



14) Educational Qualification:  Matriculate  Under Graduate  Graduate  Post Graduate  Professionally Qualified

15) Family Monthly Income:  Up to 20,000  20,001 to 50,000  50,001 to 1 lakh  Above {1 lakh

16) In case of any Offer, you would prefer to be contacted by:  Phone  Email \_\_\_\_\_ @ \_\_\_\_\_

17) For Coverage of "BUILDING":

i) Age of the "BUILDING":  Year(s)  Month(s)

ii) Walls made of:  Bricks  Cement  RCC  Stone  Mud  Clay  Wood  Any other item (Please Specify) \_\_\_\_\_

iii) Roof made of:  Tiles  Concrete  RCC  Asbestos  Corrugated  Cement  Wood  Any other item (Please Specify) \_\_\_\_\_  
 Thatched

iv) Hypothecation Details: (if applicable)

Name of Financial Institution/Bank \_\_\_\_\_

Name of Branch and Branch address: \_\_\_\_\_

Lo an Account Number: \_\_\_\_\_

18) Plan: (Please select any one Plan from the below Six Plans)

- PLATINUM PLAN I  DIAMOND PLAN I  GOLD PLAN I  
 PLATINUM PLAN II  DIAMOND PLAN II  GOLD PLAN II

### 19) Sum Insured

S..No	Cover	Sum Insured (In)	Excess Options																																												
1	<p>"Building" Structure                      (Please mention the Total Area                      Mentioned in the Registered                      Sale Deed Agreement :                      Sq. Ft.)</p>		<p>Excess Options for "Building"                      (Please Select Any One Option)</p> <table border="1"> <thead> <tr> <th>Excess (in)</th> <th>Please Tick</th> </tr> </thead> <tbody> <tr><td>0</td><td></td></tr> <tr><td>5,000</td><td></td></tr> <tr><td>10,000</td><td></td></tr> <tr><td>15,000</td><td></td></tr> <tr><td>20,000</td><td></td></tr> <tr><td>25,000</td><td></td></tr> <tr><td>30,000</td><td></td></tr> <tr><td>35,000</td><td></td></tr> <tr><td>40,000</td><td></td></tr> <tr><td>45,000</td><td></td></tr> <tr><td>50,000</td><td></td></tr> </tbody> </table>	Excess (in)	Please Tick	0		5,000		10,000		15,000		20,000		25,000		30,000		35,000		40,000		45,000		50,000																					
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2	<p>Contents                      Is Worldwide Coverage Extended required                      for Portable Equipments</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Excess Options for "Contents"                      (Please Select Any One Option)</p> <table border="1"> <thead> <tr> <th>Excess (in)</th> <th>Please Tick</th> </tr> </thead> <tbody> <tr><td>0</td><td></td></tr> <tr><td>1,000</td><td></td></tr> <tr><td>2,000</td><td></td></tr> <tr><td>3,000</td><td></td></tr> <tr><td>4,000</td><td></td></tr> <tr><td>5,000</td><td></td></tr> <tr><td>6,000</td><td></td></tr> <tr><td>7,000</td><td></td></tr> <tr><td>8,000</td><td></td></tr> <tr><td>9,000</td><td></td></tr> <tr><td>10,000</td><td></td></tr> <tr><td>11,000</td><td></td></tr> <tr><td>12,000</td><td></td></tr> <tr><td>13,000</td><td></td></tr> <tr><td>14,000</td><td></td></tr> <tr><td>15,000</td><td></td></tr> <tr><td>16,000</td><td></td></tr> <tr><td>17,000</td><td></td></tr> <tr><td>18,000</td><td></td></tr> <tr><td>19,000</td><td></td></tr> <tr><td>20,000</td><td></td></tr> </tbody> </table>	Excess (in)	Please Tick	0		1,000		2,000		3,000		4,000		5,000		6,000		7,000		8,000		9,000		10,000		11,000		12,000		13,000		14,000		15,000		16,000		17,000		18,000		19,000		20,000	
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- Note :
- Kindly see prospectus to know the method of arriving at the Sum Insured for Building and Contents
  - Where you opt for insurance of Structure and Contents the Sum Insured for Contents shall not be less than 10% of the Flat/Apartment/Independent Building Sum Insured subject to minimum of Rs. 5 lakhs
  - Where you opt for insurance of Contents only, the Sum Insured shall not be less than Rs. Five Lakhs.
  - Incase the value of the contents is collectively less than Rupees Five Lakhs, you shall be required to declare the individual values of the contents (Please provide the Same in the Annexure)
  - Kindly note that Contents excludes Jewellery and Valuables, Works of Art, Paintings, Curios, Bonds, Cheques, Documents, Cash and Currency Notes and Coins, Credit Debit Cards, Domestic Appliances, Electrical and Electronic Equipments older than 10 years and Portable Equipments older than 5 Years.
  - Standalone Cover for jewellery & Valuables and / Or Curios, Paintings & Work of Arts cannot be Opted unless Contents are Insured.
- Do you want to opt for Escalation Provision (Applicable for building structure)? Yes / No
- If Yes, Pleas mentioned the Escalation %  (Maximum Up to 25%)

## 20) Details for "Jewellery and Valuable "Coverage"

S.No	Description of the Item	Weight (in gm)	Sum Insured	Valuation Report Attached (Yes / No)
Total				

Is Worldwide Coverage Extention Required for Jewellery and Valuable  Yes  No

Excess Options for "Jewellery and Valuable" (Please Select Any One Option)

Excess (in)	Please Tick
0	
5,000	
10,000	
15,000	
20,000	
25,000	
30,000	
35,000	
40,000	
45,000	
50,000	

## 21) Details for Works for Art, Painting and curios Coverage"

SL No.	Description of the Item (Works of Art, Painting / Curios, Other, Please describe)	Details of Artist	Valuation Report Attached (Yes/No)	Invoice Copy attached (Yes / No)	Sum Insured

## 21) Do you wish to opt for any of the following Add on Cover (Kindly tick add on covers you want to opt for) :

Add On Cover	Please Tick Add On Cover You want to Opt	Sum Insured ( )	Indemnity Period
1. LOSS OF RENT			Months Maximum 24 months
2. TEMPORARY RESETTLEMENT COVER		(Maximum Sum Insured is Rs 25000)	Same as Policy Period
3. KEYS & LOCKS REPLACEMENT COVER IF Opted, Please provide number of Vehicle(s)			Same as Policy Period
4. ATM WITHDRAWAL ROBBERY COVER (AOA Limit Rs. 10000, AOY Limit : Rs. 30000) (Bodily Injury Cover : Maximum up to Rs. 10000)			Same as Policy Period
5. LOST WALLET COVER (Limit any one loss : 2500 Limit any one year 5000)			Same as Policy Period
6. DOG INSURANCE COVER			Same as Policy Period
7. PUBLIC LIABILITY COVER			Same as Policy Period
8. EMPLOYEES COMPENSATION COVER Please tick against whom cover is opted along with number of membeds Beareres / khitmatgars / Hamals / Cooks / Sweepers / Mali / Mehters / Motor Car Driver / Cleaners and Attendants			Same as Policy Period

23) Details for Dog Insurance Cover, if Opted :

Sex	Age	Breed	Description of the Animal				Market Value / S.I.
M/F	Years		Colour	Ears	Tail Switch	Distinguishing Features Microchip Identification Marks	

Note : Health and valuation certificate of qualified Veterinary Doctors has to be submitted mentioning the microchip number for identification along with latest photograph at the time of proposal

24) Details of Other Insurance Policies Covering the same Building / Contents / Jewellery & Valuables / Works of Arts, Paintings, Curios under the policy :

Policy No.	Name of Address of Insurance Co.	Sum Insured	Covers	Period of Insurance	
				From dd/mm/yy	To dd/mm/yy

25) Have you suffered any loss of or damage to the structure / Contents / Jewellery & Valuables / Works of Arts, Paintings, Curios in the past (Irrespective of whether insured or not) Yes / No  
If so, give full details thereof as under)

Date of Occurrence	Date of Loss	Amount of Loss	Name of the Insurance Company (if Insured)

26) Has any company in respect of Insurance

- Declined your Proposal?
- Cancelled or refused to renew your policy?
- Accepted your proposal on special terms and conditions?

Declaration

I/We, the undersigned hereby declare and warrant that the insurance contract and policy to be issued by Bajaj Allianz General Insurance Company Ltd [Company is subject to the declarations, warranties, statements and particulars given in this proposal form. I/We declare that the statements and particulars given in this Proposal form are complete, true and accurate to the best of my personal knowledge and belief. I/we have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company shall have no liability under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter to the grant of a cover. I/we will accept the usual T & C and form of the policy prescribed and issued by Company.

The salient features of the policy, terms and conditions of this proposal have been explained to me/us, and I/we agree to the same.

I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.  Yes  /No

I/We have read and understood the privacy policy of your Company and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time

Proposed Policy Period : From 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 To 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date \_\_\_\_\_

Place \_\_\_\_\_

\_\_\_\_\_  
Signature of the Proposers

\* Certified that the contents of the proposal form and documents have been fully explained to the proposer and that he/they have fully understood the significance of the proposed contract

Date \_\_\_\_\_

Place \_\_\_\_\_

\_\_\_\_\_  
Signature (on behalf of the Proposer)

Name \_\_\_\_\_

\* This is required only where, for any reason, the proposal and other connected papers are not filled by the Proposer.

### INSURANCE ACT 1938 SECTION 41- Prohibition or Rebates

No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or 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 or continuing a policy accept 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 provision of this Section shall be punishable with fine, which may extend to ten lakh Rs.

In witness whereof this Policy has been signed at

### ANNEXURE

In case the value of the contents is collectively less than Rupees Five Lakhs, you shall be required to declare the individual values of contents

#### ELECTRONIC EQUIPMENT

Sr. No.	Description of the Items	Age	Sum Insured (in)

#### DOMESTIC APPLIANCES

Sr. No.	Description of the Items	Age	Sum Insured (in)

#### KITCHEN APPLIANCES

Sr. No.	Description of the Items	Age	Sum Insured (in)

**AIR CONDITIONER**

Sr. No.	Description of the Items	Age	Sum Insured (in)

**PORTABLE EQUIPMENT**

Sr. No.	Description of the Items	Age	Sum Insured (in)

**FURNITURE & FIXTURES**

Sr. No.	Description of the Items	Age	Sum Insured (in)

**CLOTHES, UTENSILS & PERSONAL EFFECTITEMS**

Sr. No.	Description of the Items	Age	Sum Insured (in)

**ANY OTHER ITEM, PLEASE MENTION IN THE BELOW TABLE :**

Sr. No.	Description of the Items	Age	Sum Insured (in)

## Declaration - Physical Proposal Form

Are you or any of the proposal applicants a PEP or a close relative of PEP\*?

If yes, please share the details \_\_\_\_\_

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc."  Yes/  No

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC  Yes/  No

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.  Yes/  No

I/We hereby give voluntary consent to BGI/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.  Yes/  No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your Yes/No service requests faster and hassle-free in future.

You can update the same through Caringly yours App-<http://onelink.to/v9zp7c>, Whats App Service (Say 'Hi' on Whats App- +917507245858), Contact our 24- Hour [www.bajajgeneralinsurance.com](http://www.bajajgeneralinsurance.com) a Missed Call on 8080945060, SMS "WORRY" to 575758, Email-careforyou@bajajgeneral.com, website-[www.bajajgeneralinsurance.com](http://www.bajajgeneralinsurance.com), contact your agent or nearest branch.

### Declaration :

The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of Proposer: \_\_\_\_\_ Date : \_\_\_\_\_ Place : \_\_\_\_\_

Name of Witness : \_\_\_\_\_

Signature of Witness : \_\_\_\_\_ Date : \_\_\_\_\_ Place : \_\_\_\_\_

### Disability Declaration :

Any Physical deformity or handicap Yes No

If Yes. Please provide details: \_\_\_\_\_ (Disability Certificate issued by the Medical Board appointed by the Government for certifying Disability)

I \_\_\_\_\_ authorised representative of Mr./Miss/Mrs. \_\_\_\_\_ hereby giving consent on the behalf of the proposer due to his/her disability, that he/she has understood the content of this form and its particulars and confirmed the same

Name of Authorised Representative : \_\_\_\_\_

Signature of Authorised representative : \_\_\_\_\_ Date : \_\_\_\_\_ Place : \_\_\_\_\_

### Claim Docs

I/we hereby confirm that I/we have provided all relevant and supporting documents sought by the company, required for the issuance of the policy. Any document(s) as may be required, for claims processing, shall be submitted by me on demand by the company.

### Agent/ Intermediary Declaration :

I, \_\_\_\_\_, acting in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized Employee of the Broker/Relationship Officer, hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained herein, to the Proposer in their vernacular language, if required. This includes all statements, information, and responses submitted by the Proposer in this Proposal Form to the questions contained herein or any details sought herein. These details will form the basis of the Contract of Insurance between the Company and the Proposer if this Proposal is accepted by the Company for the issuance of the Policy.

I have further clarified that if any untrue statement(s), information, or response(s) is/are contained in this Proposal Form, including any addendum(s), affidavits, statements, or submissions furnished or to be furnished, the Company shall have the right to vary the benefits payable. Moreover, if there has been a non-disclosure of any material fact, the policy issued to the Proposer pursuant to this Proposal may be treated by the Company as null and void, and all premiums paid under the Policy may be forfeited to the Company.

IRDAI COR No./ License No.(Advisor/Corporate Agent/Broker/Relationship Officer)

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Agent / IMD ( SP / DP / BQP) signature and their code

Agent/IMD Name \_\_\_\_\_ Agent/IMD Code \_\_\_\_\_ Agent/IMD Signature \_\_\_\_\_

SP / BQP / DP / PoS Name \_\_\_\_\_ SP / BQP / DP / PoS CoR No.: \_\_\_\_\_ SP / BQP / DP / PoS Signature

**DISCLAIMER:**

This message, including any attachments may contain proprietary, confidential and privileged information of our [BGIL] for the sole use of the intended recipient(s), and is Strictly Confidential protected by law. If you are not the intended recipient, please notify the sender immediately and destroy all copies of the original message and attachments, if any, from all your computer/mobile/network systems/servers/CPU. Any unauthorized person and or unauthorized purposes of review, use, disclosure, dissemination, forwarding, printing or copying of this email or any action taken in reliance on this e-mail is strictly prohibited and may be unlawful. Bajaj General Insurance Limited reserves the right to record, monitor and inspect all email communications through its internal and external networks. Your messages can be subject to such lawful supervision as Bajaj General Insurance Limited deems necessary in order to protect its information, interests, documents, records, and reputation. Bajaj General Insurance Limited prohibits and may take suitable steps to prevent their information systems from being used to view, store or forward offensive or discriminatory or prohibited/unlawful material/records/documents. If this message contains such material, please report it to careforyou@bajajgeneral.com Please ensure you have adequate virus protection before you open or detach any documents from this transmission. Bajaj General Insurance Limited does not accept any liability for viruses To report any incident of corruption please write on careforyou@bajajgeneral.com