# **PROPOSAL FORM**

## MICRO INSURANCE POLICY (SHG/NGO/MFI/ OTHER CORPORATES)

<b>•</b> SBI	general
SURAKSHA AUF	BHAROSA DONO

Information for fields marked wi	th asf	terisk	*) are	manc	latory																		
Business Type:		New	Re	enewa	al	Migrat	ion		Portal	bilit	Bu ty Se	usiness ector:		Ur	ban	R	ural		Soc	cial [		Othe	ers
Marketing Officer and Code:																							
Branch Office:																							
Broker/Agent Name and Code:																							
Nature of Proposer:		SHG		SHG	Federa	tions		MFI	/ NBF	C										•			nk.
		NGO		Deve	lopme	ntal Au	thor	ity	C	00	perat	tive So	ciety	,	ד [	rade U	nior	ו [		Corp	oora	ate	
		Indus	trial Bo	ody [	Go	overnm	nent																
Existing SBIGICL customer:		Yes		No		lf Yes,	kinc	lly pro	ovide	Me	mbe	r Id											
Number of members covered:																							
Is membership voluntary or rest	ricte	d to pr	e-defi	ned g	roups?		Yes		] No														
Is the proposed cover for all mer	nber	s of th	e grou	p?			Yes		No		lfr	no, Plea	ise d	etail	sele	ection	crite	eria_					
Payment of premium by:		Mem	bers [	F	Propose	er	Sh	are be	etwee	en p	propo	oser an	d me	mbe	ers		Othe	ers (	spe	cify)			
IF NATURE OF PROPOSER - S	HG o	r SHG	Feder	ation,	then p	lease f	ill in t	the de	etails	bel	ow												
Name of the SHG:																							
Name of the SHG federation:																							
Composition by Gender:		Male	%	F	emale	%	Во	th %															
Composition of SHG group by age		18-3	5	3	36-45		46	-60		6	61 -7	5		76 aı	nd a	bove							
Composition of SHG group by occupation:		Hand embr	y craft oidery	: & Ski v, Han	 ill based dy craf	d jobs li t, potte	ike ta ery	ailorir	ıg,		] Ma	inufact	uring		<b>,</b> L					ing			
Year of inception of the group:																							
Number of families covered by the SHG																							
IF NATURE OF PROPOSER - N	GO, t	then pl	lease f	ill in t	he deta	ils belo	w																
Name of the NGO:																		Γ		$\square$			
Present Address*:																	Ť		Ī				
(Current Residing Address)	City:	:										Vill	age:										
	Grar	n Panc	hayat	:								St	ate:										
	PIN	code:										Landm	ark:										
My Present Address is same as F	'erma	anent	Addres	ss																			
Permanent Address*:																							
	City:	:										Vill	age:										
	Gran	m Panc	hayat	:								St	ate:										
	Image: Second																						
	Tele	phone	No.:									Ema	ail Id:										
Broad Classification of NGO: (Also please provide a brief description of the activities performed by the NGO.)					L			·	-			L			-				30				
Disclaimer: SBI General Insurance Co	mpan				-													-		ist), №	1um	bai -	

400099. |For more details on the risk factor, terms, and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale. I For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license | Micro Insurance Policy, UIN: SBIPAGP12001V011112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

Version: 1.0 Jan 2025

		Relie	ef&D€	evelop	oment	tal o	rient	ed N	GO		Reli	ief &	De	velop	men	t&	Cam	paig	ning	g NC	30					
		Othe	er (ple	ase sp	pecify	)																				
Number of members covered by the NGO																										
Are you or any of the propose	ed a	pplica	int*_								_, ple	ease	e tic	k wh	iche	vei	r is a	ppli	cab	le:	Ye	s	1	No		
HNI Jeweller NG	0		Film	n Acto	or/Pro	oduo	cer		]	PE	Р [															
Politically Exposed Persons (PEF heads of States or Governmer corporations and important polit	nts,	senior	r polit	ticians																						
The digital copy of your policy do However, if you need a physical o number.										-							-					r re	giste	ered	mo	bile
IF NATURE OF PROPOSER - N	GO,	then p	olease	e fill in	the d	letai	ils be	elow																		
Year of inception of the NGO:																										
Relationship of proposed members with NGO		]	inteer d Rais	r or Ac er	ctivist	: [	=			ary or f Fun	_	_		Chari er (ple	-					] Er	nplo	ye	9			
Does the NGO follow SHG model?		Yes		No	I	lfye	s, kir	ndly	fill ir	h the	ques	tior	ns ur	nder S	HG	sec	tion	abov	′e_							
Does the NGO provide charity of access to hospitals etc.?	r reli	efto n	nemb	ers fo	or hea	lthc	are i	n the	e foi	rm of	prov	/idin	ig ai	ds for	trea	Itm	ent c	ofdis	eas	ies,		] Y	(es		<u> </u>	10
IF NATURE OF PROPOSER - M	Flth	ien ple	ase fi	ll in th	ne det	ails	belo	w																		
Name of MFI:																										
Purpose of Loan:		Inco	me G	enera	ting		N	on Ir	cor	ne G	enera	atin	g													
If Income Generating, then type of loan:		Hand   emb	oroide	ral aft &SI ry, Ha ike sho	kill ba Indy c	craft	jobs ., pot	like tery	tailo	-		_ N	1anı	ufactı	-	-				Proo						
If Non Income Generating, then purpose of loan:		] ]	-	pense n Expe			4		-	Expe lease		cify)		Repa	yme	nt c	ofan	earli	er L	.oan						
IF NATURE OF PROPOSER - Co	o-op	perativ	ve Soo	ciety,	then	plea	ise fi	ll in t	he c	detai	s bel	ow														
Name of the Cooperative society:																										
Broad Category of the Cooperative Society:		Mark	(eting	g Coop	perati	ive		Inp	ut C	Coop	erativ	ve [		Mark	etin	g +	Inpu	t Co	эре	rativ	ve					
Year of inception of the Cooperative Society																										
Address for communication:																										
	City	/:	[											S	tate											
	Pin-	Code:	: [										L	andm	ark:											
	Tele	ephone	∍No.:											Em	ail Id:											
COVERAGE DETAILS																										
Cover						С	omp	oulso	ry/	Opti	onal			C	over	Op	ted				!	Sun	n Ins	urea	1	
Personal Accident with max ₹50,000/- per person with cover and Permanent Total Disability.	erag	e for a	accide	ental c	death			Com	-	-					omp	-					[			000 000		

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30,000

40,000 50,000

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insured for per family member will be equivalent to the sum

insured opted by Primary insured

Asset Insurance – Coverage against Fire and allied perils,	Optional	Item Description	Maximum sum
Burglary and housebreaking but excluding theft. Maximum sum insured ₹30,000/-		Dwelling Yes No	insured₹30,000/-
		Stock of farm produce (Max.₹5000)	
		Other Yes No Contents	
		Farm tools Yes No	
		ments (Max. ₹5000)	
Critical Illness Insurance – Benefit Cover against 13 listed critical illnesses. Maximum sum insured ₹30000/- per person	Optional	Yes No	10,000 20,000 30,000
Hospital Daily Cash Insurance - Benefit cover for hospitalisation due to disease /illness/injury/Accident with a fixed per day limit of ₹250/day for a maximum period of 60 or 90 days per year.	Optional	Yes No	No. of days per year 60 days 90 days
PREMIUM PAYMENT AND BANK ACCOUNT DETAILS*			
Premium Amount ₹*:	Cheque/Journal No*.:	Date: D	M M Y Y Y Y
Premium payment option*: Cheque	Debit Card / Credit Card		
Bank Name*:		IFSC Code:	
Bank Account Number*:			
Branch Name*:		Card details*: Master Vis	a
Card No*.:	Card Expiry	Date*: M M Y Y Y Y	
SBIGI does not accept Cash for Premium Payments against	the Policy.		
INSURED BANK DETAILS* (Claim/Refund amount will be	deposited in this Bank Acc	count only unless changed subsequ	uently)
In case of cancellation of policy, if premium were paid throug Please provide the following bank details and a copy of Can refund / claim needs to be credited directly)	5	5	5
Bank Name*:		Branch:	
Name as in Bank Account*:			
Bank Account No.*:			
IFSC Code:	MICR Code:		
Note: The Proposer agrees and undertakes to intimate in w If ECS is selected, please submit the standing instruction fo	+		ount details.
ELECTRONIC INSURANCE ACCOUNT DETAILS*:			
I have an elA Number			
	trico Insurance Repositor own as CDSL Insurance Re		
	4S Insurance Repository S		
My CKYC No. (Central Know Your Customer Registry Numbe	r), (if available):		
I,		plicit consent to SBI General Insu	
purpose of ensuring accurate and updated records for inse CKYC information in compliance with all applicable data prot read and understood the terms and conditions regarding th	urance services. I acknow ection laws and regulation	ledge that SBI General Insurance ns. This consent is valid until revoke	Company will handle my ed in writing by me. I have

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#### Kindly visit our website www.sbigeneral.in to view the list of KYC OVD (Officially Valid Documents)

## DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
- 2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- 3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- 4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- 5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- 6. I/we are aware of premium loading, (if any declared above) for habits & diseases as declared/mentioned by me /us above.
- 7. I/ We hereby agree to keep record of KYC details of all individual members covered under the Group Insurance including but not limited to HNI, Jewellers, NGO, Film Actor/Producer and PEPs to provide the details of beneficiaries to the company as and when required.

Note. 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.

- 8. I/We hereby encourage creation of ABHA ID for all Policy holders at www.healthid.ndhm.gov.in and may notify in case customer wishes to the same with Insurer.
- 9. 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 KYC of beneficial owner to the Company as and when required.

Date: D D M M Y Y Y Place:	

Signature/Thumb impression of the Proposer/Primary Insured

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### **SECTION 41 OF INSURANCE ACT, 1938**

- 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 or 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.
- 2) 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.

Insurance is subject matter of solicitation.

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