



- 1. This form can be used to apply for Neon Sign or Glow Sign and/or Hoarding Insurance.**
- 2. Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.**
- 3. 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.**
- 4. 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.**
- 5. Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.**

	inspected by a duly qualified Electrician and Engineer if so, by whom and at what intervals.	
14.	Please confirm whether the repairs or defects found by these inspections are immediately carried out or set rights	☐ Yes
15.	What are the measures adopted for the prevention of loss or damage occurring as a result of the falling down of the Neon Sign/Hoardings.	
	Particulars of the property on which the sign is erected and / or attached to (a) Is the sign affixed to the wall or erected on the roof of a building _____ (b) State the address and the situation of the building _____ (c) What is the approximate age of the building _____ (d) Is the building in a sound condition _____ (e) Is the building a ramming on to a main road _____ 16. (f) How far away is the nearest building or structure from the building on which the Sign is installed _____ (g) How far away is the building concerned situated from the Road or Street on all sides _____ (h) Give brief information and particulars of the surrounding area of the building _____ (i) If the Sign board is erected or placed on the roof of a building, please state whether the roof is flat or gabled and how far in is it from the edge of the roof on all sides _____ (j) If the sign is erected on the ground give full particulars of its surroundings. How far away is it from any public or other pathways, thorough fares, streets, roads, etc. _____	
17.	Have any claims been made against you in the last five years in respect of accidents caused directly or indirectly by the Sign Board. If so, give full particulars. _____	
18.	Please provide previous policy details	
19.	Has any Company: (a) declined your proposal? (b) refused to renew your policy? (c) demanded an increased rate on renewal? (d) cancelled any of your insurances?	

20.	Amount of Indemnity/ Sum Insured required for:
21.	Have you received any notice from any person or authority regarding any defect in the Sign Board ?
22.	Provide details of any existing Policies cover the same property

Note: In the event of more than one Sign Board , you may submit detailed information in the tabular format as an annexure to this Form.

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 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 COMPANY LIMITED. (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)

ANTI MONEY LAUNDERING

GCICL adheres to 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 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 REBATE

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.

*****END*****

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** GCicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800