

## GC BHARAT GRIHA RAKSHA PROPOSAL FORM

**IMPORTANT:**

1. ***This proposal is for covering Home Building and/or Home Contents against Fire and Allied Perils.***
2. ***Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.***
3. ***The property proposed for insurance is not covered until the proposal is accepted and premium paid.***

**FOR OFFICE USE**

Intermediary Name: \_\_\_\_\_ Intermediary Code: \_\_\_\_\_

Business Channel:  Agency  Banca  Corporate/Broking  Direct

RM/SP Name: \_\_\_\_\_ RM/SP Code: \_\_\_\_\_

RM/SP Contact No: \_\_\_\_\_ GSTN: If applicable \_\_\_\_\_

POSP PAN (if applicable) \_\_\_\_\_

**A. Details about Proposer and Policy Period**

1.	Name of Proposer	
2.	Present Address of Proposer	
3.	Permanent Address of Proposer	
4.	Phone No. a. Mobile b. Landline	
5.	Email	
6.	CKYC Number (if available)	
7.	I am (please tick all that are applicable)	<input type="checkbox"/> High Net Worth Individual/s <input type="checkbox"/> Non-Residential Indian/s <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Non-Governmental Organisation <input type="checkbox"/> Non-Profit Organisation
<p>If you are an NGO/NPO, please provide Niti Ayog – Darpan Portal Registration Number: _____</p> <p><small>^Non-Profit Organisation means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act 1961, that is registered as a trust or a society under the Societies Registration Act, 1860 or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013.</small></p>		

	If you are Differently Abled, please tick on the checkbox to provide confirmation.	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, kindly provide the below details) i. Type of Impairment: _____ ii. Percentage of Impairment: _____ iii. UDID Number: _____
8.	Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
9.	Period of Insurance	From _____ To _____ (No of Years in case of long term policy: _____) Note: For Long term policy, Period shall not exceed 10 years.
10.	Nomination:	Nominee Name: _____ Relationship with the insured: _____

### B. Covers Opted

11.	Is there any policy in place for the same property?	Yes/No								
	If Yes, please provide the details									
12.	Cover/s required: (When Home Building and Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh [Rupees Ten Lakh] is automatically provided).	<table border="1"> <thead> <tr> <th>Cover</th> <th>Please tick</th> </tr> </thead> <tbody> <tr> <td>Home Building &amp; Home Contents</td> <td></td> </tr> <tr> <td>Home Building Only</td> <td></td> </tr> <tr> <td>Home Contents Only</td> <td></td> </tr> </tbody> </table>	Cover	Please tick	Home Building & Home Contents		Home Building Only		Home Contents Only	
Cover	Please tick									
Home Building & Home Contents										
Home Building Only										
Home Contents Only										

### C. Location of Home Building

13.	Location of Home Building - full postal address with Pin Code.	Pin Code: _____
14.	Is it in a multi-storey building or is it a standalone house?	
15.	In case of multi-storey building, please provide the floor number of Your house	
16.	Is there a basement to Your house?	

#### D. Details of Home Building

**Please note:**

**Your Home Building** is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.

**It also includes** 'additional structures' if they are on the same site, are used as part of Your Home Building:

- a. garage, domestic out-houses used for residence, parking spaces or areas, if any;
- b. compound walls, fences, gates, retaining walls, internal roads;
- c. verandah or porch and the like;
- d. septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

16.	<p><b>Sum Insured (SI) for Home Building:</b> <b>Please note the following:</b> (The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:</p> <p><b>a. For residential structure of Your Home including fittings and fixtures:</b></p> <p>Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date.</p> <p>The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.</p>	<p><b>a. SI for residential structure of Your Home including fittings and fixtures (in ₹):</b></p>								
	<p><b>b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)</b></p>	<p><b>b. SI for additional structures (in ₹):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Additional Structure</th> <th style="width: 40%;">Sum Insured</th> </tr> </thead> <tbody> <tr> <td></td> <td>(in ₹):</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Additional Structure	Sum Insured		(in ₹):				
Additional Structure	Sum Insured									
	(in ₹):									
17.	Carpet area of structure of Home in square metres									

18.	Rate of Cost of Construction per square metre at the policy Commencement Date		
<b>Other Details</b>			
19.	Age of Home Building	<b>Less than 5 Years</b>	
		<b>5-10 Years</b>	
		<b>10-20 Years</b>	
		<b>Above 20 Years</b>	
20.	<p><i>Construction Details</i> Please note the following:</p> <p><i>(Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like are treated as Kutcha Construction.</i></p> <p><i>Construction other than Kutcha Construction is a 'Pucca Construction')</i></p>		<b>Construction*</b>
		<b>Walls</b>	<b>Kutcha/Pucca</b>
		<b>Floor</b>	<b>Kutcha/Pucca</b>
		<b>Roof</b>	<b>Kutcha/Pucca</b>
		<b>(*strike out what is not applicable)</b>	

#### E. Details of Home Contents

<p><b>Please note the following:</b></p> <p>i) Home Contents refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.</p> <p>ii) <b>General Contents</b> are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.</p> <p>iii) <b>Valuable Contents</b> of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature. iv) If You have opted for Home Building and Home Contents cover, the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakhs (Rupees Ten Lakh) are automatically covered.</p>										
21.		Item wise Sum Insured for General Contents (in ₹):								
		<table border="1"> <thead> <tr> <th>Items</th> <th>Sum Insured</th> </tr> </thead> <tbody> <tr> <td>Furniture, Fixtures and Fittings (Home Furnishings)</td> <td></td> </tr> <tr> <td>Electrical/Electronic</td> <td></td> </tr> <tr> <td>Others</td> <td></td> </tr> </tbody> </table>	Items	Sum Insured	Furniture, Fixtures and Fittings (Home Furnishings)		Electrical/Electronic		Others	
		Items	Sum Insured							
		Furniture, Fixtures and Fittings (Home Furnishings)								
Electrical/Electronic										
Others										

	(Sum Insured represents Cost of Replacement)	
22.	In case of Basement, If there are contents in it, please provide the Sum Insured	

**F. In-Built Covers (Loss of Rent & Rent for Alternative Accommodation)**

23.	Cover for (Please Tick)	Loss of Rent:			
	<table border="1"> <tr> <td>Loss of Rent</td> <td></td> </tr> <tr> <td>Rent for Alternative Accommodation</td> <td></td> </tr> </table>	Loss of Rent		Rent for Alternative Accommodation	
Loss of Rent					
Rent for Alternative Accommodation					

**G. Optional Covers (available on payment of additional premium)**

24.	Do You require 'Personal Accident Cover' for Yourself and Your spouse?	Yes/No  If Yes,  Name & age of Your spouse:  Your age:
25.	Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)':  <i>(Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.)</i> <i>(You have to submit a Valuation Certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is upto ₹ 5 Lakh and Individual item value does not exceed ₹ 1 Lakh).</i>	Yes/No  If Yes, please attach list of items and Sum Insured:  Valuation certificate attached? (Yes/No)

**H. Additional/Add-on Covers** (over and above optional covers available on payment of additional premium)

Sl. No.	Name of Add-on cover	Please tick	Sum insured/Limit of liability

**I. Claim Details**

Please specify details of any loss to the proposed Property in last 3 years:

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

**PREMIUM DETAILS**

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note : Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

### **BANK DETAILS OF PROPOSER FOR REFUND OR CLAIM PURPOSE**

**Name of bank account holder** (*mention specifically, if different from name of policyholder*)

Bank Name & Branch	
Bank Account Number	
IFS Code	

### **NOMINEE DETAILS**

Name	
Date of Birth	
Relationship with the proposer	
Mobile Number E-Mail ID	
Address of Nominee	
Present address	
Permanent address: ((if left blank, will be construed as being same as Present Address))	
Bank Account Details of Nominee	
Name of Account holder	
Bank Name & Branch	

Bank Account Number	
IFS Code	
Authorized person details (in case nominee is a minor)	

## DECLARATION BY INSURED

- i. All statements and information provided in this proposal are complete and accurate. No relevant information has been withheld. This proposal and declaration, together, forms the basis of the insurance contract with Generali Central Insurance Co. Ltd. (GCICL), if issued, and I/We agree to accept the corresponding terms and conditions.
- ii. If GCICL finds out that I/We have misrepresented or suppressed any material fact or, committed a fraudulent act relating to this insurance proposal/policy, GCICL may render my insurance policy void ab initio, and forfeit the corresponding premium amount.
- iii. I/We understand that GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. So, I/We confirm that the policyholder(s), beneficiary(s), claimant(s), or nominee(s) will assist GCICL with relevant records/information/assistance, as necessary, to address anti-financial crime practices.
- iv. I/We, or a person having insurable interest in the insured asset, have/has paid/will pay the premium from legitimate source and not from crime proceeds, in line with The Prevention of Money Laundering Act, 2002 and rules thereunder. GCICL can verify the source of funds, call for documents, and reject or terminate the insurance policy and/or forfeit the premium amount, if found otherwise or if I/We are named on any recognized sanctions list or have violated any provision of law. Refund of premium, if any, shall be made to my/our designated bank account(s).
- v. I/We consent to
  - a. receive policy and service communications from GCICL and its authorized service providers, vide electronic and telecom means, including WhatsApp, and understand that no unsolicited information will be sent to me;
  - b. GCICL and its authorized service providers storing and processing my personal data for the purpose of this proposal and corresponding insurance policy as may be issued, throughout the period of necessary retention;
  - c. GCICL accessing my/our CKYC records from Central KYC Records Registry (CKYCR) for verification, and to receive information from the CKYCR through SMS/email on the mobile phone number/email address provided above;
  - d. abide by the obligations under the GCICL Privacy Policy at <https://generalicentralinsurance.com/> ;
  - e. GCICL reserving the right to reject this proposal or to terminate the insurance contract unilaterally and/or freeze the funds, if I/We, or persons associated with me/us, are named in any recognized sanctions list.



- vi. My/our KYC records in CKYCR are current and valid and I/We undertake to inform GCICL in case of change.

**Proposer's Signature:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box.**

### **ANTI MONEY LAUNDERING**

GCICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

### **FOR INTERMEDIARY USE ONLY**

I, \_\_\_\_\_, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF: \_\_\_\_\_

Intermediary's Code: \_\_\_\_\_

Intermediary's Signature: \_\_\_\_\_

### **SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES**

No person shall allow 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 the 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus 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 TEN LAKHS RUPEES.**

**Annexure attached to and forming a part of Proposal Form of 'GC Bharat Griha Raksha')  
QUESTIONNAIRE**

S.No	Details	Answer										
1.	Age of the building	<table border="1"> <tr> <td>Less than 5 Years</td> <td></td> </tr> <tr> <td>5-10 Years</td> <td></td> </tr> <tr> <td>10-20 Years</td> <td></td> </tr> <tr> <td>20-25 Years</td> <td></td> </tr> <tr> <td>Above 25 Years</td> <td></td> </tr> </table>	Less than 5 Years		5-10 Years		10-20 Years		20-25 Years		Above 25 Years	
Less than 5 Years												
5-10 Years												
10-20 Years												
20-25 Years												
Above 25 Years												
2.	Are Fire Protection devices installed?  If Yes, please select the type:	<input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> Hand Appliances  <input type="checkbox"/> Hand Appliances & Hydrant System  <input type="checkbox"/> Hand Appliances + Hydrant System & independent Sprinkler/ Fixed Water Spray System										
3.	Is round the clock security guard available in the premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO										
4.	In case of Housing Societies, Pls specify the total number of floors in the building?											
5.	Distance of Proposed Property from the Public Fire Station?											

