

FG ALL RISK

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 All Risk. 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.

PROPOSER DETAILS

Name of the Proposer _____

Correspondence Address _____

Pin Code _____

Contact No. _____

Email Id _____

Proposer's Nationality _____

RISK DETAILS*

In case of multiple addresses, as applicable for multiple items/articles of Property, please attach a separate sheet to this form.

1. Property to be Insured:

Coverage Category	Particulars	Please tick the applicable category
Category 1	Personal portable gadgets and Personal Belongings	
	Projector	
	Laptops	
	Mobiles	
	IPad	
	Digital Wrist Watch	
	Camera	
	Microphone	
	Bluetooth Headphones	
	Tablets, Notebook computers	
	Digital Pen	
	Musical Instruments(Electronic / portable)	
	AR & VR Headsets	
	Handbags	
	Wallets	
Spectacles		

	Wristwatches	
	Others – Please specify	
Category 2	Home Appliances	
	TV / LCD/ LED	
	Fridge	
	Microwave	
	Washing Machine	
	AC	
	Water Geysers	
	Water Purifiers	
	Kitchen Chimney	
	OTG	
	Dishwashers	
	Dryers	
	Food Processor	
	Air Coolers	
	Vacuum cleaner	
	Air Purifier	
	Induction	
	Musical Instruments(fixed)	
	Smart Home devices	
	CCTV	
Computers		
Others – Please specify		
Category 3	Jewellery and Precious Items	
	Gold/Silver/ Diamond Jewellery	
	Precious Metals and Bullions	
	Others – Please specify	
Basis Of Sum Insured (Category 3)	Please choose from below: <input type="checkbox"/> Agreed Value <input type="checkbox"/> Market Value Note: wherever Valuation Report of a Valuer approved by the Company is submitted, the Sum Insured shall be on Agreed Value	
Category 4	Antiques, Fine Art & Collectables	
	Art Work i.e painting, pictures, sketches, mementos, prints, sculptures and pottery/ Stamps/Books/ Certificates	
	Medals/Monuments	
	Coins / Trophies	
	Records/CDs/Others, Please specify	
	Family legacy items -Clothes - Wedding dress/Embroidered linens	
	Musical instruments	
	Watch/Clock	
	Antique and vintage jewellery	
	Others – Please specify	

Optional Covers		
1.	Sabotage and Terrorism Cover Endorsement (Material Damage Only)	
2.	Exhibition Cover	
3.	Rent for hiring alternate equipment (Max 30 days rent)-Applicable for camera only	
4.	Full cover for Pair and Set	

2. List Insurable Interest, including Financial Institution, with details of ownership/interest

3. Description of Property to be Insured

S.No	Description of each item/article of Property	Make, Model	Identification details	Coverage Category (as specified at 1 above)	Proposed Sum Insured(₹)
	Total Sum Insured		In (₹)		

Please attach separate sheet for more details.

4. Location of the Insured Property (as applicable)

Location Address	
Plot No/Door No.	
Building	
Road	
Area	
City	Pin Code:
State	

***In case of multiple address, please attach a separate sheet**

5. Whether the property to be insured as specified at 3 above are predominantly kept at the location/premises (as stated above) or frequently taken from one place to another?

- () Sr No. () Kept in Premises () frequently taken from one place to another
 () Sr No. () Kept in Premises () frequently taken from one place to another

Please attach separate sheet for more details.

6. Construction and Use

Are the buildings where the Insured property is located (including outbuildings) :

- a) built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair? () Yes () No

- b) in an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters? Yes No
- c) a flat or an apartment? Yes No
 (if yes, give the floor) Yes No
- d) used for any business or professional purposes open to the public? Yes No
- e) regularly left unattended by day or night? Yes No

7. Please list any security measures that are being used to protect the property e.g alarms, safe (Please describe):

8. Have you or any person residing with you, ever been convicted of arson or any offence involving dishonesty, fraud, theft or handling stolen goods?

Yes No

9. Valuation (Applicable for Category III & IV)

Total Value of Property(ies) Insured		
Number of Items		
Highest single Value of any one item		
Do you have currently dated appraisals for all items?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, or if partial, please advise value of items for which you do not have appraisals and which are valued above		
<ul style="list-style-type: none"> • INR 300,000 each or Total SI above INR 1,000,000* or as required by company 		
No of items appraised		
<input type="checkbox"/> If any of the above mentioned items are valued at INR 3 lacs or the proposed Total SI is above INR 10 lacs , I hereby confirm that the Company may get the items proposed, valued by its approved valuers and I agree to bear the cost towards the same.		
Date _ Place	_____Signature of Proposer	

COVER DETAILS*

Period of Insurance	From	To
Coverage Territory Required	<input type="checkbox"/> India	<input type="checkbox"/> Worldwide
(Please tick yes if you wish to have the following add on covers. Please note, these covers are available subject to additional premium payment by you)		
Optional Cover	Required	Sum Insured (INR)
Sabotage and Terrorism Cover Endorsement (Material Damage Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exhibition Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Rent for hiring alternate equipment (Max 30 days Rent)	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify period of cover desired:	
Full cover for Pair and Set	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS INSURER AND CLAIM DETAILS*

<i>Product Name</i>	<i>Policy Number</i>	<i>Name of Insurer</i>	<i>Policy Period</i>	<i>Premium Paid (₹)</i>	<i>No. of claims</i>	<i>Claim Amount (₹)</i>
<i>Any other information please specify:</i>						
<i>Has any company Declined/Cancelled/ Refused to renew/ Accept on special terms in the past? If Yes, please give the details:</i>						
OTHER RELEVANT 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/-

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)

High Net Worth Individual/s Non Residential Indian/s Politically Exposed Person/s Jeweller/s Non-Governmental Organization

Film Actor/s 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.

Proposer's Signature: _____ Place: _____ Date: _____

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: _____

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*****