

**AGRICULATURAL PUMP SET
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 Agricultural Pump Set 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) _____

PPROPOSER DETAILS

Name of the Proposer

Correspondence Address

CKYC No (Central Know Your Customer Registry No) (if available) : _____
(If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form)

Pin Code _____ Contact No _____

Email Id _____

Proposer's Nationality _____

Policy Period From _____ To _____

RISK DETAILS*

1. Description of Pump Set: Centrifugal Submersible

Sr. no	Number, Make, Year of Manufacture, Electrical or Diesel, Solar, Capacity	Sum Insured in (Rs.)

Total Sum Insured		

(Note: Please ensure that the value in respect of the Pump Set is the replacement value of the Pump Set at the commencement date of the Policy Period, being the cost or replacing that Pump Set with an equivalent pump set of the same kind and capacity.)

Optional Covers

Sr. No.	Description	Sum Insured in (Rs.)
1.	Sabotage and Terrorism Cover Endorsement (Material Damage Only)	
2.	Earthquake	
3.	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation	

2. Is the Pump Set in working condition? YES NO

3. Is the Pump set solely used for Irrigational Purposes? YES NO

4. Risk Location

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

PREVIOUS INSURER AND CLAIM DETAILS*

Product Name	Policy Number	Name of Insurer	Policy Period	Premium Paid (₹)	No. of claims	Claim Amount (₹)
<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/-

Note: 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.

ANTI MONEY LAUNDRING

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.

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.

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 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 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.

