

Received Date:

Branch Code:

Branch Name:

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 Future Golfer's Insurance. 3. It is important to fill all questions. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium. Before any question is answered, read carefully the declaration at the end of this proposal which you are required to sign. Answer all questions in full. Tick Yes/No boxes.

1. Proposer's Name:

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

2. Address :

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

3. Date of Birth:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

4. Occupation :

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

5. Nominee Name:

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

6. Nominee Address:

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

7. Do you have membership with any Golf Clubs: Yes No

8. Name and Address of the Golf Club :

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

9. Enlist and attach a list of articles in Golf Kit to be insured and values thereof.

| Full description (e.g. brand, type, model, grade & description of shaft etc.) of article | From whom obtained (Name, address & date of purchase) | Net Cost Price |
|--|---|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

10. Has any insurer ever refused to accept, renew or continue your insurance cover or quoted increased rate or special terms? Yes No

11. Are you in good health and free from physical impairment? Yes No If no, then please provide details:

12. Have you sustained any accident necessitating medical attention during the last five years or ever made a claim against any insurance company for any such injury? Yes No If yes, then please provide details:

13. Have you sustained any loss or damage to your golf equipment or has any third party claimed against you for loss or damage to their property or for bodily injury? Yes No If yes, then please provide details:

14. Details of Caddy:

i. **Name:** ii.

Date of Birth:

iii. **Address:** iv.

Nomine Name:

v. **Nominee Address:**

vi. **Declaration: I am in good health and free of any physical impairment.** vii.
Signature _____

15. **Plan Details:** (Select the plan) Birdie Plan Eagle Plan Albatross Plan In case you wish to buy Flexi Plan, please fill the Sum insured as required

| Section | Coverage | Flexi Plan |
|---------|---|------------|
| 1 | Damage to Golfing Equipment | |
| 2 | Theft of Golfing Equipment | |
| 3 | Public Liability | |
| 4 | Personal Accident cover for insured | |
| 5 | Personal Accident cover for Caddy | |
| 6 | Hospitalization cover | |
| 7 | Dental cover | |
| 8 | Accidental Property Damage | |
| 9 | Hole in one | |
| 10 | Reimbursement of subscriptions and pre- paid fees | |
| | Total Premium | |

16. **Period of insurance:** FROM To

17. Payment

| | |
|--|--|
| 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/-

18. 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:** _____

19. 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.



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: fgcare@futuregenerali.in