DOG HEALTH COVER
PROPOSAL FORM

If required, you need to share your Dog's health evaluation report with this form.

Please follow these guidelines to fill the proposal form-

Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein. Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form. It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number. Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.

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) _____

PROPOSER DETAILS

1. Your Name	
2. Present address with PIN code	
Permanent address of the proposer (if left blank, will be construed as being same as Present Address)	
3. Policy Period (The policy will start on/after premium receipt date)	From: _____ for a period of one year therefrom To: _____
4. How many pet dogs do you have?	

5. CKYC Number (if available)	

Note- If you have more than one dog, then you must get insurance for each of them subject to their eligibility. The policy does not allow you to select dogs for insurance.

6. In case, you have any existing insurance for your dogs? If yes, then please share the details.

Name of the Insurance company:
In case of GCI please policy provide policy number :

In case of other Insurer please provide the following;
Claim Amount (for the last 3 years) :
Reason of Claim :

7. Please share the following details for all your pet dogs.

Name of Pet Dog(s)	Sex(M/F)	Age (YY/MM)	Breed	Weight of the pet dog when it is 15-18 months old	Identification features/marks

8. Registration No. of Municipal Corporation/ deemed local Government authority/ Kennel club of India certificate or Tagging/Micro-chip No. (optional) If Micro-chip No is given, then you are eligible for discount.	

9. Sum Insured

Base Covers		
Coverage	Description	Sum Insured (in Rs.)
I	Surgery and Hospitalization Cover	
II	OPD Cover- up to 20% of the Sum Insured of “Coverage I” or maximum amount of INR 10,000/-	

Do you want to opt for higher co-pay of 20%? Yes/No

Optional Covers			
S.No	**Cover**	**Cover Opted**	**Sum Insured (in Rs.)**
1	Terminal Illness Cover	Yes/No	Same as Coverage I

	2	Lost and Stolen Cover	Yes/No	25% of the Sum Insured of "Coverage I"
	3	Long Term Care Cover	Yes/No	Same as Coverage I or Max Rs.50,000/-
	4	Funeral Cost Cover	Yes/No	Rs.5,000/-
	5	Veterinary on Call (Home Visits)	Yes/No If opted, pls select no. of visits 5 visits/10 visits Do you want to opt for higher co-pay of 20%? Yes/No	If opted, pls select amount per visit Rs.1,000/ Rs. 2,000/-
	6	Emergency Pet Minding Cover	Yes/No (If opted, pls select for how many days?) 5days/10 days	(Per Day limit up to Rs.1,500/- max)
	7	Third Party Liability Cover	Yes/No	If opted, pls specify the Sum Insured (up to maximum of Rs.10,00,000/-
10. Do you use your Dog (s) for Commercial Purpose?	Yes/No			
11. Is/Are your pet Dog(s) healthy?	Yes/No			

12. Is your Pet Dog (s) vaccinated?	

Name of Vaccine	Is your dog vaccinated? (Yes/No)
Rabies	
Distemper	
Hepatitis	
Adeno Virus	
Leptospirosis	
Parainfluenza	
Corona	
Parvovirus	
Others, please specify_____	

13. Does Your Pet Dog(s) suffer from any pre-existing diseases/conditions?	Yes/No, If yes, then please share details_____
14. Do you want to share any other information that is important for the policy?	

PAYMENT DETAILS

Mode of Payment	
Payment Details	
Amount in (Rs.)	
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)	

Please fill up the request for authorization form attached with this proposal form to receive claim/refund payments if any, directly into your bank account through NEFT if the premium amount is more than Rs.10,000/-

Note: 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 PROPOSER

i. I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and GENERALI CENTRAL INSURANCE CO. LTD. (GCICL).
If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same shall be conveyed to GCICL immediately, in writing.

ii. I/We understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.

iii. I/We declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our/proposer's income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002, and rules framed thereunder. I/We understand that GCICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We/Proposer am/are found to be named in any recognized sanctions list/happen to have violated any provisions of law.

OR

I/We confirm that the premium payment has been made by _____, who is having an insurable interest in my/our/proposer's policy under this application form. In case of any refund, please process the same in proposer's bank account mentioned above.

iv. I/We am/are (please tick all that are applicable)
□ High Net Worth Individual/s □ Non-Residential Indian/s □ Politically Exposed Person/s
□ Non-Governmental Organization

v. I/We agree to receive service-related information from GCICL and its service providers, from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me/us.

vi. I/We am/are aware and agree that the information/data provided by me/us, through this application, to GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my/our/proposer's relationship with GCICL, and used for the purposes relating to my/our/proposer's proposal for insurance cover and/or servicing policies issued in my/our/proposer's favour, whether by GCICL or its authorized partners. I/We/Proposer also understand that the said storage is necessary for my/our/proposer's consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

vii. I/We/Proposer consent to the fact that GCICL may download my/our/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/our/proposer's KYC records as part of this proposal. I/We/Proposer understand(s) that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I/We/Proposer, also, consent to receive information from the Central KYC Records Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Records Registry are current and valid, as on the date of this proposal, and can be used by GCICL hereafter. In case of any modification, the applicable information will be provided to GCICL for updating the CKYC Registry Records.

viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer

understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at https://generalicentralinsurance.com/

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. □

Date:

Place: Signature of the Proposer(s)

(Affix stamp, where proposer is a juridical person)

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 _____

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.

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

1. 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 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 or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.

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