

**FG 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.
- Please share the correct information.
- This form can be used to apply for FG Dog Health Cover
- Don't hide any important details.
- If you need more space for your answer, you can use a different sheet. Mention the question number and attach it to this form.
- Please answer all questions in full.
- Your cover will start after we accept your application and receive the payment.

**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. Your home address with PIN code	
3. Policy Period (The policy will start on/after premium receipt date)	From : _____ for a period of one year therefrom
4. How many pet dogs do you have?	
5. CKYC Number (if available)	
<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>	
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 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.

9. Sum Insured

Base Covers		
Coverage	Description	Sum Insured (in Rs.)
I	Surgery and Hospitalisation Cover	
II	OPD Cover- upto 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?		<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>Para-Influenza</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		Para-Influenza		Corona		Parvovirus		Others, please specify _____	
Name of Vaccine	Is your dog vaccinated? (Yes/No)																							
Rabies																								
Distemper																								
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Adeno Virus																								
Leptospirosis																								
Para-Influenza																								
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?	
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**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. 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.

**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 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 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)
 

<input type="checkbox"/> High Net Worth Individual/s	<input type="checkbox"/> Non-Residential Indian/s	<input type="checkbox"/> Politically Exposed Person/s
<input type="checkbox"/> Jeweller/s	<input type="checkbox"/> Non-Governmental Organization	<input type="checkbox"/> Film Actor/s
<input type="checkbox"/> Producer/s		

- 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.

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, 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:  
\_\_\_\_\_

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.

