to a minimum Deductible of INR ___ for
					Property Damage Coverages and INR ___ for Business Interruption Coverages <and a maximum Deductible of INR ___ for Property Damage Coverages and INR ___ for Business Interruption Coverages> <per Insured Premises> per Occurrence . (delete if not applicable)
					The above Earthquake or Volcanic Eruption Deductible are subject to a minimum Deductible of INR ___ for Property Damage Coverages and for Business Interruption Coverages combined <and a maximum Deductible of INR ___ for Property Damage Coverages and for Business Interruption Coverages combined> <per Insured Premises> per Occurrence . (delete if not applicable)
				XXX INR. __ working days/ Hours (Time Deductible)	For Property Damage Coverages For Business Interruption Coverages Optional (delete if not applicable)
	2.7	2.7.1.3	Flood	XXX INR.	For Property Damage and Business Interruption Coverages combined For Business Interruption subject to __ working days/ Hours (Time Deductible) Optional (delete if not applicable)
				XXX INR. __ the Average Daily Value	For Property Damage Coverages For Business Interruption Coverages

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				(ADV)	Optional (delete if not applicable)
				XXX INR. __ the Daily Value (DV)	For Property Damage Coverages For Business Interruption Coverages Optional (delete if not applicable)
				XXX INR.	Other Deductibles (if any) to be specified Optional (delete if not applicable)
				XXX INR.	except as follows As respects Insured Premises in <list locations, zones or territories Optional (delete if not applicable)
				except as follows As respects Insured Premises in <list Zones or list territories>> a) Property Damage ____ % of the value as per the most current statement of values on the Schedule of Locations as of the date of loss for the Insured Premises where the Property Damage occurred per Insured Premises and b) Business Interruption ____ % of the full 12 months Gross Profit values that would have been earned following the Occurrence by use of the facilities at the Insured Premises where the Property Damage occurred and all other Insured	

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				<p>Premises where Business Interruption loss ensues per Insured Premises For Contingent Business Interruption Coverages the applicable deductible shall be determined according to the applicable deductible at the location where the physical loss or damage occurred. (delete if not applicable)</p>	
--	--	--	--	---	--

Section	Sub-Section	Description	Deductible	Particulars
			<p>As respects Insured Premises in <list Zones or list territories></p> <p>a) Property Damage ___ % of the insured Property Damage loss</p> <p align="center">and</p> <p>b) Business Interruption ___ % of the insured Business Interruption loss</p> <p>Insured Property Damage loss or insured Business Interruption loss is the amount which would have been paid without making deduction of the above deductibles but taking into account the Limits of Liability set forth in this Policy.</p> <p>(delete if not applicable)</p>	

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Section	Sub- Section	Description	Deductible	Particulars
				The above Flood Deductibles are subject to a minimum Deductible of INR ___ for Property Damage Coverages and INR ___ for Business Interruption Coverages <and a maximum Deductible of INR ___ for Property Damage Coverages and INR ___ for Business Interruption Coverages> <per Insured Premises> per Occurrence . (delete if not applicable)
				The above Flood Deductible are subject to a minimum Deductible of INR ___ for Property Damage Coverages and for Business Interruption Coverages combined <and a maximum Deductible of INR ___ for Property Damage Coverages and for Business Interruption Coverages combined> <per Insured Premises> per Occurrence .(delete if not applicable)
			XXX INR.	For Property Damage and Business Interruption Coverages combined Standard (delete if option applies)
			XXX INR. XXX INR.	For Property Damage Coverages For Business Interruption Coverages Optional (delete if not applicable)
			XXX INR.	For Property Damage Coverages

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Section	Sub- Section		Description	Deductible	Particulars
Section 2	2.7	2.7.1.4	Storm	__working days/ Hours (Time Deductible)	For Business Interruption Coverages Optional (delete if not applicable)
				XXX INR.	For Property Damage and Business Interruption Coverages combined For Business Interruption subject to__working days/ Hours (Time Deductible) Optional (delete if not applicable)
				XXX INR. __the Average Daily Value (ADV)	For Property Damage Coverages For Business Interruption Coverages Optional (delete if not applicable)
				XXX INR. __the Daily Value (DV)	For Property Damage Coverages For Business Interruption Coverages Optional (delete if not applicable)
				XXX INR.	Other Deductibles (if any) to be specified. Optional (delete if not applicable)
				XXX INR.	except as follows As respects Insured Premises in <list locations, zones or territories Optional (delete if not applicable)
				As respects Insured Premises in <list Zones or list territories> a) Property Damage ____ % of the insured Property Damage loss and b) Business Interruption	

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Section	Sub- Section		Description	Deductible	Particulars
Section 2	2.7	2.7.1.4	Storm	___ % of the insured Business Interruption loss	
				Insured Property Damage loss or insured Business Interruption loss is the amount which would have been paid without making deduction of the above deductibles but taking into account the Limits of Liability set forth in this Policy.(delete if not applicable)	
					The above Storm Deductibles are subject to a minimum Deductible of INR ___ for Property Damage Coverages and INR ___ for Business Interruption Coverages <and a maximum Deductible of of INR ___ for Property Damage Coverages and INR ___ for Business Interruption Coverages> <per Insured Premises> per Occurrence . (delete if not applicable)
					The above Storm Deductible are subject to a minimum Deductible of INR ___ for Property Damage Coverages and for Business Interruption Coverages combined <and a maximum Deductible of INR ___ for Property Damage Coverages and for Business Interruption Coverages combined> <per Insured Premises> per Occurrence . (delete if not applicable)
Section 2	2.7	2.7.1.5	Machinery Breakdown	XXX INR.	For Property Damage and Business Interruption Coverages combined

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Section	Sub- Section	Description	Deductible	Particulars
				Standard (delete if option applies)
			XXX INR.	For Property Damage Coverages
			XXX INR.	For Business Interruption Coverages Optional (delete if not applicable))
			XXX INR. __ working days/ Hours (Time Deductible)	For Property Damage and Business Interruption Coverages combined Standard (delete if option applies)
			XXX INR.	For Property Damage and Business Interruption Coverages combined For Business Interruption subject to __ working days/ Hours (Time Deductible) Optional (delete if not applicable)
			XXX INR. ___the Average Daily Value (ADV)	For Property Damage and Business Interruption Coverages combined Standard (delete if option applies)
			XXX INR. ___the Daily Value (DV)	For Property Damage and Business Interruption Coverages combined Standard (delete if option applies)
		Other Deductibles (if any) to be specified.		

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Section	Sub- Section	Description	Deductible	Particulars
		Optional (delete if not applicable)		

Extensions – Property Damage

1	Accounts Receivable (Book Debts)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Brands and Labels	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3	Capital Additions at Existing Premises	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4	Civil or Military Authority	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5	Debris Removal	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6	Expediting Costs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7	Fine Arts	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8	Fire Brigade Service Charges	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9	Land Improvements	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10	Money in Locked Safe and/or Strong-Room	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11	Money on Insured Premises during Business Hours	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12	Personal Property of Officers, Employees and Visitors of the Insured	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
13	Professional Fees	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14	Public Authorities (Increased Cost of Construction)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
15	Temporary Removal	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
16	Valuable Papers and Records (Reconstruction Costs)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Optional Endorsements (must be deleted when not applicable)

17	Construction Works Carried out by the Insured (With Hot Work Permits)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18	Construction Works Carried out by the Insured (Without Hot Work Permits)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
19	Miscellaneous Unnamed Third-Party Premises	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
20	Temporary Removal with Transit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
21	Track and Trace for Burst Pipes (including Culverts)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
22	Completed Civil Engineering Structures	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
23	Exhibitions (Excluding Transit)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
24	Exhibitions (Including Transit)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
25	Hired-in Plant	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
26	Inland Transit	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
27	Escape of Molten Material	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
28	Land and Water Contaminant Clean-up	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
29	Locks and Keys	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
30	Metered Substances	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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31 Vehicles on Insured Premises (Full Cover)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
32 Vehicles on Insured Premises (Limited Cover)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
33 Ammonia Contamination	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
34 Deferred Payments	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
35 Fluctuations in Market Price	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
36 Miscellaneous Personal Property	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
37 Margin/Inflation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Extensions - Business Interruption

1 Civil Authority Business Interruption	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2 Contingent Business Interruption	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3 Denial of Access (Ingress/Egress)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4 Loss of Rent (Rental Value)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5 Research and Development	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Optional Endorsements (must be deleted when not applicable)

6 Gross Revenue	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7 Extra Expense / Increased Costs of Working (Stand-Alone)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8 Denial of Access (Non-Damage Extension)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9 Loss of Attraction	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10 Fines and Damages	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11 Royalties	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12 Leasehold Interest (Loss of Use)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
13 Wages – Limited Period basis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Extensions - Property damage and Business Interruption

1 Miscellaneous Unnamed Locations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Off Premises Service Interruption Property Damage and Business Interruption Loss				
2 (Public Utilities)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3 Protection and Preservation of Property	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Optional Endorsements (must be deleted when not applicable)

4 Acquisition of Companies and New Locations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5 Acquisition of New Locations	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6 Better Green™ Coverage	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7 Errors and Omissions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8 Transit (Broad Cover)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Special Extensions - Property damage and Business Interruption

1 Machinery and Equipment Breakdown	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Optional Endorsements (must be deleted when not applicable)

2 Computer Breakdown	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Defined Perils

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1 Earthquake and Volcanic Eruption	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2 Flood	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3 Storm	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4 Flood including ensuing Storm Surge	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5 Limited cover for Unnamed Perils	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6 Breakage of Fixed Glass	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7 Hail	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8 Strike, Lock-out, Riot and Civil Commotion	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9 Theft	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10 Water Damage	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Premium Details

	Mode of Payment	
	Payment Details	
	Amount	

Declaration:

- I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to have an insurance policy as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.
- I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.
- I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.
- I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.
- I/We agree for AML (Anti Money Laundering) Declaration applicable as selected from below:

5.1 AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER:

Please Select

1. Declaration for PEP to be added in proposal form:

Are you or any of the proposal applicants a PEP* or a close relative of PEP*?

If yes, please share the details _____

“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior

Bajaj Allianz General Insurance Company Limited
Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113
Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006
 UIN- IRDAN113CPPR0035V01202425

government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc.”

2. Consent/Declaration to be added in proposal and claim for CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

3. Consent/Declaration to be added in proposal for Premium paid from own funds:

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

Date:

Signature of the Proposer

Place:

Name:

Date:

Signature (on behalf of the Proposer)

Place:

Name:

- * Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.
- * This is required only where, for any reason, the proposal and other connected papers are not filled by the Proposer.

Rebates

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 fault in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.