

**FUTURE SAMPOORNA SURAKSHA- SOOKSHMA  
(Micro Insurance Product)  
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 Future Sampoorna Suraksha-Sookshma (Micro Insurance Product). 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.

**Policy Issuing Office Address & Code**

**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) \_\_\_\_\_

**I: PRODUCT DETAILS**

Type: Individual  Group

**Sections opted:**

<b>I. Hospital Cash</b> <input type="checkbox"/>	<b>III. Building and Contents</b> <input type="checkbox"/>
Plan A ( 175/hospital cash benefit/ day) <input type="checkbox"/>	<b>IV. Robbery and Burglary</b> <input type="checkbox"/>
Plan B ( 250/hospital cash benefit/ day) <input type="checkbox"/>	<b>V. Farm Produce</b> <input type="checkbox"/>
Plan C ( 300/hospital cash benefit/ day) <input type="checkbox"/>	<b>VI. Agricultural Pump set</b> <input type="checkbox"/>
	<b>VII. Cart Protection &amp; Liability</b> <input type="checkbox"/>
<b>II. Personal Accident</b> <input type="checkbox"/>	<b>VIII. Pedal Cycle</b> <input type="checkbox"/>

**II: PROPOSER DETAILS**

**Name: Mr. / Ms.**

**Date of Birth/ Age:**

**Gender: Male/ Female**

**Address for the dispatch of the policy:**

**State**

**Pin-code**

**Telephone:**

**Mobile No:**

**Contact person details (where proposer is not an individual) a.**

**Name**

**b. Designation**

**CKYC Number (if available):**

**Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions**

**Period of Insurance desired: From: (dd/mm/ yyyy) to (dd/mm/ yyyy)**

**I: HOSPITAL CASH**

**DETAILS OF THE INSURED**

DETAILS	PRIMARY INSURED	SPOUSE	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Name						
Gender						
Date of Birth/ Age						
Marital Status						
Occupation						
Income						
Address*						
Pin code*						
Residence Telephone*						
Mobile No.						
E mail id						
Nominee Name*						
Signature						

*\*In case the nominee is a minor, please provide the name of the guardian also.*

*If parents are covered concurrently child above the age of 90 days can be covered under this policy.*

**HEALTH DETAILS** (Please answer by writing “yes” or “no” against each of the questions. A mere dash is not sufficient.)

Sr. No.	Question	Primary Insured	Spouse	Child 1	Child 2	Child 3	Child 4
1	Are you in good health and free from physical and mental disease or infirmity or medical complaints or deformity?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2	In case any of you suffer or have been suffering from any illness please give details						
3	Do you have any physical deformity /handicap or use any mechanical/ physical assistance for mobility? If yes , please give details						

*For additional information please attach separate sheets*

## **II: PERSONAL ACCIDENT**

	Named Insured	Age	Relationship with the insured	Name of Nominee	Sum Insured	Existing disability, if any
1	Self					
2	Spouse					
3	Child 1					
4	Child 2					
5	Child 3					
6	Child 4					

## **III: FIRE AND BUIDING CONTENTS**

### **Business and Location of Business**

1.	<b>Business of Proposer</b>	
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<b>2.</b>	<b>Location of Risk/business to be covered - full-postal address with Pin code</b>	<b>Sl. No.</b>	<b>Address</b>	<b>Pin code</b>	<b>Occupancy</b>	<b>Age of unit</b>	<b>Floor*</b>	
<i>*Floor : Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H)</i>								

**Details about business covered at the insured location**

<b>3.</b>	<b>Details of insured property</b>	<b>Please tick in the space below:</b>
<b>a.</b>	<b>Offices, Shops, Hotels, etc</b>	<b>Yes / No</b>
<b>b.</b>	<b>Industrial / Manufacturing risks</b>	<b>Yes / No</b>
<b>c.</b>	<b>Storage outside Industrial/ Manufacturing risks</b>	<b>Yes / No</b>
<b>d.</b>	<b>Tanks / Gas holders outside Industrial/ Manufacturing risks.</b>	<b>Yes / No</b>
<b>e.</b>	<b>Utilities located outside Industrial/Manufacturing risks.</b>	<b>Yes / No</b>
<b>f.</b>	<b>Boundary wall</b>	<b>Yes / No</b>
<b>g.</b>	<b>Basement storage</b>	<b>Yes / No</b>
		<b>If, yes value stored SI: ₹.....</b>
<b>h.</b>	<b>Others ( please specify)</b>	_____
<b>4.</b>	<b>If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.</b>	_____
<b>5.</b>	<b>If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)</b>	_____

6.	<b>If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?</b>									
7.	<b>Fire Protection devices installed</b>	<p><b>Please tick the correct answer in the box below.</b></p> <p><input type="checkbox"/> Portable Extinguishers</p> <p><input type="checkbox"/> Small bore hose reels</p> <p><input type="checkbox"/> Trailer Pumps/Fire engines</p> <p><input type="checkbox"/> Hydrant System</p> <p><input type="checkbox"/> Sprinkler System</p> <p><input type="checkbox"/> Fixed Water Spray System</p> <p><input type="checkbox"/> Foam System</p> <p><input type="checkbox"/> Fire Alarm System</p> <p><input type="checkbox"/> Gas Flooding System</p> <p><input type="checkbox"/> Others, please specify below.</p>								
8.	<b>Indicate whether AMC( Annual Maintenance contract) for the Fire Protection Appliances is in force</b>									
9.	<b>Construction details</b>									
a.	<b>Please state material used</b>	<b>Please tick the correct answer in the box.</b>								
i.	<b>Walls</b>	<b>Kutchha / Pucca</b>								
ii.	<b>Floor</b>	<b>Kutchha / Pucca</b>								
iii.	<b>Roof</b>	<b>Kutchha / Pucca</b>								
	<p><i>Note:</i>  <b>Kutchha : Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutchha Construction.</b>  <b>Pucca : Buildings other than Kutchha are treated as Pucca constructions</b></p>									
b.	<b>Number of Floors</b>									
c.	<b>Age of the Building</b>	<table border="1"> <tr> <td><b>Less than 5 Years</b></td> <td></td> </tr> <tr> <td><b>5-10 Years</b></td> <td></td> </tr> <tr> <td><b>10-20 Years</b></td> <td></td> </tr> <tr> <td><b>Above 20 Years</b></td> <td></td> </tr> </table>	<b>Less than 5 Years</b>		<b>5-10 Years</b>		<b>10-20 Years</b>		<b>Above 20 Years</b>	
<b>Less than 5 Years</b>										
<b>5-10 Years</b>										
<b>10-20 Years</b>										
<b>Above 20 Years</b>										
10.	<b>Distance between the risk to be covered and nearest Fire Brigade</b>									
11.	<b>Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)</b>									

<b>12.</b>	<b>Whether Insurance was declined by any other Company (Give details)</b>			
<b>13.</b>	<b>Premium / Claim details for the past 36 months excluding the expiring policy period</b>			
		<b>Year</b>	<b>Premium</b>	<b>Claim</b>
			₹	₹
			₹	₹
			₹	₹
			₹	₹
		<b>TOTAL</b>	₹	₹

**Sum Insured and Other details of Insured Property (*Indicate Sum Insured on the following basis:***

*For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents:*

**Reinstatement Value;**

For raw material: **Landed Cost;**

For stock in process: **Input cost;**

For finished stock: **Manufacturing cost** of the finished stock or the **Contract Price\*** of goods sold but not delivered, as applicable.

\* **Contract Price** is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

14	<i>Description of Block</i>	<i>Building including plinth, Basement and additional structures</i>	<i>Plant &amp; Machinery</i>	<i>Furniture &amp; Fixture s, Fittings and other equipment</i>	<i>Raw Material</i>	<i>Stock in Process</i>	<i>Finished Stock</i>	<i>Other Contents (Please Specify)</i>	<i>Total</i>

**Details for in-built cover for Floater**

15.	Floater Cover (for stocks at various locations)	Location (Postal Address with Pin code)		Sum Insured(in ₹)
		i) Maximum value at any one location: ₹..... ii) Whether stocks stored in open: Yes/No		

**Standard Add-On**

Do You want to opt for Declaration Policy? -- Yes/No (strike off what is not applicable). If Yes, give details below:

16.	Stocks which fluctuate in value to be covered on (monthly) declaration basis:  Amount (₹):
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**IV: ROBBERY AND BURGLARY**

- Contents of Farmhouse:**  
(Note: The Sum Insured should be the same as that provided above under Section IV. 2. Contents)
- Deductible: 5% of Sum Insured subject to a minimum of ` 500 and maximum of ` 10,000 for each and every claim**

**V: FARM PRODUCE**

- Details of Farm Produce:**

Sr. No.	Details of Farm Produce & Storage Location	Sub-limit of Sum Insured, if any
<b>Total Sum Insured</b>		

(Note: i) Please ensure that the value in respect of the Farm Produce is the replacement value of the Farm Produce at the commencement date of the Policy Period, being the cost or replacing the Farm Produce with equivalent farm produce of the same kind. ii) Any Farm Produce (solid or liquid) that is, in the reasonable opinion of the Company, in whole or part, easily combustible shall be covered only up to 1% of the total Sum Insured.

2. **Deductible: 5% of the Sum Insured for each and every claim**

## VI: AGRICULTURAL PUMPSET

1. **Description of Pump Set:**

Sr. No.	Number, Make, Year of Manufacture, Electrical or Diesel	Value	Sub-limit of Sum Insured, if any
<b>Total Sum Insured</b>			

(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. Pump set with ISI mark only would be covered)

2. **Is the Pump Set in working condition? Yes [ ] No [ ]**

3. **Deductible: 1% of Sum Insured or ` 100 whichever is less of each and every claim.**

## VII: CART PROTECTION AND LIABILITY

1. **Cart**

a. **Description of Cart:**

Sr. No.	Type of Cart (Tyre/ Iron Wheel)	Type of Animal	Value	Sub-limit of Sum Insured, if any
<b>Total Sum Insured</b>				

b. **Sum Insured:**

(Note: Please ensure that the insured value of the Cart is its replacement value at the commencement date of the Policy Period, being the cost or replacing that Cart with an equivalent cart of the same kind and capacity)

c. **Deductible: ` 500/- of each and every claim**

2. **Death/PTD of the animal attached to the Cart**

a. **Sum Insured:**

(Note: Please ensure that the value of the animal is its replacement value as at the commencement date of the Policy Period, being the cost of replacing the animal with an animal of the same type, breed, age and health)



- b. **Deductible: ` 100/- of each and every claim except in the case of a total loss caused directly and solely by fire.**

**3. Death/PTD of authorised driver of the Cart**

- a. **Sum Insured:**

**4. Third Party Liability**

- a. **Limit of Indemnity: (Not exceeding AOA- ` 10,000/- AOY- ` 25,000/-)**  
 b. **Deductible: ` 500/- of each and every claim on third party property damage only**

**VIII: PEDAL CYCLE**

**1. Description of Pedal Cycle**

Sr. no.	Number, Make and Year of Manufacture	Value	Sub-limit of Sum Insured, if any
<b>Total Sum Insured</b>			

(Note: Please ensure that the value of the Pedal Cycle is its replacement value at the commencement date of the Policy Period, being the cost or replacing that Pedal Cycle with an equivalent pedal cycle of the same kind and capacity.)

2. **Third Party Liability: Limit of Indemnity: [Not in excess of ` 5,000/- AOA/AOY]**  
 3. **Deductible: ` 100/- of each and every claim**

**IX: MISCELLANEOUS**

**1. Over the preceding 5-year period, have you (or any person proposed to be insured under the policy for which this proposal form is completed):**

- a. **Made any claim under any insurance policy in respect of any of the insurance covers now proposed?**
- b. **Had any claim under any insurance policy declined or refused in whole or in part?**
- c. **Had any insurance been cancelled, or accepted on special terms or conditions or rates?**

**2. Any Other Information**

**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)
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> High Net Worth Individual/s | <input type="checkbox"/> Non-Residential Indian/s      | <input type="checkbox"/> Politically Exposed Person/s |
| <input type="checkbox"/> Jeweller/s                  | <input type="checkbox"/> Non-Governmental Organization | <input type="checkbox"/> Film Actor/s                 |
| <input type="checkbox"/> 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

**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.

**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.futuregeneral.in> | Email: [fgcare@futuregeneral.in](mailto:fgcare@futuregeneral.in)