

# PROPOSAL FORM FOR JEWELLERS' BLOCK POLICY

**For Official Use Only**

Agent/ Broker Name: \_\_\_\_\_ Marketing Officer: \_\_\_\_\_  
 Agent Code: \_\_\_\_\_ Area Office Code: \_\_\_\_\_

## GUIDELINES FOR COMPLETION OF THE FORM

Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.

The Policy shall become voidable at the option of the Insurer, 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 having been withheld by the proposer or any one acting on his behalf.

Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the proposal form.

**NOTE:** The liability of the Company does not commence until this proposal has been accepted by the Company and premium realized.

## CLIENT INFORMATION

Proposer's Name: \_\_\_\_\_

Proposer's Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Contact No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email ID: \_\_\_\_\_

Proposer's trade or business: \_\_\_\_\_

Type of Proposer:  Individual  Partnership firm  Company  Govt.  Others \_\_\_\_\_

Annual Income: (In Rupess): \_\_\_\_\_ Do you file income tax return? Yes  No  Do you own a bank account? Yes  No

Date of Birth:  D /  M /  Y  Y  Y  Y Country: \_\_\_\_\_ PAN Number: \_\_\_\_\_

Paid-up capital of the firm (in Rs. million): \_\_\_\_\_ Business Sector: Urban  Rural

## CONTACT DETAILS

Contact Person's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Contact Number (Landline-With STD Code): \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email ID: \_\_\_\_\_

## RISK DETAILS

Period of Insurance	From: <input type="checkbox"/> D / <input type="checkbox"/> D / <input type="checkbox"/> M / <input type="checkbox"/> M / <input type="checkbox"/> Y / <input type="checkbox"/> Y / <input type="checkbox"/> Y / <input type="checkbox"/> Y To: <input type="checkbox"/> D / <input type="checkbox"/> D / <input type="checkbox"/> M / <input type="checkbox"/> M / <input type="checkbox"/> Y / <input type="checkbox"/> Y / <input type="checkbox"/> Y
1. Nature and description of Business:	
2. a. How many employees do you have: b. What is the minimum number of employees including principals in the sales section of your premises at any time during business hours, including lunchtime?	
3. a. State address of all premises to which the Policy is to apply (if more than one, please attach a separate sheet) and the floor (s) on which your premises are situated in each location b. How long have you carried on business	<p>b. In the premises: Elsewhere:</p>
<b>Safes</b>	
4. a. Give the maker's name of safe, date when purchased (state whether new or second hand) and give details of any descriptive markings on the door. b. Approximate size and weight c. Whether illuminated and visible from the street at night	

<b>Burglar Alarms</b>	
5. a. Is there a burglar alarm? b. If so, give maker's name and full details of specifications c. Are hold up/panic buttons incorporated in the system? d. Is the system maintained under contract? e. Are the alarm keys removed from the premises outside business hours?	
<b>Strong rooms</b>	
6. a. Is there a strong room? b. If so, give full details c. Are the strong room keys removed from the premises outside business hours?	
<b>Other safety features</b>	
7. a. Is an inside grill fitted to windows or is any other protection installed against loss by window smashing? If so, what protection b. Are your display windows, protected by rolling shutter outside business hours c. How are the doors secured outside business hours?	
<b>Watch and ward</b>	
8. Will there be a watchman in the premises If yes a. whether he/they is/are your employee/s? b. whether employed exclusively for 24 hours of the day? Or c. employed as a common watchman for the floor of the building in which the premises is situated Or d. night watchman exclusively for the premises.	
<b>Protection of the premises</b>	
9. Are the premises occupied in the night a. by Proposer b. by employee or caretaker? 10. Are there any openings leading to cellar or basement from outside the premises? If yes, give details 11. Give details of the following and how they are protected a. each outer door b. each inner door c. all windows other than display windows d. all skylights or fanlights or roof openings 12. Average Distance from nearest police station	
<b>Stock Values</b>	
13. a. What was the average daily total value of your i. Stock during the past 12 months ? ii. Cash and currency notes during the past 12 months, b. Will the whole of your stock when on your premises be kept in safe at night and at all times when the premises are closed ? If not, state value and class of stock which will be left to outside safes. <b>Please note that the stock kept out of the safe after business hours at night is outside the purview of this insurance</b>	
<b>Window display</b>	
14. State the approximate maximum value of any one article of jewellery or gem stock which will be displayed in the window (A pad or tray containing a number of rings or other articles to be counted as one article) (Give separate answer for each location). Please note that window display at night not covered.	
<b>Stock records</b>	
15. a. When was your last annual stocktaking? b. Do you keep proper records of all sales purchases and transactions? c. If so, give statement covering the past five years	
<b>Losses</b>	
16. a. Have you ever sustained a loss or losses? b. If so, give statement covering past five years with particulars c. Were you insured and if so, give the name of the Insurance Company and whether they paid the claim in full or a part thereof? (Please state how much)	

17. Please give the amount to be insured in respect of the following. Please note that this amount must reflect the COST PRICE. Wherever it is not possible to ascertain the COST PRICE the amount to be insured must be MARKET VALUE LESS THE GROSS PROFIT MARGIN

Section I	
Property to be Insured	Sum Insured (₹)
1. Property on the premises <ul style="list-style-type: none"> <li>a. Property in display windows</li> <li>b. Property in locked safe on the premises</li> <li>c. Property elsewhere on the premises</li> </ul>	
2. Currency	
3. Property in Bank Lockers	
4. Private Lockers	
5. Property, except Currency, with refineries or jewelry manufacturing place	

  

SECTION II (OUTDOOR RISK)	
a. Property insured excluding cash and currency noted whilst in the custody of the insured, his partners, directors, employees and duly constituted attorneys or authorized representatives b. Property insured by the insurer excluding cash and currency notes whilst in the custody of brokers or agents or cutters or goldsmiths or sorters of diamonds who are not in regular employment of the Insured	

Section III	
The property excluding cash and currency notes whilst in transit within India by-	
a. Registered Insured Parcel Post (Rs. 5 lakhs or 10% of Sum Insured under Section I whichever is less) b. Air freight c. Professional couriers d. Angadias	
Section IV	
a. Furniture, fixtures, fittings at business premises including safes, tools & instruments.	
References	
20. Unless proposing for renewal, give two references FROM YOUR TRADE	
Other Insurances	
21. a. Has any insurance company ever cancelled or refused to issue or to continue any insurance for you? b. have you previously been insured? If so, state with whom, risks covered, and for what amount.	

### PAYMENT INFORMATION

#### MODE OF PAYMENT

Cheque/ DD Cheque No.: \_\_\_\_\_ Demand Draft No.: \_\_\_\_\_  
 Drawn No.: \_\_\_\_\_ Dated: DD / MM / YY  
 Bank A/C No.: \_\_\_\_\_ Amount in Figures: \_\_\_\_\_  
 Amount in Words: \_\_\_\_\_

### DECLARATION BY PROPOSER

I/We hereby declare that the statements, answers and particulars made by me / us in this proposal form are true to the best of my / our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I/We agree and undertake to convey to ICICI Lombard General Insurance Company Limited any additions / alterations carried out in the risk proposed for insurance after submission of this proposal form

Place: \_\_\_\_\_ Date: DD / MM / YY

Client's Signature and Stamp

**STATUTORY WARNING  
PROHIBITION OF REBATES.**  
**(Under Section 41 of Insurance Act 1938)**

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 on 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 prospectuses or tables 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 lac rupees.



**Mailing Address:** ICICI Lombard General Insurance Company Limited, Interface Building No.11, 401/ 402 4th Floor, New Link Road Malad (W), Mumbai - 400064.  
**Registered Office Address:** ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.  
Visit us at [www.icicilombard.com](http://www.icicilombard.com) • Mail us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com) • Fax No.: 02261961323. • Our toll free number is 1800 2666  
ICICI Lombard General Insurance Company Limited. Insurance is the subject matter of the solicitation. **IRDA Reg. No. 115. MISC 61. CIN: U67200MH2000PLC129408**  
For complete details on coverage, Terms & conditions & exclusions, Please refer to Policy Wordings (available on request)

## CORPORATE DETAILS

Group/ Network Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Landmark: \_\_\_\_\_  
State: \_\_\_\_\_  
Pincode: \_\_\_\_\_ Pan Card No.:\*\* \_\_\_\_\_  
PAN Card Holder's Name: \_\_\_\_\_

## ACCOUNT DETAILS

Bank Name: \_\_\_\_\_  
Branch Name: \_\_\_\_\_  
Payee Name: \_\_\_\_\_  
MIRC No.: \_\_\_\_\_ IFSC Code: \_\_\_\_\_  
Account Type: \_\_\_\_\_ Full Account No.: \_\_\_\_\_  
Name as per Bank Records: \_\_\_\_\_  
Cancel cheque No.\*\*: \_\_\_\_\_

(Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)

If payee name is not printed, then bank certificate will be required.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

**Signature & Stamp of the Payee**

Verified By

(Bank Official Stamp and Authorized Signature)

## **Terms and Conditions for Payments through RTGS/NEFT**

1. The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
3. The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
4. The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
6. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
7. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
8. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. Website [www.icicilombard.com](http://www.icicilombard.com) or by sending them by post to the last address of the Customer.
9. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
10. I/We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
11. I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance
12. Company Ltd. before the expiry of the notice period of the Customer.
13. (Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard)

**Signature and Stamp of Customer**