



नेशनल इन्शुरेन्स कम्पनी लिमिटेड

(भारत सरकार का उपक्रम)

पंजीकृत एवं प्रधान कार्यालय : 3, मिडिलटन स्ट्रीट, पो.बॉ. नं., 9229, कोलकाता - 700 071

NATIONAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

Regd. Office : 3, Middleton Street, Post Box - 9229, Kolkata - 700 071

ADDRESS OF THE POLICY ISSUING OFFICE

PROPOSAL-CUM-POLICY SCHEDULE FOR SHOPKEEPER'S INSURANCE

D.O. / Agency	Policy No.
Proposer's Name (in full) Shop/Business Address (in full)	Premium Paid by Cash / Cheque / DD M.R. No. Date :
Name and Address of the Financial Institution :	Period of Insurance : FromA.M./P.M. on..... To Midnight of Renewal Date

Nature of Business / Trade :

SECTION NO.	DESCRIPTION	SUM INSURED	RATES PER Mille (Rs.)	PREMIUM								
I FIRE AND ALLIED PERILS	(A) BUILDING OF CLASS - 'A' CONSTRUCTION ONLY SHOP OWNED BY INSURED SOLELY OCCUPIED / PARTIALLY OCCUPIED.....	Rs.	1.40	Rs.								
	(B) CONTENTS : (All contents in the shop premises at the address stated above excluding Money / Valuables) (1) Furniture, Fixture, Fittins..... (2) Stock intrade consisting of	Rs. Rs.	1.40 1.40	Rs. Rs.								
Have you taken, any Shopkeeper's Insurance from any Insurance Company covering your above SHOP & CONTENTS therein YES / NO (Strike out whichever is not applicable) Confirmed If so please confirm aggregate Sum Insured under SEC-I does not exceed Rs.10 lacs. Signature of the Proprietor												
Do you wish to cover 'Terrorism' : YES / NO												
II BURGLARY & HOUSE BREAKING	CONTENTS : All contents in the Shop Premises at the address stated above excluding money / valuables NOTE : Insurance on contents should be for value equivalent to the value mentioned under Section I (B) above.	Rs.	2.50	Rs.								
III MONEY	(A) In transit (not exceeding Rs.50,000/- per any one carrying)	Rs.	2.50	Rs.								
	(B) In safe (2% of the Sum Insured under Section - 1 or Rs.20,000/- whichever is less)	Rs.	2.50	Rs.								
	(C) In tilt / counter (1% of the Sum Insured under Section - 1 or Rs.10,000/- whichever is less)	Rs.	2.50	Rs.								
IV PEDAL CYCLES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Make & Name of Manufacturer</th> <th style="width: 10%;">Yr. of Mfgr.</th> <th style="width: 10%;">Frame No.</th> <th style="width: 50%;">Accessories attached if any</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Make & Name of Manufacturer	Yr. of Mfgr.	Frame No.	Accessories attached if any					Rs.	20.05	Rs.
Make & Name of Manufacturer	Yr. of Mfgr.	Frame No.	Accessories attached if any									
V PLATE GLASS	DESCRIPTION OF PLATE GLASS INCLUDING DIMENSIONS (10% of the Sum Insured under Section-1 or Rs.1,00,000/- whichever is less) No. of Plates : Size (in C.M. / Inch.) :	Rs.	10.05	Rs.								

VI NEON & GLOWSINGS (INCL. THEFT OF THE WHOLE SIGN.)	Description		Size	Year of Mfg.			
					Rs.	10.05	Rs.
(2% of the Sum Insured under Section-1 or Rs. 20,000/- whichever is less)							
VII BAGGAGE	CARRYING TRADE SAMPLES AND OR PERSONAL OF THE INSURED / PARTNER. (2% of the Sum Insured under Section-1 or Rs.20,000/- whichever is less)				Rs.	7.50	Rs.
VIII PERSONAL ACCIDENT (AGE GROUP BETWEEN 16-65 YEARS)							
	Name	Age	Details of existing Infirmity / Disability	Benefit opted	MONTHLY INCOME	Name of Assignee	
				I IA II III			
IX FIDELITY GUARANTEE	(Excluding Salesman & Commission Agents) :						
	Name	Designation	Salary (P.M.)	Amt. of Guarantee			
(10% of the Sum Insured under Section-1 or Rs.50,000/- whichever is less)							
X LIABILITY	(A) Public Liability..... (Maximum Sum Insured should be 5% of S.I. under Sec.-1 or Rs.50,000/- whichever is less)				Rs.	0.50	Rs.
	(B) Workmen's Compensation Liability.....						
	Name of Employee		Nature of Work		Monthly Wages		
					Rs.	As per W.C. Tariff	Rs.
XI BUSINESS INTERUPTION	Business Interruption S.I. must be equal to S.I. under Section I.B.				Rs.	2.55	Rs.

NOTE :The liability of the Company does not commence until the proposal has been accepted by the Company and the full premium paid.

TOTAL PREMIUM..... Rs.

Less Discount of covering more than
4 or 6 Sections (on N.T. Premium) %.....Rs.

PREMIUM Rs.

Add Service Tax @ 10.2% Rs.....

Net. Premium Rs.....

I / We hereby declare that the particulars contained herein are true and correct and that no material fact has been withheld misstated or misrepresented and also that this Proposal-cum-Schedule forming part of the Company's standard policy shall be the basis of the contract between me/us and the Company. I/We further declare that the sum insured herein represent the full value of the property described herein.

PLACE _____

DATE _____

Signature of the Proposer

ASSIGNMENT OF PERSONAL ACCIDENT INSURANCE (Section - VIII)

I.....do hereby assign the moneys payable in the event of my death by National Insurance Company Limited to Shri / Smt..... my..... and I further declare that his/her receipt shall be sufficient discharge to the Company.

Signature of the Proposer