



UNITED INDIA INSURANCE CO. LTD.

REGD. OFFICE : 24, WHITES ROAD, CHENNAI-600014

Divisional office 19, Savitri Chambers II,
D-13, Prashant Vihar, Rohini, Delhi-110085

27562655, 27562584, Fax 27562688

PROPOSAL FORM FOR STANDARD FIRE & SPECIAL PERILS INSURANCE PROPOSAL FORM/ BURGLARY& HOUSEBREAKING PROPOSAL FORM

1) Operating Office address & code		
2) Marketing/Sales Office		
3) Agents Name & Code	912	
4) Name Of Proposer		
5) Address Of Proposer including phone, fax no and e-mail address		
6) Business of Proposer		
7) Policy to be issued in favour of list (list out all the parties who have insurable interest) including the financial institutions .		
8) Location of risk to be covered-full postal address with pin code		
9) Period of insurance	From	To
10) Add on Covers Required	Name of the Cover required	Sum Insured
11) Premium/Claim details for the past 36 months (if available) excluding the expiring policy period.	Premium	Claims
12) The Insured property (details occupancy)		
13) Special Coverage for Stocks only Please tick in the box below and give the amt insured against each	Tick	Amount Rs.
A) On Floater Basis		
B) On Declaration Basis		
C) On Floater Declaration Basis		
14) Fire Protection Hand Appliances/Trailer Pumps/Hydrant Systems/Sprinkler		

15) Options to delete /	STFI RSMTD	Yes/No Yes/No				
16) Voluntary Deductible, if opted						
17) Please indicate basis on which Insurance is proposed.						
Building	Market Value / Reinstatement value					
Plant & Machinery	Market Value / Reinstatement value					
Furniture/Fixture/ fittings etc.	Market Value / Reinstatement value					
18) Other Extensions required						
Extension Name		Sum Insured				
19) Details of Sum Insured						
Sr.	Block	Building	Plant & Machinery	Furniture/ Stocks & Fixtures/Fittings	Others *	Total
*Pl. give details of others e.g. Household clothing, household/ office appliance etc. Pl mention if any Block is having Kutcha Construction						
20) Do you wish to cover Terrorism Risk						Yes / No

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 UNITED INDIA I Insurance Co. Ltd.	
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
Recommendations (for company's use)	Signature of Proposer Name & designation