

College of Insurance
Insurance Institute of India, Mumbai
Classroom Training Session on Management of Fire Insurance (Material Damage and LOP)
Program ID – CPG21
(From: 26th to 27th June 2023)

Relevance of the Program:-

Fire insurances are used to protect diverse industries from a wide range of probabilities. Hence, challenges in understanding risks associated with Fire insurance from an insurance point of view, including underwriting the risk and settling claims when they occur are considered highly specialized areas by Insurers.

In this context, the College of Insurance aims to discuss the specifics of these important property products with insurers and others involved in this line of business in various capacities.

Program Objectives:-

The program is design to provide insights the participants in the following areas:

- Understanding the basics of Fire insurance and various Add-on covers
- Understanding the basics of Loss of Profit policies
- Understanding role of risk inspection in assessing the risk profile
- Understanding claims situations with case studies

Participant's Profile:-

Junior and middle level officers dealing with fire/ property lines of insurance from insurance companies, brokers, corporate agents, surveyors and corporate customers of the insurance industry.

Course Coordinator:-

Mr. Deepak Singhal, Faculty (Email id: dsangal@iii.org.in Contact no. 022 - 26544233)

Program Duration & Timing: -

2 days & from 10.00 a.m. to 05.00 p.m.

Course Fees:-

- **Participants requiring residential facilities: Total amount Required –Rs. 11800/- i.e. (Rs. 10000/- plus 9% CGST + 9% SGST).**

The fees cover tuition, course material, A/C single room accommodation in the Institute's campus and full boarding (bed tea/coffee, breakfast, lunch, light refreshments in the evening and dinner). All rooms are fully furnished with attached bathroom and Internet facility. Rooms are reserved from 12.00 noon onwards the day prior to the commencement of the program. The participants can stay till 12.00 noon next day after the conclusion of the program.

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- **Non-residential participants: Total amount Required –Rs. 8496/- i.e. (Rs. 7200/- plus 9% CGST + 9% SGST).**

The fees cover tuition, course material and day boarding (i.e. tea/coffee during tea breaks and lunch for actual days of training).

Payment Terms and Conditions:-

- 1) The payment should be received by the College of Insurance before the commencement of the program.
- 2) The confirmation of registration for the program will be subject to receipt of payment.
- 3) Please see below details for Bank Transfer.

Name of the Beneficiary	Insurance Institute of India
Account No.	004010100143462
IFS Code	UTIB0000004
MICR Code	400211002
Swift Code	AXISINBB004
Name of Bank	Axis Bank Ltd
Address	Fort Branch, Universal Insurance Building, Ground Floor, Sir P M Road, Fort, Mumbai – 400001.

- 4) For online payment mode by following the below link

https://www.insuranceinstituteofindia.com/o/COI_WebPortal/cmc/regDetails.htm?eventid=1719

Training Venue:-

Please follow below link / QR Code for Training Venue

<https://qr.go.page.link/qs2Qb>



Parking Facility:-

Public parking available at 5 minutes walking distance (Behind US Consulate).

Respond to:-

Ms. M. M. Satam	college_insurance@iii.org.in	022-26544216
Ms. J. P. Salián		022-26544324
Ms. V. V. Nagwekar		022-26544266
Ms. S. H. Vartak		022-26544251
Ms. N. B. Bagde		022-26544234
Mr. P. D. Palav		022-26544254
Mr. V. M. Rane		022-26544297

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Nomination Form

- 1) Name: _____
- 2) Address: _____

- 3) Educational Qualification: _____
- 4) Date of Birth: _____
- 5) Position Held: _____
- 6) Mobile No : _____
- 7) Telephone No. : _____
- 8) E-Mail: _____
- 9) Alternate E-Mail: _____
- 10) Sponsoring Organisation: _____

Please affix
your
photograph
here

- 11) Food preference: ☐ Vegetarian ☐ Non-Vegetarian
- 12) Accommodation Required: ☐ Yes ☐ No
- 13) Details of Fee Paid: Cheque / D.D. No. _____ dt. _____
Drawn on _____ Bank, for Rs. _____

Signature & seal of the authority
of the Sponsoring organisation

Signature of the Participant

*Name of Co-ordinator: _____

Mobile No: _____ Tel. No.: _____

Email-Id.: _____ Company Name: _____

***This column is mandatory for those participants who are sponsored by company.**