## WEATHER INDEX BASED 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 Weather Index Based 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	Σ:								
Intermediary Name:	e: Intermediary Code:								
Business Channel:	: Agency Banca Corporate/Broking Direct						t		
RM/SP Name:									
RM/SP Contact No: GSTN: If applicable POSP PAN (if applicable)									
<b>NOTE:</b> The liability of FUTURE GENERALI INDIA INSURANCE COMPANY LTD. does not commence until this proposal has been accepted by FUTURE GENERALI INDIA INSURANCE COMPANY LTD. and the premium is paid.									
State	District Tehsil /		Tehsil / B	Reference Station (RW					Year
Details of Cultivator:									
Name:	Name: Father's Name:								
Address for Communication	Bank & Account No.:								
Bank & Branch					l				
Address									
CKYC Number (if available)									
Details of Crop(s) Proposed for Insurance:									
Reference Unit Area (RUA)		llage	Crop			Survey No		Extent in Hectares	

UIN: (IRDAN132RP0006V01201112)

De	clarations:
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.
Pr	oposer's Signature: Place: Date:
you	te 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 u may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may on this box
	yment details:
N	Mode of Payment
P	ayment Details
A	amount in (₹)

Proposal Form\_ Weather Index based Insurance UIN : (IRDAN132RP0006V01201112)
PRF\_WIBIR\_Ver\_08

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.

For	Intern	iediary	Use	Only
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I,	, in	my capacity a	s an Insur	ance Age	ent/POS	P/Specified I	Person of the Corp	orate Ager	nt/Aut	horiz	zed Person of
the Broker/IN	MF, declar	e that I have ex	plained th	e produc	t feature	es, including	its suitability, and	the conten	ts of th	his p	roposal form
_							o the proposer. It			-	
							f insurance between				
		•		` /			roposal form or th				
		•	-	the optic	on of FG	IICL, be trea	ted as null and vo	id and the p	remiu	m aı	mount agains
the policy ma	ay be forfe	ited by FGIIC	L.								
Name of In	nsurance	Agent/POSP/S	Specified	Person	of the	e Corporate	Agent/Authorize	ed Person	of	the	Broker/IMF:

## ANTI MONEY LAUNDERING

Intermediary's Signature

Intermediary's Code:

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

