

Bajaj Allianz General Insurance Co. Ltd. G.E. Plaza, Airport Road, Yerawada, Pune - 411 006 CIN: U66010PN2000PLC015329 | UIN: BAL-OT-P15-56-V01-14-15

For Office Use only:

For Agent Use Only:

| Scrutiny No | Receipt No | Policy No | IMD Code | Sub IMD Code | Mobile No. | Emp / LG Code |
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JEWELLER'S COMPREHENSIVE PROTECTION POLICY: PROPOSAL FORM

Important: This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

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| d) f) f) h) l j. k. l. m. | Will the Is a burg If so, sta Is an ins If so, Sta Are your Give det 1. eacl 2. eacl Is the pr If No, i. Is ti ii. Is ti Is the pr Are fire Is there a for Insu If Yes, i i CKS: What wa | glar ala te wha ide gri te wha r displa tails of h oute h inne ropose fightin any Do rrance i. Is ii. Is tiii. Is th | rm syst it prote il fitted it prote iy wind the foll r door door doprem posed p ps local d prem g equip cument chere a there a | em in: to you to you ction by you get in ise loc ments ed Sta | ed at stalle r Gol r Gol rotec and cated as in p ndare is in p proper graph | d an dan dan dan dan dan dan dan dan dan | any of d Ger d Ger by ro they ed and harat ket Pl & iso and i operati NC e Pro acce for nent I | you othe ms \$ colored llace, l | or your speed of the control of the | tter of terms of the sector of | epremeam, wouts d/ lo | esentions of the control of the cont | of proposed out of proposed out out out out out out out out out out | ness itside //Ope r of B S S V by yo | Yilion li ny of hour busi I NO Stati | ess [ike Co irs? iness 3. 4. ouse ion. N rrSafi | NO O type | e) e) e) e) e) e) e) e) e) e) e) e) e) e | Will NO NO NO NO NO NO NO NO NO | eed age the families of the OP. | anan d hyhts c h sec | N wat | by winn of ope | dow ening tion? | s gs trac | mash | Gr Gr Gr YES | ? | NO | YES | | NO |
| d) f) h) l k g) l k, j. k. l. m. | Will the Is a burg If so, sta Is an ins If so, Sta Are your Give det 1. eacl 2. eacl Is the pr If No, i. Is th ii. Is th Is there a for Insu If Yes, i i CKS: What wa i. The | glar ala te wha ide gri ite wha r displa tails of h oute h inne ropose he pro he Shc ropose fightin any Do ii. Is ii. Is iii. Is as averag | rm syst at prote at prote ay wind the foll ar door ad prem posed p ps locat d prem g equip cument there a there a anere Per | em in: totion. to you ction ows, p owing ise loc remis ed in ise loc seed Sta E SOP Co procec iodic l | ed at stalle r Gol | night dor | any of d General American description of the second description of the | you other ms Sulling are dor t Dia lace olate on the control or id Review tock | or your specific spec | our rocial V roor tter of ecter ter d Bo dist g co dure f SOF | epreemeation, we consider the properties of the | esentins o | tativ of pro pow o busin d ou Floor YE TO THE THE THE THE THE THE THE THE THE THE | ness itside //Ope of B y by y s ediat S w nonth | ra He wilding NO NO S? | rs? iness 3. 4. ouse | NOO YI | e) dopte tion li ES indov yligh thers ES d Secu | Will d? nstall NO vs oth ts or f simila NO NO NO NO NO NO NO NO NO NO NO NO NO | eed age the analog of the OP. | gains | s wat | by winn of ope | dow ening tion? | s ggs trac | mash | Gr Gr YES | ? | NO No | YES | | NO |
| d) f) h) l k. g) k. j. k. l. m. | Will the Is a burg If so, sta Is an ins If so, Sta Are your Give det 1. eacl 2. eacl Is the pr If No, i. Is ti ii. Is ti Is the pr Are fire Is there a for Insu If Yes, i i CKS: What wa | glar ala te wha ide gri ite wha r displa tails of h oute h inne ropose fightin ii. Is iii. Is iiii. Is t as avera whole | rm syst at prote at prote at prote ay wind the foll ar door d prem posed p ps locat d prem g equip cument there a there a anere Per ge daily of your | em in: totion. to you ction ows, p owing ise loc remis sed in ise loc ment: ed Sta 500P Co procec iodic l total v stock | ed at stalle r Gol rrotect and ated es in p ndar yE yE yMana value when | d an dan dan dan dan dan dan dan dan dan | any of d Gerby ro they dand dand dand dand in operation of the Pro acceptance of the Pro | you other ms solutions for the process of the proce | or your specific spec | our rocial of the control of the con | meam, wouts d/lc | ins o | tativ of pro pow o busin d ou Floor YE Floor YE Floor YE T T T T T T T T T T T T T | ness itside //Ope | ylion li ion li ion li ny or hour busi ra H NO Stati Stati NO e cor NO s? | rs? iness 3. 4. ouse ng? Nrr Safo | NOO O | e) dopte tion II ESS indov indov yligh ther s ES d Secu | Will d? nstall NO NO NO NO NO NO NO NO NO NO NO NO NO | eed age the analog of the oop. | gains | s wating North Nor | by winn of ope local | dow ening ck in NO Cash | sgs | mash | Gr Gr YES | ? | NO No | YES | | NO |

| If not g | e figures in this Form compiled on the basis of cost price for your own give details: N.B. Unless otherwise mutually agreed the basis of valuation share not agreeable for the above valuation, please specify the basis of valuati | nall be your cost plus 10%. |) |
|-----------------------|--|--|--|
| • | of Valuation: Market Value + Labour Charges For Gold or Silv | | , |
| 2. Losses: | | | |
| , | ave you ever sustained losses? so, give details of losses for past three years. | | |
| • | ere you insured and if so, give the name of the Insurance Company and wh lease state how much) | ether they paid the claim in full or a | part thereof ? |
| COVERAG | GE PROPOSED :(Please tick the relevant sections you require) | | |
| | ote: Section 1 (Stock in Premises) is a mandatory section. All other sections | s are optional. | |
| ECTION | 1: STOCK IN PREMISES | | |
| | Insured required on floater basis to cover stocks at more than one location? se provide Sum Insured in below columns on aggregate basis to cover stock | | cations: |
| Sr. No | LOCATION DET | TAILS | |
| | | | |
| | | | |
| | DESCRIPTION | SI | JM INSURED |
| | and Stock in trade on Premises (In Display Windows , Counters, Strong n , Safes) | | |
| | and Stock in trade outside Locked Safe/Strong Room anywhere in the ed Premises outside of business hours. | | |
| c. Cash | and Currency Notes on Premises. | | |
| Addre (Pls at | and Stock in trade in Vaults, Safes and Bank Lockers outside premises ess of &Ult, Safe bank Lockers outside Premises: ttach Annexure if more than one Location Exists) d) Do you wish to Opt for r of Under Insurance Up to 15%? | YES NO | |
| e. Do yo | u wish to opt for the Terrorism Cover | YES NO | |
| ☐ SEC | TION 2: STOCK IN CUSTODY OF THE INSURED AND SPECIFIED PERSO | ONS | |
| | DESCRIPTION | | SUM INSURED |
| con | perty Insured whilst in the custody of Director(s), Employee(s) including itract employee(s), Partner(s), Duly Constituted Attorney(s) and Consultant(s) I such other authorized persons of yours. | | |
| smi oth | perty insured whilst in the custody of Cutter(s), Broker(s), Agent(s), Gold ith(s), Dealer(s), Client(s), Job worker(s), Contractor(s), Sub-Contractor(s) and er such entities including the employee(s) of the above, whether or not in ular employment of yours. | | |
| Ass | perty insured whilst in the custody of the employees of the Insured's Group / ociate / Sister Concern operating from the same premises as of the insured. provide the Name of the Insured's Group / Associate / Sister Concern: | | |
| Note: If | the value of Property at any place were in excess of Rs. 5 Lacs, the same should | be stored overnight or during non-bu | l siness hours in a burglar proof safe. |
| | ı maintaining pre numbered Jangad Slips in respect of the property taken out of emises? | ☐ YES 🗹 NO | |
| Is the re | ecord keeping manual or computerized? | ☐ YES 🗹 NO | |
| If No ,pl of perso | the stock and stock in trade be entrusted to only your partners and employees? lease specify the category of persons to whom it would be entrusted (category ons shall mean partner(S), employees, Cutter(s), Broker(s), Agent(s), Gold s), Job worker(s), Contractor(s), Sub-Contractor(s)) | YES NO | All including Hallmarking cente |
| worker | e persons such as the Cutter(s), Broker(s), Agent(s), Gold smith(s), Job (s), Contractor(s), Sub-Contractor(s) in business for more than 3 years? lease state no. of years they have been in Business. | ☐ YES 🗹 NO | |

| SECTION 3: STOC | K IN TRANSIT | (Destinatio | ns within India | only) | | | | |
|---|---|---|-----------------------------|------------------------|---------------------------------|--|--------------------------------|---|
| | | SCRIPTION | | | | | SUM | INSURED |
| By registered Post P By Air Transit (Min | | Dodarod) | | | | | | |
| By Angadia, Courier, | | | | | | | | |
| - | | | | | | | ' | |
| re you willing to decla | re 100% of the v | alue of the co | nsignment to the | Post P arcel /a | ir/carrier/angadia/ C | ouriers/logistic comp | pany? | ☐ YES 🗹 NO |
| No, please declare the | e percentage yo | u are.willing to | o declare to the Po | ost Parcel /air | /carrier/angadia/ Co | uriers/logistic compa | ny | |
| e the transits by Air/F | Road through Pr | ofessional and | d well reputed Fac | ility Managem | ent Companies? | | | YES NO |
| SECTION 4A: STA | | | AL PERILS COVE | R FOR BUILI | DING, FURNITURE | , FIXTURE,FITTING | S AND CONTENTS | S EXCLUDING |
| d. Please mention Su | m Insured for: | | | | | | | |
| | | | | SUM | Insured | | | |
| | | · | Furniture, Fi | xture. | | NIC EQUIPMENTS COI | | |
| OCATION DETAILS | Building (Sum Insured on Reinstatement Value Basis) | | | s ed on at Value | CCTV, DVR, A/C, \ Laptop & | m insured on Market Value Basis VEIGHT SCALE, TV, Co Other Equipment in yo tem Covered Under So | omputer, Printer, our Store | Chandeliers (Sum Insured on Market Value Basis) |
| i. | | | | | | | | |
| ii. | | | | | | | | |
| iii. | | | | | | | | |
| | | | | | | | | |
| a) Do you wish to opt | for the Terroris | m Cover | | | | | | YES NO |
| SECTION 4B: BI STOCK IN TRAE | | O ROBBERY | COVER FOR FUI | RNITURE, FI) | CTURE, FITTINGS / | AND CONTENTS EX | KCLUDING STOCK | AND |
| | | | | | | | SUM INSURED | |
| | | ESCRIPTION | | | | • | uld be same as men | |
| a. Furniture, Fixture | and Fittings | | | | | A for Stan | dard Fire and Speci | ai Perii) |
| | | quipmonts" co | word under Sec | tion 11 and "D | Portable Equipments" | covered under Section | an O. In casa Puralan | (Cover is required |
| | | | | | | covered under Section equal to Sum Insured | | Cover is required |
| d) Do you wish to op | | | | - 6 | YES [|] NO | | |
| <u>'</u> | <u>'</u> | . , | vith regards to this | | inery and electrical and mechan | ical appliances tools and instru | ments for husiness interior de | corations improvements landlords fixtur |
| Gold or Silver Ornaments, Pl | ates made of gold, silver business, belonging to rge cards, bonds, bills of | or studded with pre and /or held in trust of exchange, treasury | cious stones, Pearls and Di | amonds and Precious | Stones, precious metals/article | s of any sort or kind whatsoever | , cash and currency notes and | corations, improvements, landlords fixtun e comprising of Jewellery , / or other merchandise and materials usu lds, designs or any other collectibles deed |
| els confirm if Fidelity | | | d on: Named | d Basis 🔽 | Unnamed Basis | | | |
| a. If on Named Basis | | | | | | espect of whom insu | ırance cover is souc | Jht: |
| Employee Na | - | Desigr | | | thly Salary | Amount of Cash / S by the Emplo | Stock held | Amount of Guarantee |
| | | | | | | , , , , , , , , , , , , , , , , , , , | - | |
| | | | | | | | | |
| Please confirm if Co | ver is required | on Floater Ra | sis: VFS 🗆 | NO If re | equired on floater b | asis , please provide | the following infor | mation: |
| Total Number of Emplo | | | | | | | <u> </u> | t of Guarantee |
| | | | co actaul critploy | | erson Limit : | | 74110411 | c Judianice |
| Please Specify a. P | ei Accident Lin | IIC. | | D. Per Pe | ISOH LIHIIL: | | | |

| Total N | umber of Employees | | | Amount of Guarantee |
|--|--|--|--------------------------------------|---|
| | ontractual employees, if any separately) | | | Amount of duarantee |
| | se Specify | | | |
| | er Accident Limit: er Person Limit : | | | |
| Is there a system to obtain referer | nces from previous Employers? If not, specify p | practice Verb | al Reference | YES NO |
| Has there been any occasion to q | uestion honesty or conduct of any person prop | posed for guarantee? If yes, please pro | ovide details | YES NO |
| How often are the employees req | uired to account for money? | | | Regularly |
| Are books of accounts balanced | every day? | | | YES NO |
| What independent system includ by employees are accounted for | ing Audits is there to check that all sums recei and how often are Audits done. | ved | | Regularly |
| | ses (whether insured or not) due to fraud or ers or directors during the last three years? | | | |
| SECTION 13: MONEY IN TI | RANSIT | | | |
| | tions between which the transit of money to b | pe | an | y where to any where in india |
| covered. ii. What is the mode of to | ransit? | | | All Public and Private Vehicle |
| b. Any one T ransit Limit : Estimated Annual transit: | | | | |
| c. Is there a daily written record | of the money in transit and is it updated every | day ? | | ☐ YES 🗹 NO |
| d. Money in transit whilst in Custo | dy of authorized employees/ Insured to/from | ı Bank | | |
| e. Do you require extension of cov | er for loss of money in transit caused by infide | elity of the cash carrying employee? | | YES NO |
| f. Do you require extension of co | ver for loss of money caused by Riot, Strike, Ma | alicious Damage? | | YES NO |
| g. Past Claims Experience , If any | | | | |
| ubject to the declarations, warra orm are complete, true and accui | clare and warrant that the insurance contra nties, statements and particulars given in the ate to the best of my personal knowledge | nis proposal form. I/We declare tha and belief. I/we have clearly underst | t the statement cood the terms a | s and particulars given in this I and conditions [T & C] to the in |
| ne/us and the Company shall have r other documents are incorrect a over. I/we will accept the usual T & xplained to me/us, and I/we agree | | it is found that any of my/our staten n or provided misleading or false inf d by Company.The salient features of t | nents or particul ormation in any | ars or declarations in this proportions or declarations in this proportion any matter to the gr |
| | D M M Y Y Y Y to D D M M | YYYY | | |
| Pate: D D M M Y Y Y | Y Place: | | _ | ture of Proposer |
| certified that that the contents of the proposed contract. | he proposal form and documents have been f | ully explained to the Proposer and tha | it ne/tney nave r | ully understood the significance o |
| Pate: DDMMMYYYY | Y Place: | | | |
| lame: This is required only where, for an | reason, the proposal and other connected pa | | Signature (o | n behalf of the Proposer) |
| INSURANCE ACT 1938 SECTION 4 | | person continued by the corposer. | | |
| o person shall allow or offer eith elating to lives or property in Indi sking out or renewing or continui | er, directly or indirectly as an inducement to a, any rebate of the whole or part of the co ng a policy accept rebate except such rebate plying with the provision of this Section shal | mmission payable or any rebate of t e as may be allowed in accordance w | the premium sh with the publishe | own on the policy nor shall any ed prospectuses or tables of the |
| OR OFFICE USE ONLY remium Calculation | | | | |
| Total Premium : | | | | |
| Net Premium : | | | | |
| Service ax: | 1 | 1 Oney 110. | | |