

SAMPOORNA SURAKSHA-SOOKSHMA (MICRO INSURANCE) PROPOSAL FORM

IMPORTANT:

1. Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.
2. 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.
3. 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.
4. Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium

Policy Issuing Office Address & Code

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) _____

I: PRODUCT DETAILS

Type: Individual ☐ Group ☐

Sections opted:

I. Hospital Cash ☐	III. Building and Contents ☐
Plan A (` 175/hospital cash benefit/ day) ☐	IV. Robbery and Burglary ☐
Plan B (` 250/hospital cash benefit/ day) ☐	V. Farm Produce ☐

Plan C (`300/hospital cash benefit/ day) ☐	VI. Agricultural Pump set ☐
	VII. Cart Protection & Liability ☐
II. Personal Accident ☐	VIII. Pedal Cycle ☐

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:

Contact person details (where proposer is not an individual) a. Name b. Designation

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)

I: HOSPITAL CASH

DETAILS OF THE INSURED

DETAILS	PRIMARY INSURED	SPOUSE	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Name						
Gender						
Date of Birth/ Age						
Marital Status						
Occupation						
Income						
Address*						
Pin code*						
Residence Telephone*						
Mobile No.						
E mail id						
Nominee Name*						
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	Spouse	Child 1	Child 2	Child 3	Child 4
1	Are you in good health and free from physical and mental disease or	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
	infirmity or medical complaints or deformity?						

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

Business and Location of Business

1.	Business of Proposer																																				
2.	Location of Risk/business to be covered - full-postal address with Pin code	<table border="1"> <thead> <tr> <th>Sl. No.</th> <th>Address</th> <th>Pin code</th> <th>Occupancy</th> <th>Age of unit</th> <th>Floor*</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> *Floor : Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H)						Sl. No.	Address	Pin code	Occupancy	Age of unit	Floor*																								
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Details about business covered at the insured location

3.	Details of insured property	Please tick in the space below:
a.	Offices, Shops, Hotels, etc	Yes / No
b.	Industrial / Manufacturing risks	Yes / No
c.	Storage outside Industrial/ Manufacturing risks	Yes / No
d.	Tanks / Gas holders outside Industrial/ Manufacturing risks.	Yes / No
e.	Utilities located outside Industrial/Manufacturing risks.	Yes / No
f.	Boundary wall	Yes / No
g.	Basement storage	Yes / No
		If, yes value stored SI: ₹.....
h.	Others (please specify)	
4.	If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.	
5.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)	

6.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?									
7.	Fire Protection devices installed	Please tick the correct answers below. ☐ Portable Extinguishers ☐ Small bore hose reels ☐ Trailer Pumps/Fire engines ☐ Hydrant System ☐ Sprinkler System ☐ Fixed Water Spray System ☐ Foam System ☐ Fire Alarm System ☐ Gas Flooding System ☐ Others, please specify below.								
8.	Indicate whether AMC(Annual Maintenance contract) for the Fire Protection Appliances is in force									
9.	Construction details									
a.	Please state material used	Please tick the correct answer in the box.								
i.	Walls	Kutcha / Pucca								
ii.	Floor	Kutcha / Pucca								
iii.	Roof	Kutcha / Pucca								
	Note: <i>Kutcha : 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> <i>Pucca : Buildings other than Kutcha are treated as Pucca constructions</i>									
b.	Number of Floors									
c.	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>Above 20 Years</td> <td></td> </tr> </table>	Less than 5 Years		5-10 Years		10-20 Years		Above 20 Years	
Less than 5 Years										
5-10 Years										
10-20 Years										
Above 20 Years										

10.	Distance between the risk to be covered and nearest Fire Brigade																					
11.	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)																					
12.	Whether Insurance was declined by any other Company (Give details)																					
13.	Premium / Claim details for the past 36 months excluding the expiring policy period	<table border="1"> <thead> <tr> <th>Year</th> <th>Premium</th> <th>Claim</th> </tr> </thead> <tbody> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td>TOTAL</td> <td>₹</td> <td>₹</td> </tr> </tbody> </table>			Year	Premium	Claim		₹	₹		₹	₹		₹	₹		₹	₹	TOTAL	₹	₹
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	₹	₹																				
	₹	₹																				
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	₹	₹																				
TOTAL	₹	₹																				

Sum Insured and Other details of Insured Property (Indicate

Sum Insured on the following basis:

- ☐ For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents: **Reinstatement** Value;
- ☐ For raw material: **Landed Cost**;
- ☐ For stock in process: **Input cost**;
- ☐ For finished stock: **Manufacturing cost** of the finished stock or the **Contract Price*** of goods sold but not delivered, as applicable.

* **Contract Price** is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

14.	Description of Block	Building including plinth, Basement and additional structures	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total

Details for in-built cover for Floater

15.	Floater Cover (for stocks at various locations)		
		Location (Postal Address with Pin code)	Sum Insured(in ₹)
		i) Maximum value at any one location: ₹..... ii) Whether stocks stored in open: Yes/No	

Standard Add-On

Do You want to opt for Declaration Policy? -- Yes/No (strike off what is not applicable). If Yes, give details below:

16.	Stocks which fluctuate in value to be covered on (monthly) declaration basis: Amount (₹):
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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 IV. 2. 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
Total Sum Insured		

(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, Electrical or Diesel	Year of Manufacture,	Value	Sub-limit of Sum Insured, if any
Total Sum Insured				

(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
Total Sum Insured				

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
Total Sum Insured			

(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 been cancelled, or accepted on special terms or conditions or rates?

2. Any Other Information

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 GENERALI CENTRAL INSURANCE COMPANY LIMITED (GCICL) and I/We agree to accept a policy, subject to the conditions prescribed by GCICL.
- ii. I 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, 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 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 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 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.
- vi. I am aware and agree that the information/data provided by me, through this application, to GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my relationship with GCICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by GCICL or its authorized partners. I also

understand that the said storage is necessary for my 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 consent to the fact that GCI 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 GCI hereafter. In case of any modification, the applicable information will be provided to GCI 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/>

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. ☐

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):

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 antifinancial 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.

*****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