

FG NEON SIGN/ OR GLOW SIGN AND / OR HOARDING INSURANCE 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 Neon Sign or Glow Sign and/or Hoarding 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: Business Channel:		Direct	mediary Code:	
RM/SP Name:			SP Coue:	
PROPOSER'S DETAILS				
1. Period of Insurance	D D M M	Y Y Y Y	To D D M M Y Y Y	Y
2. Name of the Proposer				
3. Proposer's Trade or Business				
4. Address of the Proposer				
State		Pin code		
5. BUSINESS DETAILS:				
6. BUSINESS PAN:				
7. Location of Operation (site of property to	be insured)			
 8. Nearest Railway station and Distance 9. Particulars of the Sign Board]
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	(a) Full description along with measurements of its size				
	(b) Year of manufacture				
	(c) Manufacturer Details				
	(d) Location				
	(e) Sum Insured of Section 1				
	(f) Sum Insured of Section 2				
	(for more than 1 location please provide the details in an annexure)				
10.	Particulars of the Foundation and/or supporting structure on which Sign and/or Yes Hoarding is erected. Provide the measurements of and the materials from which such foundation and/or supporting structure is constructed Yes				
11.	Please confirm whether Sign board and its foundation, supporting structure, fastening attachments and similar items are regularly inspected by a duly qualified Electrician and Engineer if so, by whom and at what intervals. Yes				
12.	Please confirm whether the repairs or defects found by these inspections are immediately carried out or set rights				
13.	What are the measures adopted for the prevention of loss or damage occurring as a result of the falling down of the Neon Sign/Hoardings.				
	Particulars of the property on which the sign is erected and / or attached to				
	(a) Is the sign affixed to the wall or erected on the roof of a building				
	(b) State the address and the situation of the building				
	(c) What is the approximate age of the building				
	(d) Is the building in a sound condition				
	(e) Is the building a ramming on to a main road				
14.	(f) How far away is the nearest building or structure from the building on which the Sign is installed				
	(g) How far away is the building concerned situated from the Road or Street on all sides				
	(h) Give brief information and particulars of the surrounding area of the building				
	(i) If the Sign board is erected or placed on the roof of a building, please state whether the roof is flat or gabled and how far in is it from the edge of the roof on all sides				
	(j) If the sign is erected on the ground give full particulars of its surroundings. How far away is it from any public or other pathways, thorough fares, streets, roads, etc				
15.	Have any claims been made against you in the last five years in respect of accidents caused directly or indirectly by the Sign Board. If so, give full particulars				
16.	Please provide previous policy details				
	Has any Company:				
	(a) declined your proposal?				
17.	(b) refused to renew your policy?				
	(c) demanded an increased rate on renewal?				
	(d) cancelled any of your insurances?				
18.	Amount of Indemnity/ Sum Insured required for:				



19.	Have you received any notice from any person or authority regarding any defect in the Sign Board ?
20.	Provide details of any existing Policies cover the same property

Note: In the event of more than one Sign Board , you may submit detailed information in the tabular format as an annexure to this Form.

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, 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. \Box

ANTI MONEY LAUNDRING

FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, 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.

DECLARATION BY INSURED

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/o 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: _____

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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

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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:_

INSURANCE ACT 1938 SECTION 41- 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 the 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS.