



**PROPOSAL FORM  
INDUSTRIAL ALL RISK 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 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.
- 5. Location of risk to be covered
- Road  Area
- City  District
- State  Pincode

\*In case of multiple locations provide the location details in Annexure A

- 6. Period of Insurance (DD/MM/YYYY) From  To
- 7. Whether you have insured the same property with any other Insurance Company with the same type of coverage. Yes No  
If yes furnish the following details  
A. Name of Insurer
- B. Policy Period (DD/MM/YYYY) From  To

**Proposal Form - Industrial All Risk**



City           □□□□□□□□□□ District □□□□□□□□□□  
 State          □□□□□□□□□□ Pin Code □□□□□□

**ii) Machinery Loss of Profit (MLOP)**

- Do you want to extend Section II (Business Interruption) to Machinery Loss of Profit Yes No
- If yes Please provide the following
  - Indemnity Period in Months

**B. Details of Critical Machinery**

Description of Critical Machinery	Relative importance	Reserve Capacity	Spare Parts Available (Y/N)	Number of shifts	Age	Foreign Machinery	Remarks

**SUM INSURED DETAILS**

**A. Material Damage:** (Note – Sum Insured should represent Reinstatement Value for all fixed assets, Sum Insured for stocks Should be on market value basis)

In case of multiple locations kindly provide the information in separate sheet.

Sr No	Address of Location	Block No		Description of Risk	Class of Construction	Description	Sum Insured in Rs	Remarks if any
		Main	Communicating					
						Building		
						Plinth & foundation		
						Plant & Machinery		
						FFF		
						Piping		
						Stocks		

**B. Business Interruption:**

- Annual Gross Profit (in Rs)
- Gross Profit for selected indemnity Period   Not applicable, as indemnity period is 12 Months  
 (If Indemnity Period is other than 12 months)

**VOLUNTARY DEDUCTIBLES**

Would you like to avail Voluntary Deductibles Yes No

If yes, If the answer is yes, indicate the choice of Deductible amount

- Material Damage    5% of Claim Amount subject to Rs
- Business Interruption (FLOP)                             days of Gross Profit subject to minimum of Rs
- Business Interruption (MLOP)                            days of Gross Profit subject to minimum of Rs

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**ADD ON COVERS REQUIRED**

**A. MATERIAL DAMAGE ADD ONS**

Sr No	Add on cover	Yes/ No	Sum Insured (in Rs)
1	Architects, Surveyors and consulting Engineers Fees (in excess of 3% claim amount)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Material Damage Sum Insured
2	Debris Removal (in excess of 1% claim amount)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Deterioration of Stocks in cold storage premises due to Accidental power failure Consequent to the premises of power station due to an insured peril	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Deterioration of stocks in cold storages premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Forest Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Impact damage due to insured's own Rail/ Road vehicles, forklifts, Cranes, Stackers and the like and articles drop therefrom	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Material Damage Sum Insured
7	Spontaneous Combustion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Omission to insure additions, alteration or extensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Earthquake(Fire & Shock)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Spoilage Material damage cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Leakage and Contamination cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Loss of rent - Indemnity Period ( in Months) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Temporary Removal of Stocks clause	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Additional expenses of rent for an alternative accommodation Indemnity Period ( in Months) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Start-up expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16	Molten Material Spillage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17	Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Material Damage Sum Insured
18	Escalation - <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Express freight (air freight excluded), holiday and overtime rates of wages	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Air Freight only	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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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)

IRDA of India registration number: 150 I CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0006V01201213

21	Surrounding Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22	Third Party Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	1) AOA- 2) AOY -

Note : AOA stands for Any one accident limit, AOY stands for Any one year limit

### B. BUSINESS INTERRUPTION ADD ONS

Sr No	Add on cover	Yes/ No	Sum Insured (in Rs)
1	Loss due to accidental failure of public electricity/gas/water supply	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Business Interruption Sum Insured
2	Suppliers Premises extension 1) No of Suppliers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2) dependency % <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Business Interruption Sum Insured
3	Customers Premises extension 1) No of Suppliers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2) dependency % <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Same as Business Interruption Sum Insured
4	Auditors fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Lay-off and Retrenchment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Insured's Property Stored at other situations - No of locations <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Wages - Prorata basis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Wages - Dual basis Option to consolidate - <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (100% wages) for First <input type="checkbox"/> <input type="checkbox"/> Weeks and <input type="checkbox"/> <input type="checkbox"/> % for Remaining part of indemnity period

### PAYMENT DETAILS

1. PAN card number (10 character number):

2. Sources of funds: Please tick appropriate box

Salary  Business  Investments

Others (please specify)

Declaration:

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1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

### DECLARATION BY INSURED

I/We hereby declare that the statements made by me / us in this Proposal Form and Annexure if any 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 "Liberty General Insurance Limited"

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:

Signature of Proposer:

Recommendations of Officer/ Agent / Broker:

### Prohibition of Rebates (Section 41) of the Insurance Act

No person shall 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 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.

### ANNEXURE A – PREMIUM DATA

Sr No	Location/ Premises	Policy /Perils	Period	Sum Insured (Rs)	Premium (Rs)

### ANNEXURE B – CLAIMS DATA

	Material Damage	Business Interruption
Date of Loss		
Policy Period		

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Policy/Peril		
Cause of Loss		
Sum Insured (Rs)		
Amount Assessed by Surveyor (Rs)		
Amount Paid (Rs)		
Deductible		
For Business Interruption Losses please give following additional information:		
Indemnity Period	_____	Months
Interruption Period	_____	Days
Time Excess	_____	Days

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