PREAMBLE

ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Proposer named in the Schedule referred to herein below, and the said Proposal, Declaration and Annexure thereto together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts, that on proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of the Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/ appropriate benefit will be paid by the Company.

PART I OF SCHEDULE

Policy No.   **Issued at**

1. Name of the Insured   :   XXX

2. Mailing Address of the Insured   :   XXXX

3. Intermediary Details   :   Agent Code: XXXX
                                                    Agent Name: XXXXX
                                                    Mobile No.: XXX
                                                    Email id: XXX

4. Address of the premises to be insured   :   XXX

5. Insured's Trade or Business   :   XXX

6. Period of Insurance   :   From: XXXXX   Time 00:00
                                                    To: XXXXX

7. Hypothecation   :   XXX

8. Total Sum Insured (Rs.)   :

Sec No.	Coverage	Sum insured (Rs.)

" The stamp duty of Rs. 0.50/- (Fifty Paise Only) paid in cash or by demand draft or by pay order, vide Receipt/Challan No. 95900 dated 17th February 2012."

9. Premium:

    Basic premium   (Rs.)   XXXX

    Add: Service Tax as applicable   (Rs.)   XX

    Total Amount   (Rs.)   **XXXX**

10. Warranties/Special Conditions :

Signed for and on behalf of **ICICI Lombard General Insurance Company Limited,** at _____ on this date _____

Authorized Signatory

Policy shall stand cancelled ab initio in the event of non-realization of the premium.