



**PROPOSAL FORM  
CONSEQUENTIAL LOSS(FIRE) INSURANCE POLICY**

(The property proposed for insurance is not covered until the proposal is accepted by the company and premium paid in advance. Coverage is as per the terms and conditions of Liberty General Insurance Limited's Standard Policy Wordings)

**COMPANY OFFICE DETAILS (To be filled by insurer)**

- 1. Office Code:
- 2. Office Address:
- City
- District
- State  Pin Code

**INTERMEDIARY DETAILS**

- 1. Agent/ Broker Name:
- 2. Agent/ Broker License Code:
- 3. Agent/ Broker Contact Number:

**PROPOSER DETAILS**

- 1. Name Of Proposer:
- 2. Address of proposer:
- Road  Area
- City  District
- State  Pin Code
- 3. Business of Proposer
- 4. Financial Interest A.
- B.

**CONSEQUENTIAL LOSS (FIRE) DETAILS**

- 1. Description of Business
- 2. Date of Establishment (DD/MM/YYYY)
- 3. Addresses of all Premises from where Business is transacted (all such to be insured by the Fire Material Damage Insurance)
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Proposal Form – Consequential Loss of Profit







of 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.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.

**Proposal Form – Consequential Loss of Profit**

**Liberty General Insurance Limited**, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013.

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: [care@libertyinsurance.in](mailto:care@libertyinsurance.in)

Call Toll Free No : 1800 266 5844, website : [www.libertyinsurance.in](http://www.libertyinsurance.in)

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