

AGRICULTURE PUMP SET INSURANCE POLICY

Guidelines for completion of the form: 1. Please answer all the questions fully and accurately. Where any question does not apply, please mention clearly that the same is not applicable. 2. Insurance is a contract of Utmost Good Faith requiring the Proposer not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it. 3. A separate form or a statement should be completed for each pump set to be covered. 4. The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material particular to the proposal form/ personal statement, declaration and connected documents or any material information having been with held by the Proposer or anyone acting the on Proposer's behalf.

Important Information: Health Check-Up/ Medical Examination may be required for all persons aged 55 years and above, and pre-acceptance medical tests is at the cost of the Proposer. However, if the proposal is accepted, the Insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the Insurer.

INTERMEDIARY'S DETAILS (* Mandatory Fields if Sales Channel Type selected is Banca)

Segment Type: Corporate Retail SME Business Sector: Urban Metro Rural Village Social

Business Type: New Roll-Over Renewal Sales Channel Type: Agency Direct

Sales Channel Code: Specified Person's Code*:

Specified Person's Name*: Agreement Code:

GSTIN/ISDN: IF APPLICABLE

PROPOSER'S DETAILS

1. Policy Period: From: : hrs. of : till midnight of

2. Name of the Insured*:

3. Address of the Insured*:

Pincode:

Marital Status*: Married Single Gender*: Male Female Others

4. Aadhaar Card No.*: Date of Birth*:

5. Corporate: Yes No 6. GSTIN/ISDN: IF APPLICABLE

7. Insured's Business:

8. Hypothecation, if any

9. PAN*: / Form 60 /61 (if Available):

10. Description of Pump set

Pump	Driving Unit			
	Electrical Motor		Diesel engine	
Make:	Make:		Make:	
Section: Delivery:	HP:	RPM:	HP:	RPM:
Serial No.:	Serial No.:		Serial No.:	
Year of Make:	Year of Make:		Year of Make:	
Type : Centrifugal / Submersible	AMPS:	Voltage:	No. of Cylinders:	
	Type : Squirrel Cage / Slip Ring Stroke:		Bore:	

11. Sum Insured for Pump set:

12. Do you require flood as an add-on cover Yes No

13. Are You or any of the proposed applicants are Politically Exposed Person? Yes No

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.

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.

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting 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 Company Limited under licence. | Agricultural Pump Set UIN: IRDAN144RP0011V01201213 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

14. Please provide loss record for last 5 years as following:

Year	Cause of Loss	Amount of Loss

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.

*Name:

*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.

Name:

*Relationship with Nominee: Date of Birth:

Note (*) marked fields are mandatory

PAYMENT DETAILS (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited" (*Mandatory fields)

Cheque No./DD No.: Amount: Date:

Bank Name: Branch:

Bank Account No.*: IFSC Code*:

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).

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Name of Account Holder	<input type="text"/>
Bank Name	<input type="text"/>
Branch Name	<input type="text"/>
Bank Account No	<input type="text"/>
IFSC Code	<input type="text"/>
MICR Code	<input type="text"/>

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

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 statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian/Non- Indian If Non-Indian, please specify the Country: _____

Type of Organisation: Corporation Government Non-Governmental Organisation Society Trust

(Only applicable if policy issued on Group Basis) Partnership International Organisation Cooperative Section 25 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 update.

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

Signature of Proposer :

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Agriculture Pump Set Insurance Policy and related information in: Physical Format e-Format (electronic); as & when applicable.

Choose your Insurance Repository (For those selecting e-Format)

NSDL Data Management Ltd. CDSL Insurance Repository Ltd. Karvy Insurance Repository Ltd. CAMS Repository Services Ltd.

I have an e-Insurance Account & the No. is

My KYC No. (Central Know Your Customer Registry Number) is (If available).

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

DECLARATION BY PROPOSER

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and complete in all respects and that there is no other information which is relevant to my application for insurance for me or the person to be insured that has not been disclosed to you. I / We and/or the person to be insured agree that this proposal and the declarations shall be the basis of the contract between me/us and/or the person to be insured and SBI General Insurance Co. Ltd. and I / We and/or the person to be insured agree to accept the Cover in the usual form of Policy prescribed by SBI General Insurance Co. Ltd. and to pay premium to SBI General Insurance Co. Ltd.

I/We also declare that any changes in the nature of profession or any such changes after the submission of this Proposal Form would be conveyed to you immediately.

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/We understand that the Insurance Company has the right to call for documents to establish sources of funds. The Insurance Company has the right to cancel the Insurance Contract in case I/We am/are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the Prevention of Money Laundering in India.

I/We also agree that the Insurance Company has the right to cancel the contract and treat the Policy as void if any statement, information declared is found untrue or any material information is withheld.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with State Bank Group entities for specific purpose of availing services offered by State Bank Group (please strike this clause in case you do not wish to disclose the personal data).

Date:

Place:

Signature of the Proposer: _____

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AGENTS DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised 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.

Licence No. _____

Date:

D	D	M	M	Y	Y	Y	Y
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 Place:

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Signature of Agent: _____

SECTION 41 OF INSURANCE ACT, 1938

1. No person shall 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 in 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 up to ₹ 10 Lacs.

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) _____ (Relationship with the Proposer) _____ adult and inhabitant of (City) _____ and residing at _____ do hereby certify that I/We 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 my knowledge and belief.

Signature of the Witness

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature/Thumb impression of the Proposer/Primary Insured

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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.