

**FG BHARAT GRIHA RAKSHA  
PROPOSAL FORM**

**IMPORTANT GUIDELINES:** 1. 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. 2. This form can be used to apply for FG Bharat Grih Raksha. 3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

|  |  |
|--|--|
| <b>Policy Issuing Office Address &amp; Code</b>    |  |
| <b>Intermediary/Agent Name &amp; Code (if any)</b> |  |
| <b>POSP PAN (if applicable)</b>                    |  |

**A. Details about Proposer and Policy Period**

|           |   |   |
|-----------|---|---|
| <b>1.</b> | <b>Name of Proposer</b>   |   |
| <b>2.</b> | <b>Address of Proposer</b>  |   |
| <b>3.</b> | <b>Phone No. a.<br/>Mobile<br/>b. Landline</b>  |   |
| <b>4.</b> | <b>Email</b>  |   |
| <b>5.</b> | <b>CKYC Number (if available)</b>   |   |
| <b>6.</b> | <b>Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions</b> |   |
| <b>7.</b> | <b>Period of Insurance</b>  | <b>From<br/>To<br/>(No of Years in case of long-term policy: _____)<br/>Note: For Long term policy, Period shall not exceed 10 years.</b> |
| <b>8.</b> | <b>Nomination:</b>  | <b>Nominee Name:<br/>Relationship with the insured:</b>   |

**B. Covers Opted**

|  |   |   |                          |  |  |  |                           |  |                           |  |
|--|---|---|--------------------------|--|--|--|---------------------------|--|---------------------------|--|
| <b>9.</b>                                | <b>Is there any policy in place for the same property?</b>  | <b>Yes/No</b>   |                          |  |  |  |                           |  |                           |  |
|  | <b>If Yes, please provide the details</b>   |   |                          |  |  |  |                           |  |                           |  |
| <b>10.</b>                               | <b>Cover/s required:</b><br>(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). | <table border="1"> <tr> <td colspan="2"><b>Cover Please tick</b></td> </tr> <tr> <td><b>Home Building &amp; Home Contents</b></td> <td></td> </tr> <tr> <td><b>Home Building Only</b></td> <td></td> </tr> <tr> <td><b>Home Contents Only</b></td> <td></td> </tr> </table> | <b>Cover Please tick</b> |  | <b>Home Building &amp; Home Contents</b> |  | <b>Home Building Only</b> |  | <b>Home Contents Only</b> |  |
| <b>Cover Please tick</b>                 |   |   |                          |  |  |  |                           |  |                           |  |
| <b>Home Building &amp; Home Contents</b> |   |   |                          |  |  |  |                           |  |                           |  |
| <b>Home Building Only</b>                |   |   |                          |  |  |  |                           |  |                           |  |
| <b>Home Contents Only</b>                |   |   |                          |  |  |  |                           |  |                           |  |

### C. Location of Home Building

|     |   |           |
|-----|---|-----------|
| 11. | Location of Home Building - full postal address with Pin Code.                  | Pin Code: |
| 12. | Is it in a multi-storey building or is it a standalone house?                   |           |
| 13. | In case of multi-storey building, please provide the floor number of Your house |           |
| 14. | Is there a basement to Your house?  |           |

### D. 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:

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

|    |   |  |
|----|---|--|
| 15 | <p><b>Sum Insured (SI) for Home Building:</b><br/><b>Please note the following:</b><br/><b>(The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:</b></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> |
|----|---|--|

|                      |  |  |                           |
|----------------------|--|--|---------------------------|
|                      | <i>b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)</i>   | <b>b. SI for additional structures (in ₹):</b> |                           |
|                      |  | <b>Additional Structure</b>                    | <b>Sum Insured (in ₹)</b> |
|                      |  |  |                           |
|                      |  |  |                           |
|                      |  |  |                           |
| <b>16</b>            | <b>Carpet area of structure of Home in square meters</b>   |  |                           |
| <b>17</b>            | <b>Rate of Cost of Construction per square meter at the policy Commencement Date</b>   |  |                           |
| <b>Other Details</b> |  |  |                           |
| <b>18</b>            | <b>Age of Home Building</b>  | <b>Less than 5 Years</b>                       |                           |
|                      |  | <b>5-10 Years</b>                              |                           |
|                      |  | <b>10-20 Years</b>                             |                           |
|                      |  | <b>Above 20 Years</b>                          |                           |
| <b>19</b>            | <b>Construction Details<br/>Please note the following:<br/>(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. 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)           |                           |

#### E. Details of Home Contents

**Please note the following:**

- 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) **General Contents** 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) **Valuable Contents** 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.

|            |  |   |                    |
|------------|--|---|--------------------|
| <b>20</b>  | 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<br>Or<br>If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents.<br>(Sum Insured represents Cost of Replacement) | <b>Item wise Sum Insured for General Contents (in ₹):</b> |                    |
|            |  | <b>Items</b>  | <b>Sum Insured</b> |
|            |  | Furniture, Fixtures and Fittings (Home Furnishings)       |                    |
|            |  | Electrical/Electronic                                     |                    |
|            |  | Others  |                    |
| <b>21.</b> | In case of Basement, If there are contents in it, please provide the Sum Insured   |   |                    |

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

|                                    |   |  |              |  |
|------------------------------------|---|--|--------------|--|
| 22.                                | Cover for (Please Tick)   | <b>Loss of Rent:</b><br>I. Sum Insured:<br>II. Number of Months:<br><b>Rent for Alternative Accommodation:</b><br>I. Sum Insured<br>II. Number of Months |              |  |
|                                    | <table border="1"> <tr> <td>Loss of Rent</td> <td></td> </tr> <tr> <td>Rent for Alternative Accommodation</td> <td></td> </tr> </table> |  | Loss of Rent |  |
| Loss of Rent                       |   |  |              |  |
| Rent for Alternative Accommodation |   |  |              |  |

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

|     |   |  |
|-----|---|--|
| 23. | Do You require 'Personal Accident Cover' for Yourself and Your spouse?  | Yes/No<br><br>If Yes,<br><br>Name & age of Your spouse:<br><br>Your age:   |
| 24. | Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)':<br><br><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.)<br/>         (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<br><br>If Yes, please attach list of items and Sum Insured:<br><br>Valuation certificate attached. (Yes/No) |

**H. Additional/Add-on Covers (over and above optional covers available on payment of additional premium)**

| Sl. No. | Name of Add-on cover  | Please tick | Sum insured/Limit of liability |
|---------|---|-------------|--------------------------------|
| 1       | Third Party Liability<br>(UIN:IRDAN132RP0005V01202021/A0012V01202122)   |             |                                |
| 2       | Tenants legal liability<br>(UIN:IRDAN132RP0005V01202021/A0012V01202122) |             |                                |
| 3       | Claim Preparation Costs<br>(UIN:IRDAN132RP0005V01202021/A0012V01202122) |             |                                |
| 4       | Keys and Locks(UIN:IRDAN132RP0005V01202021/A0012V01202122)              |             |                                |

|   |  |  |  |
|---|--|--|--|
| 5 | Accidental Damage<br>Clause(UIN:IRDAN132RP0005V01202021/A0025V01202122)                                  |  |  |
| 6 | Protection and Preservation of<br>Property(UIN:IRDAN132RP0005V01202021/A0026V01202122)                   |  |  |
| 7 | Landscaping including lawns, plants, shrubs or Trees<br>(UIN: IRDAN132RP0005V01202021/A0027V01202122)    |  |  |
| 8 | Removal of Debris (in excess of 2% of the claim amount) (UIN:<br>IRDAN132RP0005V01202021/A0028V01202122) |  |  |

### I. 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,<br>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/-

### J. 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 |
|--------------|---------------|----------------|---|
|              |               |                |   |
|              |               |                |   |
|              |               |                |   |

### K. Declaration by Insured

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 the \_\_\_\_\_.

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.

Date: DD / MM / YYYY

Place: \_\_\_\_\_

Signature of the Proposer

### L. Other Declarations

- 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.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

**(affix stamp, where proposer is a juristic person)**

**Proposer's Signature/ Thumb Impression\*:**

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:**

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.

### **Bank Details (Required For Refunds/Claims)**

As per Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing systems (ECS)/National Electronics Fund Transfer (NEFT)/ Real Time Gross Settlement (RGTS)/Interbank Mobile Payment Service (IMPS)

Name of the Account Holder

Name of the Bank

Branch Bank

Account No.

Bank IFSC Code

Account Type SB Account      Current Account      Others (please specify)

### **ACKNOWLEDGEMENT**

We acknowledge with thanks the receipt of your proposal dated \_\_\_\_\_ (DD/MM/YY) towards Contractor's All Risks Insurance Policy in favour of \_\_\_\_\_. We also acknowledge receipt of premium amount by way of cash/ cheque/ demand draft/ others, vide instrument/transaction reference no. \_\_\_\_\_, for an amount of ₹ \_\_\_\_\_. Please note that neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept the proposal, it shall be subject to the policy terms and conditions, and we shall have no liability to make any payment if the appropriate premium amount is not received by us in full and in time or is not realized. If we do not accept the proposal,

we will inform you within 15 days of the date of receipt of this proposal and refund any payment received from you without interest.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature of Receiver and Official Seal \_\_\_\_\_



**Annexure (Addendum) attached to and forming a part of Proposal Form of 'FG Bharat Griha Raksha')**

**QUESTIONNAIRE**

| S.No              | Details   | Answer  |                   |  |            |  |             |  |             |  |                |  |
|-------------------|---|---|-------------------|--|------------|--|-------------|--|-------------|--|----------------|--|
| 1.                | 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>20-25 Years</td> <td></td> </tr> <tr> <td>Above 25 Years</td> <td></td> </tr> </table> | Less than 5 Years |  | 5-10 Years |  | 10-20 Years |  | 20-25 Years |  | Above 25 Years |  |
| Less than 5 Years |   |   |                   |  |            |  |             |  |             |  |                |  |
| 5-10 Years        |   |   |                   |  |            |  |             |  |             |  |                |  |
| 10-20 Years       |   |   |                   |  |            |  |             |  |             |  |                |  |
| 20-25 Years       |   |   |                   |  |            |  |             |  |             |  |                |  |
| Above 25 Years    |   |   |                   |  |            |  |             |  |             |  |                |  |
| 2.                | Are Fire Protection devices installed?<br><br>If Yes, please select the type:         | † YES † NO<br><br>† Hand Appliances<br>† Hand Appliances & Hydrant System<br>† Hand Appliances + Hydrant System & independent Sprinkler/ Fixed Water Spray System   |                   |  |            |  |             |  |             |  |                |  |
| 3.                | Is a round-the clock security guard available in the premises?                        | † YES † NO  |                   |  |            |  |             |  |             |  |                |  |
| 4.                | In case of Housing Societies, Pls specify the total number of floors in the building? |   |                   |  |            |  |             |  |             |  |                |  |
| 5.                | Distance of Proposed Property from the Public Fire Station?                           |   |                   |  |            |  |             |  |             |  |                |  |

**Claims Details**

In case, the proposed property is more than 3 yrs old, please provide the loss details for last 10 yrs.,

| Year | Date of Loss | Cause of Loss | Claimed Amount | Settled Amount/please specify if claim is outstanding |
|------|--------------|---------------|----------------|---|
|      |              |               |                |   |
|      |              |               |                |   |
|      |              |               |                |   |
|      |              |               |                |   |
|      |              |               |                |   |
|      |              |               |                |   |
|      |              |               |                |   |
|      |              |               |                |   |
|      |              |               |                |   |

