

ELEPHANT INSURANCE PROPOSAL FORM

(A Certificate given by a qualified Veterinary Surgeon must accompany this proposal)

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 Elephant Insurance. 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.

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) _____

1. Period of Insurance

| | | | | | | | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|
| From | D | D | M | M | Y | Y | Y | Y | To | D | D | M | M | Y | Y | Y | Y |
|------|---|---|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|

2. Name of the Proposer

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

3. Address of the Proposer

| | | | | | | | | | | | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|-------------------|--|--|-----------------|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | Pin code | | | | | | |
| Telephone no | | | | | | | | | | Mobile no. | | | | | | | | | |

4. Animal Stabling Address (If Different)

| | | | | | | | | | | | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | Pin code | | | | | | |

5. Occupation

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

6. Hypothecation, if any

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

7. Give the following particulars in full, of each of the animals proposed for insurance.

| Type of Animal | Sex | Age | Breed | Description of the Animal | | | | Tag No. | Market Value/S.I. |
|----------------|-----|-------|-------|---------------------------|------------|-------------|-------------------------|---------|-------------------|
| | | | | Colour | Trunk Size | Tail Switch | Distinguishing Features | | |
| | M/F | Years | | | | | Rt/Lt Ear | Rs. | |
| | | | | | | | | | |

CKYC (If Available)

8. State for what purpose the animals will be used. _____

9. Is/are the animals in the stable sound and healthy and free from vice? YES NO

If not give full particulars of defects and ailments if any _____

Please provide a certificate of good health issued by a qualified veterinary practitioner for each animal proposed for insurance.

10. Whether own Veterinary Services available or dependant on Government Veterinary Services? YES NO

11.

a. Have you lost any animal/s during the last three years? If so state particulars.

| Year | Cause of Loss | Number of animals lost |
|------|---------------|------------------------|
| | | |
| | | |
| | | |

b. Previous Insurance and Claims experience (for the last three years)

| Year | Policy No. | Name of Insurer | Claim Amount | Whether claim settled in full or in part or outstanding or repudiated. |
|------|------------|-----------------|--------------|--|
| | | | | |
| | | | | |
| | | | | |

12.

a. How many other animals do you own and of what type?

b. Are they insured and if so with which insurer?

c. If not why are they not proposed for insurance now?

d. Were they insured previously and if so where?

13. Are any of the animals now proposed for insurance or have any other animals belonging to you been previously insured? If so, state name of Company _____

14. Has any Company

a. Declined insurance of any of your animals

b. Declined to renew the insurance

c. Increased your premium or imposed special conditions on renewal

15.

a. Are you the owner of the animal? If not state name and address of owner and also nature of your interest in the animal

b. Is any bank or other financing institution interested in the animal, if so, state (i) name and address of the bank (ii) Amount of loan outstanding

c. Is / are the animal/s proposed for insurance covered by any Govt. scheme? If so, state.

i. Address of Govt. Agency Implementing the scheme

ii. Amount of subsidy obtained from Implementing Govt. agency.

16. Any other information material to the risk or the terms upon which cover might be offered.

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.

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.
- 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.

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:

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
Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083
Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Website: <https://general.futuregenerali.in> | Email: fgicare@futuregenerali.in