



PROPOSAL FOR INSURANCE (CORPORATE CLIENTS)

Please complete this form in BLOCK letters and fax/email it to our offices. Please attach a separate sheet(s), if required.

Company Name : _____

Location Address : _____

Mailing Address : _____

Business Activities : _____

Date of Incorporation : _____

Contact person **Name:** _____

Designation _____

Mobile No.: _____

Telephone No.: _____

E-mail: _____

Coverage Required: (Please select by checking the appropriate boxes)

PROPERTY:	<input type="checkbox"/> Fire & Allied Perils (FAP)	<input type="checkbox"/> Property All Risks (PAR)
	<input type="checkbox"/> Machinery All Risks (MAR)	<input type="checkbox"/> Machinery Breakdown (MB)
BUSINESS INTERRUPTION/Loss of Profit following:		<input type="checkbox"/> FAP/PAR/MAR/MB
CASUALTY:	<input type="checkbox"/> Public Liability (PL)	<input type="checkbox"/> Professional Indemnity (PI)
	<input type="checkbox"/> Workmen's Compensation (WC) and Employer's Liability (EL)	
PECUNIARY LOSS:	<input type="checkbox"/> Money In Transit / On premises	<input type="checkbox"/> Fidelity Guarantee (FG)
MARINE:	<input type="checkbox"/> CARGO (Sea/Air/Land)	<input type="checkbox"/> HULL Protection & Indemnity (P&I)
	<input type="checkbox"/> HULL & Machinery	<input type="checkbox"/> Group Medical Insurance (GMI)
EMPLOYEE BENEFITS:	<input type="checkbox"/> Group Life & Personal Accident (GLPA)	<input type="checkbox"/> Group Medical Insurance (GMI)
MOTOR FLEET:	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> TP Liability only

Please furnish details and values of all items to be insured as per the attached Annexure

The information and details contained herein are accurate and reflect the true state of affairs of the Company.

Date:

Signature: