

## FUTURE SAMPOORNA SURAKSHA- GRIHA (MICRO INSURANCE) PROPOSAL FORM

### IMPORTANT :

- 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

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	
POSP PAN (if applicable)	

### I: PRODUCT DETAILS

Type: Individual ☐ Group ☐

#### Sections opted:

I. Hospital Cash		IV. Robbery and Burglary	
Plan A (`175/hospital cash benefit/ day)		V. Farm Produce	
Plan B (`250/hospital cash benefit/ day)		VI. Agricultural Pump set	
Plan C (`300/hospital cash benefit/ day)		VII. Cart Protection & Liability	
II. Personal Accident		VIII. Pedal Cycle	
III. Building and Contents			

### II: PROPOSER DETAILS

Name: Mr. / Ms.

Date of Birth/ Age:

Gender: Male/ Female

Present Address of the Proposer:

State

Pin-code

Permanent address of the proposer (if left blank, will be construed as being same as Present Address)

State

Pin-code

Telephone:

Mobile No:

CKYC Number (if available):

Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions

Period of Insurance desired: From: (dd/mm/yyyy) to (dd/mm/yyyy)

### III: HOSPITAL CASH

#### DETAILS OF THE INSURED

DETAILS	PRIMARY INSURED	INSURED 2	INSURED 3	INSURED 4	INSURED 5	INSURED 6
Name						
Gender						
Date of Birth/ Age						
Marital Status						
Occupation						
Income						
Address*						
Pin code*						
Residence Telephone*						
Mobile No.						
E mail id						
Signature						

*\*In case the nominee is a minor, please provide the name of the guardian also.*

*If parents are covered concurrently child above the age of 90 days can be covered under this policy*

**HEALTH DETAILS** (Please answer by writing "yes" or "no" against each of the questions. A mere dash is not sufficient.)

Sr. No.	Question	Primary Insured	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
1	Are you in good health and free from physical and mental disease or infirmity or medical complaints or deformity?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2	In case any of you suffer or have been suffering from any illness please give details						
3	Do you have any physical deformity /handicap or use any mechanical/ physical assistance for mobility? If yes , please give details						

**For additional information please attach separate sheets**

## **II: PERSONAL ACCIDENT**

	Named Insured	Age	Relationship with the insured	Name of Nominee	Sum Insured	Existing disability, if any
1	Self					
2	Spouse					
3	Child 1					
4	Child 2					
5	Child 3					
6	Child 4					

## **III: FIRE AND BUILDING CONTENTS-**

**Covers Opted (covering Home Building and/or Home Contents against Fire and Allied Perils.)**

1.	Is there any policy in place for the same property?	Yes/No	
	If Yes, please provide the details		
2.	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).	Cover	Please tick
Home Building & Home Contents			
Home Building Only			
Home Contents Only			

**Location of Home Building**

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

**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:

- garage, domestic out-houses used for residence, parking spaces or areas, if any;
- compound walls, fences, gates, retaining walls, internal roads;
- verandah or porch and the like;
- 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.

7.	<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:</b> the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)</p>	<p><b>b. SI for additional structures (in ₹):</b></p> <table border="1" data-bbox="778 1081 1407 1249"> <thead> <tr> <th data-bbox="778 1081 1093 1160">Additional Structure</th> <th data-bbox="1093 1081 1407 1160">Sum Insured (in ₹):</th> </tr> </thead> <tbody> <tr> <td data-bbox="778 1160 1093 1205"></td> <td data-bbox="1093 1160 1407 1205"></td> </tr> <tr> <td data-bbox="778 1205 1093 1249"></td> <td data-bbox="1093 1205 1407 1249"></td> </tr> </tbody> </table>			Additional Structure	Sum Insured (in ₹):				
Additional Structure	Sum Insured (in ₹):									
8.	<p><b>Carpet area of structure of Home in square metres</b></p>									
9.	<p><b>Rate of Cost of Construction per square metre at the policy Commencement Date</b></p>									
<b>Other Details</b>										
10.	<p><b>Age of Home Building</b></p>	<p><b>Less than 5 Years</b></p>								
		<p><b>5-10 Years</b></p>								
		<p><b>10-20 Years</b></p>								
		<p><b>Above 20 Years</b></p>								

11.	<b>Construction Details</b> <b>Please note the following:</b>  <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>  <b>Construction other than Kutcha Construction is a 'Pucca Construction')</b>		<b>Construction*</b>
		<b>Walls</b>	<b>Kutcha/Pucca</b>
		<b>Floor</b>	<b>Kutcha/Pucca</b>
		<b>Roof</b>	<b>Kutcha/Pucca</b>
		(*strike out what is not applicable)	

#### Details of Home Contents

<b>Please note the following:</b> 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. 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. 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.										
12.	If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured  Or  If You have opted for Home Contents Only cover, please	Item wise Sum Insured for General Contents (in ₹):  <table border="1"> <tr> <th>Items</th> <th>Sum Insured</th> </tr> <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> </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										
	provide item wise Sum Insured for General Contents.  (Sum Insured represents Cost of Replacement)									
13.	In case of Basement, If there are contents in it, please provide the Sum Insured									

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

14.	Cover for (Please Tick)		Loss of Rent: I. Sum Insured: II. Number of Months:  Rent for Alternative Accommodation: I. Sum Insured II. Number of Months
	Loss of Rent		
	Rent for Alternative Accommodation		

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

15.	Do You require 'Personal Accident Cover' for Yourself and Your spouse?	Yes/No  If Yes,  Name & age of Your spouse:  Your age:
16.	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.)          (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)

**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

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#### **IV: ROBBERY AND BURGLARY**

**1. Contents of Farmhouse:**

(Note: The Sum Insured should be the same as that provided above under Section III. Contents)

**2. Deductible: 5% of Sum Insured subject to a minimum of ` 500 and maximum of ` 10,000 for each and every claim**

#### **V: FARM PRODUCE**

**1. Details of Farm Produce:**

Sr. No.	Details of Farm Produce & Storage Location	Sub-limit of Sum Insured, if any
<b>Total Sum Insured</b>		

(Note: i) Please ensure that the value in respect of the Farm Produce is the replacement value of the Farm Produce at the commencement date of the Policy Period, being the cost or replacing the Farm Produce with equivalent farm produce of the same kind. ii) Any Farm Produce (solid or liquid) that is, in the reasonable opinion of the Company, in whole or part, easily combustible shall be covered only up to 1% of the total Sum Insured.

**2. Deductible: 5% of the Sum Insured for each and every claim**

#### **VI: AGRICULTURAL PUMPSET**

**1. Description of Pump Set:**

Sr. No.	Number, Make, Year of Manufacture, Electrical or Diesel	Value	Sub-limit of Sum Insured, if any
<b>Total Sum Insured</b>			

(Note: Please ensure that the value in respect of the Pump Set is the replacement value of the Pump Set at the commencement date of the Policy Period, being the cost or replacing that Pump Set with an equivalent pump set of the same kind and capacity. Pump set with ISI mark only would be covered)



2. Is the Pump Set in working condition? Yes [ ] No [ ]

3. Deductible: 1% of Sum Insured or ` 100 whichever is less of each and every claim.

## **VII: CART PROTECTION AND LIABILITY**

### **1. Cart**

#### **a. Description of Cart:**

Sr. No.	Type of Cart (Tyre/ Iron Wheel)	Type of Animal	Value	Sub-limit of Sum Insured, if any
<b>Total Insured</b>	<b>Sum</b>			

#### **b. Sum Insured:**

(Note: Please ensure that the insured value of the Cart is its replacement value at the commencement date of the Policy Period, being the cost or replacing that Cart with an equivalent cart of the same kind and capacity)

#### **c. Deductible: ` 500/- of each and every claim**

### **2. Death/PTD of the animal attached to the Cart**

#### **a. Sum Insured:**

(Note: Please ensure that the value of the animal is its replacement value as at the commencement date of the Policy Period, being the cost of replacing the animal with an animal of the same type, breed, age and health)

#### **b. Deductible: ` 100/- of each and every claim except in the case of a total loss caused directly and solely by fire.**

### **3. Death/PTD of authorised driver of the Cart**

#### **a. Sum Insured:**

### **4. Third Party Liability**

#### **a. Limit of Indemnity: (Not exceeding AOA- ` 10,000/- AOY- ` 25,000/-)**

#### **b. Deductible: ` 500/- of each and every claim on third party property damage only**

## **VIII: PEDAL CYCLE**

### **1. Description of Pedal Cycle**

Sr. no.	Number, Make and Year of Manufacture	Value	Sub-limit of Sum Insured, if any
<b>Total Sum Insured</b>			

(Note: Please ensure that the value of the Pedal Cycle is its replacement value at the commencement date of the Policy Period, being the cost or replacing that Pedal Cycle with an equivalent pedal cycle of the same kind and capacity.)

2. **Third Party Liability: Limit of Indemnity: [Not in excess of ` 5,000/- AOA/AOY]**
3. **Deductible: ` 100/- of each and every claim**

#### **IX: MISCELLANEOUS**

1. **Over the preceding 5 year period, have you (or any person proposed to be insured under the policy for which this proposal form is completed):**
  - a. **Made any claim under any insurance policy in respect of any of the insurance covers now proposed?**
  - b. **Had any claim under any insurance policy declined or refused in whole or in part?**
  - c. **Had any insurance cancelled, or accepted on special terms or conditions or rates?**
2. **Any Other Information**

#### **Payment 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):

**Declarations:**

- i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- ii. I 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.
- iii. I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our 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 GIFIICL 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 am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR

"I/We hereby confirm that the premium payment have been paid by \_\_\_\_\_, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."

- 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 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.
- vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my 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.
- vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by FGII hereafter. In case of any modification, the applicable information will be provided to FGII 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 FGIICL Privacy Policy, available at <https://general.futuregenerali.in/privacy-policy>

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

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, 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 ☐

**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:

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

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

**ANTI MONEY LAUNDERING**

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

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. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.



**Future Generali India Insurance Company Limited**, IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287  
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Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Website: <https://general.futuregenerali.in> | Email: [fgcare@futuregenerali.in](mailto:fgcare@futuregenerali.in)