

**SBI GENERAL LIVESTOCK POLICY**

**Office Use Only:**

Policy Issuing Office Address:

Code:

Intermediary/Agent / Broker- Name:

Mobile No:

Segment Type:  Corporate  Retail  SME Sales Channel Type:  Agency  Direct

Intermediary/Agent Name:

Broker Code:  Business Sector:  Urban  Rural  Social

Policy Type:  New  Renewal  Rollover

Agreement Code:  Specified Person's Code\*:

Specified Person's Name\*:

**A. Details about Proposer and Policy Period:**

Policy Tenure:  1yr  2yr  3yr  4yr  5yr

Policy Period: From:  To:

Name of Proposer\* (in Full)

Present Address\* (Current Residing Address)

City:  Village:

Gram Panchayat:  State:

PIN code:  Landmark:

My Present Address is same as Permanent Address

Permanent Address\*:

City:  Village:

Gram Panchayat:  State:

PIN code:  Landmark:

Land line No:  \*Mobile no:

Alternate Contact no\*:  Email ID\*:

The digital copy of your policy document will be sent to the registered mobile number or registered email ID. Please tick the required mode of receiving the policy document

SMS  WhatsApp  Email ID

Nationality & Date of establishment  DOB of Proposer\*

Gender\*:  M  F  Other Marital Status\*:  Married  Unmarried

\*PAN No:  Form 60/61 (if Pan not Available):

Aadhaar Card No\*.:  GSTN/ISDN:

Relationship with Insured:

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

## Nominee Details\*:

### Nominee 1

\*Name:

\*Relationship with Nominee:  \*Date of Birth of Nominee:

\*Mobile no.:  Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name:  Branch Name:   
 Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

\*Relationship with Nominee:  \*Date of Birth:

### Nominee 2

\*Name:

\*Relationship with Nominee:  \*Date of Birth of Nominee:

\*Mobile no.:  Email Id:

Percent of Claim Payable:

Permanent Address:

Bank details of nominee: Bank Name:  Branch Name:   
 Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

\*Relationship with Nominee:  \*Date of Birth:

Note (\*) marked fields are mandatory

Proposer's trade or business:  Business premises details:

Annual Gross Income: ₹

Type of Proposer: Individual/Corporate:  Bank:   
 District Rural Development Agency (DRDA):   
 Co-operative Society  Others:

Please provide the total number of animals in the proposed group.  1-4  5-50  51-100  101-500  Above 500

Please provide the list of Animals proposed to be insured under the policy in the following format:

| Type of Animal | Gender | Age | Breed | Description of the Animal |       |             |                            | Vaccination status | Tag No. | SI |
|----------------|--------|-----|-------|---------------------------|-------|-------------|----------------------------|--------------------|---------|----|
|                |        |     |       | Colour                    | Horns | Tail/Switch | Market Value / Sum Insured |                    |         |    |
|                |        |     |       |                           |       |             |                            |                    |         |    |
|                |        |     |       |                           |       |             |                            |                    |         |    |
|                |        |     |       |                           |       |             |                            |                    |         |    |

Is any Bank or other Financing Institution interested in the animal? \_\_\_\_\_

If so, State Name of Bank Location of the Branch:

State for what purpose the animals are used.  Own Use  Commercial Use  Others if any Please Specify \_\_\_\_\_

Address if animals are stabled at other than above address:

Is/are the animals in the stable sound and healthy and free from vice?

If not give full particulars of defects and ailments if any.

Please provide a certificate of good health issued by a qualified veterinary practitioner for each animal proposed for insurance.

Whether own Veterinary Services Available  Yes  No

Provide following information, in case of farm.

Is a qualified Veterinary Doctor employed to look after the animals?

(a) Have you lost/Missing any animal/s during the last three years? If so state particulars.

| Year | Cause of Loss | Number of animals lost |
|------|---------------|------------------------|
|      |               |                        |

(b) Previous Insurance and Claims experience (for the last three years)

| Year | Policy No. | Name of Insurer | Claim Amount | Whether claim settled in full or in part or outstanding or repudiated. |
|------|------------|-----------------|--------------|--|
|      |            |                 |              |  |
|      |            |                 |              |  |
|      |            |                 |              |  |

| How many other animals do you own and of what type? | Are they insured and if so with which insurer? | If not, then why are they not proposed for insurance ? | Were they insured previously and if so where ? | Are any of animals now proposed for insurance or have any other animal belonging to you been previously insured ? if so, state name of company. |
|---|--|--|--|---|
|   |  |  |  |   |

Has any Company or Underwriter- Declined NEW or RENEWAL insurance of any of your animals.

Is this animal covered under any scheme?  Scheme  Non-Scheme

Add On:

(i) Permanent Total Disablement (PTD)  Yes  No

(ii) Theft of Animal-Only for Cattle  Yes  No

(iii) Transit Cover Beyond 80 Kms (By Rail, Road)  Yes  No

(iv) Waiver of Waiting Period  Yes  No

(v) Waiver of Deductible  Yes  No

Are you a smallholder farmer or fall under microinsurance category? (For e.g less than 10 animal)  Yes  No

Does insured hold any SBI General Insurance Policies?  Yes  No

(i) If Yes, then provide the details. Policy No.:

Policy Period: From:  To:

Any training done by Insured on Livestock Management?  Yes  No

If yes, please provide certificate details Certificate No:

Is the farm associated with some brand?  Yes  No

If yes pls specify name Brand Name:

Risk Mitigation:

Are Animals Kept in shelter?  Yes  No

Is there a fence around the shelter?  Yes  No

Is there any provision for disease prevention or emergencies? Please specify  Yes  No

\*Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person?  Yes  No

\*If yes, please provide details for all person(s) in a separate sheet.

Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

Note (\*) marked details are mandatory to be captured as per applicability.

Alternate number has to be different from the provided mobile number.

### Declaration:

- I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.
- I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.
- I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.
- I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.
- I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal.
- I declare that the details provided in the proposal form will be used for both new and renewal purposes.
- I hereby declare that I am not a Politically Exposed Person (PEP)-  Yes  No

Date:

Place:

Signature of Proposer

### Premium Details\*:

Premium Amount ₹:

Cheque No./ Pay Ref. No.:

Date:

Premium payment option: Cheque  DD  Debit Card / Credit Card

Bank Name:

Branch Name:

IFSC Code:

Bank Account No

SBIGI does not accept Cash for Premium Payments against the Policy.

### Bank Account Details For Process Of Refund\*:

Cheque will be issued in the name of the Proposer only. In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).

Name of Account

Holder

Bank Name:

Branch Name:

Bank Account No.:

IFSC Code:

MICR Code:

SBI General Insurance Company Limited. Registered and Corporate Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099 | CIN: U66000MH2009PLC190546 | Toll free: 18001021111 | customer.care@sbigeneral.in | www.sbigeneral.in | For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license | IRDAI Reg No: 144 | SBI General Livestock Policy, UIN: IRDAN144RP0021V01202324 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products

Call (Toll Free) | 18001021111 | customer.care@sbigeneral.in | www.sbigeneral.in

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

### KYC Documents Attached:

- Pan Card  Passport  Government UID  Voter's Identity Card  Aadhaar Card  Telephone Bill  
 Ration Card  Driving Licence  Electricity Bill  Utility bills not older than 2 months  Registration Certificate

### Electronic Insurance Account Details:

I have eIA Number

I would like to apply for eIA with

- (a) NSDL Database Management Ltd  (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)   
(c) Karvy Insurance Repository Ltd.  (d) CAMS Insurance Repository Services Ltd

My CKYC No. (Central Know Your Customer Registry Number), (if available):

I, \_\_\_\_\_, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: \_\_\_\_\_

Date:

Kindly visit our website [www.sbigenral.in](http://www.sbigenral.in) to view the list of KYC OVD (Officially Valid Documents)

### AML GUIDELINES (Premium Payment shall be made by the Policyholder of the Policy)

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statues, directly or indirectly governing the Prevention of Money Laundering in India.

**Nationality:** Indian  Non-Indian  Non-resident Indian(NRI)  Others

If Non-Indian please specify the nationality and country address \_\_\_\_\_

#### Type of Organisation (Only applicable if policy issued on Group Basis):

- Corporation  Government  Non-Governmental Organisation  Society  Trust  
 Partnership  International Organisation  Cooperative  Section 8 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository.

Yes  No. Customer can submit CKYC form for updation.

Recent photograph of proposer: (Photograph is required. if customer does not have CKYC ID)

Signature of Proposer:

### Vernacular Declaration

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness) \_\_\_\_\_ (Relation with the Proposer/Primary insured)

\_\_\_\_\_ adult and inhabitant of (city) and residing at \_\_\_\_\_ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Signature of the Witness

Signature/Thumb impression of the Proposer/Primary Insured

Date: 

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

Place:

**Agent Declaration**

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour 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.

Agent Name: \_\_\_\_\_

SP Name: \_\_\_\_\_

SP Code: \_\_\_\_\_

License No.: \_\_\_\_\_

Date: 

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

Signature of Agent

Note: For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale.

**INSURANCE ACT 1938 SECTION 41- 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 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION

## AML Declaration as per AML Master Guideline 2022:

### 1. KYC Details for Individual Members covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required."

To be included as declaration by proposer /insured Section in all Proposal forms.

### 2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

#### Applicable to non Individual customers.

### 3. Determination of Beneficial Ownership:

I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

| Sr. No | Name of Ultimate Beneficial Owner | Percentage (%)* | Remarks, if any |
|--------|-----------------------------------|-----------------|-----------------|
|        |                                   |                 |                 |
|        |                                   |                 |                 |
|        |                                   |                 |                 |

#### \*Notes:

a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.

1. **"Controlling ownership interest"** means ownership of or entitlement to more than **ten** percent of shares or capital or profits of the company;

2. **"Control"** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;

b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **ten** percent of capital or profits of the partnership or who exercises control through other means.

Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision

c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals.**

d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.

e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with **ten** percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.