

PROPOSAL FORM



SURAKSHA AUR BHAROSA DONO

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

Information for fields marked with asterisk (*) are mandatory

Business Type: New Renewal Migration Portability Business Sector: Urban Rural Social Others

Marketing Officer and Code:

Branch Office:

Broker/Agent Name and Code:

Nature of Proposer: SHG SHG Federations MFI / NBFC Bank / Scheduled Bank / Rural Developmental Bank / Cooperative Bank / Land Development Bank.
 NGO Developmental Authority Cooperative Society Trade Union Corporate
 Industrial Body Government

Existing SBIGICL customer: Yes No If Yes, kindly provide Member Id

Number of members covered:

Is membership voluntary or restricted to pre-defined groups? Yes No

Is the proposed cover for all members of the group? Yes No If no, Please detail selection criteria _____

Payment of premium by: Members Proposer Share between proposer and members Others (specify) _____

IF NATURE OF PROPOSER - SHG or SHG Federation, then please fill in the details below

Name of the SHG:

Name of the SHG federation:

Composition by Gender: Male % Female % Both %

Composition of SHG group by age 18 – 35 36 – 45 46 – 60 61 – 75 76 and above

Composition of SHG group by occupation: Agricultural Fishery Animal Husbandry Forestry Food Processing
 Handy craft & Skill based jobs like tailoring, embroidery, Handy craft, pottery Manufacturing like coir, bidi, bricks etc.
 Services like shops, eateries, restaurants, schools, saloons etc.

Year of inception of the group:

Number of families covered by the SHG:

IF NATURE OF PROPOSER - NGO, then please fill in the details below

Name of the NGO:

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:

Telephone No.: Email Id:

Broad Classification of NGO: Relief Oriented NGO Development Oriented NGO Campaigning NGO
 Relief oriented & Campaigning NGO Development Oriented and Campaigning NGO

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 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. | 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.

Customer Name: _____

Date:

D	D	M	M	Y	Y	Y	Y
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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

1. 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	Y
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Place:

Signature/Thumb impression of the Proposer/Primary Insured

VERNACULAR DECLARATION:

I/We _____ verify the contents of this form have been read over and clearly explained to me/us by _____ and I/We fully understand them. I/We further certify that the replies in this proposal form have been recorded by me / us

Relation of witness to the proposer _____

Signature of Witness

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

Signature of Proposer

SECTION 41 OF INSURANCE ACT, 1938

1. 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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