

PET HEALTH PAWLICY 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)	
<p><i>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.</i></p>	

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 FGI please policy provide policy number :

In case of other Insurer please provide the following; Claim

Amount (for the last 3years) :

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.

Indian Breed: No / Yes _____ (Breed details if 'Yes')

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 20,000/-	

Do you want to opt for higher co-pay of 20%/30%? No / Yes -----(percentage opted)

Additional Covers

S.No	Cover	Sum Insured (in Rs.)
1	Terminal Illness Cover	Same as Coverage I
2	Lost and Stolen Cover	25% of the Sum Insured of "Coverage I"
3	Long Term Care Cover	Same as Coverage I or Max Rs.50,000/-

	4	Funeral Cost Cover	Rs.5,000/-																				
	5	Veterinary on Call (Home Visits)	Please select no. of visits: 5 visits/10 visits Please select amount per visit: Rs.1,000/ Rs. 2,000/- Do you want to opt for higher co-pay of 20%/30%? No / Yes Yes ----- (percentage opted)																				
	6	Emergency Pet Minding Cover	5days (Per Day limit up to Rs.1,500/- max)																				
	7	Third Party Liability Cover																					
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?		<table border="1"> <thead> <tr> <th>Name of Vaccine</th> <th>Is your dog vaccinated? (Yes/No)</th> </tr> </thead> <tbody> <tr><td>Rabies</td><td></td></tr> <tr><td>Distemper</td><td></td></tr> <tr><td>Hepatitis</td><td></td></tr> <tr><td>Adeno Virus</td><td></td></tr> <tr><td>Leptospirosis</td><td></td></tr> <tr><td>Parainfluenza</td><td></td></tr> <tr><td>Corona</td><td></td></tr> <tr><td>Parvovirus</td><td></td></tr> <tr><td colspan="2">Others, please specify_____</td></tr> </tbody> </table>		Name of Vaccine	Is your dog vaccinated? (Yes/No)	Rabies		Distemper		Hepatitis		Adeno Virus		Leptospirosis		Parainfluenza		Corona		Parvovirus		Others, please specify_____	
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 preexisting 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:

1. 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 FUTURE GENERALI INDIA INSURANCE CO. LTD. (FGIICL).
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 FGIICL immediately, in writing.
2. I/We understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
3. 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 FGIICL 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.

4. 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
5. I/We agree to receive service-related information from FGIICL 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.
6. I/We am/are aware and agree that the information/data provided by me/us, through this application, to FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my/our/proposer's relationship with FGIICL, 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 FGIICL 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 FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
7. I/We/Proposer consent to the fact that FGIICL 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 FGIICL hereafter. In case of any modification, the applicable information will be provided to FGIICL for updating the CKYC Registry Records.
8. 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 FGIICL Privacy Policy, available at <https://general.futuregenerali.in/privacy-policy>.

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 FGIICL 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 FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

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

FGIICL 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 FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGIICL 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.



Future Generali India Insurance Company Limited, IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287
Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083
Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Website: <https://general.futuregenerali.in> | Email: fgicare@futuregenerali.in