

# PROPOSAL FORM

## ACKO PROPERTY PROTECT POLICY

UIN: IRDAN157RPMS0014V01202627

### IMPORTANT NOTICE TO PROPOSER

Please read the following carefully before completing this form:

This form is to be completed by the Proposer. We are under no obligation to accept any proposal for insurance. The liability of the Company does not commence until this proposal is accepted by the Company and premium is received in full.

Please ensure that the information in this form material for assumption of risk is true, accurate and complete in all respects as inaccuracy or non-disclosure of the requested information or other material facts could preclude recovery of any claim under the policy.

Please complete this form in CAPITAL LETTERS. The proposal form is to be submitted in original, copies shall not be accepted.

#### FOR OFFICE USE

Branch Name		Branch Code	
Intermediary Name		Intermediary Code	
Business Type		Channel Type	

### I. DETAILS OF THE PROPOSER / POLICYHOLDER

#### I.a. PERSONAL / ENTITY DETAILS

Full Name of Proposer *	
Type of Proposer *	<input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> LLP <input type="checkbox"/> Trust / Society <input type="checkbox"/> HUF
Date of Birth / Date of Incorp. *	
PAN Number *	
Aadhaar Number (Last 4 digits) *	
GSTIN (if applicable)	

#### I.b. CONTACT DETAILS

Correspondence Address Line 1 *	
Address Line 2	
City / Town *	District
State *	Pin Code *
Mobile Number *	Alternate Mobile
Email Address * ID 1	ID 2

### II. DETAILS OF INSURED PROPERTY / RISK LOCATION

#### II.a. RISK LOCATION DETAILS

(If risk location is same as correspondence address, tick  Same as Proposer Address)

Risk Location Address Line 1			
Address Line 2			
City / Town		District:	
State		Pin Code:	
Type of Premises	<input type="checkbox"/> Owned <input type="checkbox"/> Rented / Leased <input type="checkbox"/> Hypothecated		
Occupancy Type			
<b>II.b. BUILDING DETAILS</b>			
Type of Construction	<input type="checkbox"/> Pucca (RCC) <input type="checkbox"/> Pucca (Other) <input type="checkbox"/> Kutcha <input type="checkbox"/> Mixed		
Flooring	<input type="checkbox"/> Marble / Granite <input type="checkbox"/> Ceramic / Vitrified <input type="checkbox"/> Mosaic / Cement <input type="checkbox"/> Other		
Roof Type	<input type="checkbox"/> RCC / Concrete <input type="checkbox"/> Asbestos / AC Sheet <input type="checkbox"/> G.I. Sheet <input type="checkbox"/> Kutcha / Thatched		
Age of Building		Number of Floors:	
Total Plinth Area (sq. ft.)		Basement <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>II.c. FIRE PROTECTION &amp; SAFETY MEASURES</b>			
Fire Extinguishers	<input type="checkbox"/> Provided <input type="checkbox"/> Not Provided		
Sprinkler System	<input type="checkbox"/> Installed <input type="checkbox"/> Not Installed <input type="checkbox"/> Partial		
Fire Alarm / Detection System	<input type="checkbox"/> Installed <input type="checkbox"/> Not Installed		
Fire Hydrant / Hose Reel	<input type="checkbox"/> Available <input type="checkbox"/> Not Available		
Watchman / Security Guard	<input type="checkbox"/> 24x7 <input type="checkbox"/> Day Only <input type="checkbox"/> Night Only <input type="checkbox"/> None		
CCTV Surveillance	<input type="checkbox"/> Installed <input type="checkbox"/> Not Installed		
Lightning Conductor	<input type="checkbox"/> Installed <input type="checkbox"/> Not Installed		
<b>II.d. PREVIOUS INSURANCE DETAILS (IF RENEWAL)</b>			
Was the property insured earlier? *	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes – Previous Insurer Name			
Previous Policy Number		Period Of Insurance:	Expiry Date:
Expiring terms of cover			
Premium Paid			
Any claims in last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes – Claim details (peril, year, amount paid)			

### III. COVERAGE SELECTION

Please select the sections and covers required under the policy. Minimum ONE base section must be opted.

#### SECTION 1 – PROPERTY DAMAGE (Select property category and perils)

Period of Insurance: From DD/MM/YYYY To DD/MM/YYYY



I. Cash In-Transit	<input type="checkbox"/> Required <ul style="list-style-type: none"> <li>Sum Insured (₹): .....</li> <li>Limit per transit (₹): .....</li> </ul>
II. Cash In-Safe	<input type="checkbox"/> Required <ul style="list-style-type: none"> <li>Sum Insured (₹): .....</li> <li>Safe model / type: .....</li> </ul>

**Risk Details**

**I. Cash In-Transit**

What is the maximum distance over which the cash will be conveyed?	
Please provide details of the business location	
What is the Frequency of transit (number of trips)	
Type of Vehicle used for transit	
Is the Cash Carried/handled by an authorized employee?	<p>If no, please provide the details below: How is the money conveyed? _____</p> <p>If Yes, , please provide the details below: For how long has the employee been working in the organization? _____ Months/Years</p> <p>Was back ground verification done at the time of employment of such employee? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Does any Armed personnel accompany the employee while carrying cash?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required
How is cash usually carried	<input type="checkbox"/> Bags <input type="checkbox"/> Trunks <input type="checkbox"/> others

**II. Cash In-Safe**

materials used to construct the Premises proposed for Insurance?	
Please provide details of the business location	
What Type of Lock is used for locking the Safe and/or Strong Room?	
Where are the keys of the safe or Strong room stored outside the business hours?	
How many keys are there to the safe (s) and with whom are they kept	
Distance of the Nearest Police Station	
Are there any Burglar Alarms in the Premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the Type of Burglary Alarm
Is the Premises under CCTV surveillance 24X7?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there 24x7 Security Personnel at the Insured Premises where Cash is kept in Safe/Strong Room?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 3 – CYBER PROTECTION RELATED COVERS**

Period of Insurance: From DD/MM/YYYY To DD/MM/YYYY	
Select Covers Required	<input type="checkbox"/> Digital Theft of Funds <ul style="list-style-type: none"> <li>Sum Insured (₹): .....</li> </ul>
	<input type="checkbox"/> Identity Theft <ul style="list-style-type: none"> <li>Sum Insured (₹): .....</li> <li>Sub Limit .....</li> </ul>
	<input type="checkbox"/> Fraudulent Charge on Loss of Card <ul style="list-style-type: none"> <li>Sum Insured (₹): .....</li> <li>Timeline Your first reporting the event to Your debit/credit card issuer(s) .....</li> <li>Hours (reporting of loss) .....</li> </ul>
	<input type="checkbox"/> ATM Assault and Robbery <ul style="list-style-type: none"> <li>Sum Insured (₹): .....</li> <li>Timeline withdrawal of money .....</li> </ul>
	<input type="checkbox"/> Lost Wallet Coverage <ul style="list-style-type: none"> <li>Sum Insured (₹): .....</li> </ul>
Aggregate Sum Insured –(₹)	No. of Personal Devices to be Covered
SECTION 4 - ASSET CONSEQUENTIAL AND ANCILLARY LOSS COVERS	
Period of Insurance: From DD/MM/YYYY To DD/MM/YYYY	
Select Covers Required	<input type="checkbox"/> Key Replacement Cover <ul style="list-style-type: none"> <li>Sum Insured(₹) .....</li> </ul>
	<input type="checkbox"/> Asset Downtime Allowance <ul style="list-style-type: none"> <li>Sum Insured(₹) .....</li> <li>Days (minimum days Asset is in service center) .....</li> </ul>
	<input type="checkbox"/> Loss of Income Due to Damage of Asset <ul style="list-style-type: none"> <li>Sum Insured(₹) .....</li> <li>Days (Asset is under repair) .....</li> </ul>
SECTION 5 – HEALTH RELATED COVERS	
Period of Insurance: From DD/MM/YYYY To DD/MM/YYYY	
Select Covers Required	<input type="checkbox"/> Personal Accident (Accidental death Benefit, Permanent Total Disability and Permanent Partial Disability) <ul style="list-style-type: none"> <li>Sum Insured (₹) .....</li> </ul>
	<input type="checkbox"/> Personal Accident (Child Education Cover) <ul style="list-style-type: none"> <li>Sum Insured (₹) .....</li> <li>Frequency of payment .....</li> </ul>
	<input type="checkbox"/> HospiCash Benefit <ul style="list-style-type: none"> <li>Daily Benefit (₹) .....</li> <li>Maximum no. of days: In a Policy Year .....</li> <li>In a Policy Period .....</li> </ul>
	<input type="checkbox"/> Critical Illness <ul style="list-style-type: none"> <li>Sum Insured (₹) .....</li> <li>Critical illness covered .....</li> <li>Survival Period .....days</li> <li>Waiting Period .....days</li> </ul>

	<input type="checkbox"/> EMI Protection <ul style="list-style-type: none"> <li>• Monthly EMI (₹)</li> <li>• Illness .....</li> <li>• Insured Outstanding Loan .....months</li> </ul>
	<input type="checkbox"/> Missed Bill Cover <ul style="list-style-type: none"> <li>• Illness .....</li> <li>• Amount (₹) .....</li> </ul>

Risk Details							
Full Name	Relation	DOB	Gender	Occupation	Nominee	Nominee Relation	Sum Insured (₹)

HEALTH DECLARATION			
	Yes	No	If Yes, details
Are you currently engaged in or do you plan to engage in any Hazardous Activities as defined in the policy?			
Do you or any insured person suffer from any pre-existing disability, physical defect or infirmity?			
Have you or any insured person been hospitalised or undergone surgery in the last 3 years?			
Are you or any insured person presently suffering from or have previously suffered from any critical illness (cancer, heart disease, stroke, kidney failure, etc.)?			
Have you or any insured person made any insurance claim in the last 3 years under any health/accident/critical illness policy?			
Is any insured person serving in the armed forces, police, or any paramilitary organisation?			

SECTION 6 – ASSET PROTECTION RELATED COVERS	
Period of Insurance:	From DD/MM/YYYY To DD/MM/YYYY
Select Covers Required	<input type="checkbox"/> Theft
	<input type="checkbox"/> Burglary & Robbery
	<input type="checkbox"/> Comprehensive Accidental Damage
	<input type="checkbox"/> Accidental Screen Only Damage
	<input type="checkbox"/> Breakdown

SECTION 7 – OPTIONAL COVERS	
Period of Insurance:	From DD/MM/YYYY To DD/MM/YYYY
Select Optional Covers	<input type="checkbox"/> Personal Liability <ul style="list-style-type: none"> <li>• Sum Insured (₹)</li> </ul>
	<input type="checkbox"/> Assistance Services

#### IV. INSURED ASSET DETAILS

### Risk Details

Name of asset and Type	Make / Model / Registration No.	Date of purchase	Manufacturing Year	Sum Insured (₹)	Basis of Sum Insured (Fixed/indemnity)

Any Other Details:

Age of Asset	<input type="checkbox"/> Option-1	<input type="checkbox"/> Option-2
	Depreciation Applicable (% of Sum Insured)	Please choose the depreciation applicable limit (% of Sum Insured)
Upto 3 months	Nil	____% (between 0-40%)
Between 3 months to 6 months	Nil	____% (between 0-40%)
Between 6 months to 9 months	Nil	____% (between 20-60%)
Between 9 months to 12 months	Nil	____% (between 20-60%)
Between 12 months to 24 months	Nil	____% (between 30-70%)
Between 24 months to 36 months	Nil	____% (between 40-80%)
Between 36 months to 48 months	Nil	____% (between 50-90%)
Between 48 months to 60 months	Nil	____% (between 50-90%)
More than 60 months	Nil	____% (between 50-90%)

#### V. NOMINEE DETAILS

Name of Insured Person	Nominee Name	Relationship with the Insured	Mobile Number of Nominee	Email ID of Nominee	Address	Details of authorized person (If Nominee is minor)	Percentage of claim amount	Details of Bank Account of Nominee
					Present Address ____ Permanent Address ____			i. Bank a/c no. ii. IFSC code iii. Branch iv. Bank Name
					Present Address ____ Permanent Address ____			i. Bank a/c No ii. IFSC Code iii. Branch iv. Bank Name

#### VI. PREMIUM PAYMENT DETAILS

Cheque No/NEFT Ref No	Instrument name	Bank Name	Date	Amount (Including applicable taxes)

**VII. DECLARATIONS & AUTHORISATION****PROPOSER'S DECLARATION****I/We, the undersigned, hereby declare and confirm as follows:**

1. I/We declare that the statements and information provided in this proposal form are true, complete, correct and to the best of my/our knowledge and belief, and no material information has been withheld or suppressed. I/We understand that this proposal form shall form the basis of the insurance contract.
2. I/We understand and agree that the submission of this proposal form does not bind the Company to grant insurance cover, and the risk will be accepted only upon payment of premium and issuance of the Policy Schedule/Certificate of Insurance by Acko General Insurance Limited.
3. I/We agree to notify the Company of any change in the facts or circumstances stated in this form prior to the inception of the Policy. I/We acknowledge that any material change not so notified may invalidate the policy.
4. I/We confirm that I/We have read and understood the policy wordings, key terms and conditions, exclusions and claims procedure of the Acko Property Protect Policy and agree to be bound by the same.
5. I/We authorize Acko General Insurance Limited to seek and receive information from any source (including but not limited to Hospitals, Medical Practitioners, Employers, Regulatory Authorities) as may be necessary for underwriting or claims settlement.
6. I/We acknowledge and agree that the Company may use the information provided in this form to assess my/our insurance needs and offer other products, subject to the data privacy policy of the Company.

I submit that the foregoing information is true to the best of my knowledge, and accept that if found to be untrue in any form, the Company reserves the right to alter/ cancel the coverage available under this Policy.

Note: The liability of the Company does not commence until full premium has been realized by the Company and the acceptance of the proposal has been formally intimated to the insured.

Principle Contact Person Name: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Proposer: \_\_\_\_\_

**SALES PERSON/INSURANCE AGENT/INTERMEDIARY DECLARATION**

I, \_\_\_\_\_ (Full Name) in my capacity as an insurance Agent/ Specified Person of the Corporate Agent/authorized employee of the Broker or authorized Sales Person of the Company, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the contract of insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy.

I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the Company.

License No. / ID (Agent / Corporate Agent / Broker / Sales Person): \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Proposer/ Intermediary: \_\_\_\_\_

**PROHIBITION OF REBATES (SECTION 41 OF INSURANCE ACT, 1938, AS AMENDED)**

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 published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to 10 lakh rupees.

**Additional Space**

**(In the event of insufficient space above, please use this section to furnish further details.)**

**Additional Information/terms and conditions**  
(This space may be used to provide any additional details, if required.)

Sr.No.	Name of Section	Condition/ Information