

## SBI GENERAL BHARAT GRIHA RAKSHA

### Important: (\* Mandatory Fields)

1. This proposal is for covering Home Building and/or Home Contents against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for Insurance is not covered until the proposal is accepted and premium paid.

\*Quote No:

\*Business Type: New  Rollover  Renewal  \*Incase of renewal, please share Policy Number

\*Policy No.:

\*Branch Office Name:

\*Branch Office Code:

\*Segment: Corporate  Retail  SME-1  SME-3

\*Sales Channel Type: Banca  Agency  Direct  Corporate/broker

\*Intermediary Name:

\*Intermediary Code:  \*Agreement Code:

\*SP Name:  \*SP Code-Party ID:

\*SP Mobile No.:  \*RM ID:

Note: In this section the \* mark is for all the mandatory fields.

### A. Details about Proposer and Policy Period: (\* Mandatory Fields)

1. Name of the Proposer's:

Loan Account No.:

Do you have an existing relationship with SBI General? Yes  No  If Yes, please mention the Customer ID

Customer ID:  SBI Employee ID:

2. Address:

City:

State:  PIN:

Proposer Date of Birth:  Gender: M  F  Other

Phone No.:  Mobile No.:

Email ID:

3. Aadhaar No.:

PAN\*:  / Form 60/61(if Available):

Profession: Salaried  Self-Employed  Others  GSTIN:

4. Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions

5. Period of Insurance: From  to

(No. of Years in case of long term Policy : \_\_\_\_\_) Note: For Long term policy, period shall not exceed 10 years.

6. Nominee's Name:

Date of Birth Nominee :

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

Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e., Heads/Ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials.

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 factors, 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 license | SBI General Bharat Griha Raksha UIN: IRDAN144RP0032V01202021 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

## B. Covers Opted:

8.	Is there any Policy in place for the same property?	Yes <input type="checkbox"/> / No <input type="checkbox"/>								
	If yes, please provide the details									
9.	Cover/s required: (When Home Building and Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh [Rupees Ten Lakh] is automatically provided).	<table border="0"> <tr> <td>Cover</td> <td>Please tick</td> </tr> <tr> <td>1. Home Building and Home Contents (If you want Home Building cover with 20% inbuilt general contents tick this)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Home Building only (If you want only Home Building cover tick this)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Home Contents only (If you want to opt out of 20% general contents cover above or want only home contents cover refer Q19.)</td> <td><input type="checkbox"/></td> </tr> </table>	Cover	Please tick	1. Home Building and Home Contents (If you want Home Building cover with 20% inbuilt general contents tick this)	<input type="checkbox"/>	2. Home Building only (If you want only Home Building cover tick this)	<input type="checkbox"/>	3. Home Contents only (If you want to opt out of 20% general contents cover above or want only home contents cover refer Q19.)	<input type="checkbox"/>
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3. Home Contents only (If you want to opt out of 20% general contents cover above or want only home contents cover refer Q19.)	<input type="checkbox"/>									
	Do you wish to opt out of automatic general content cover ?	Yes <input type="checkbox"/> / No <input type="checkbox"/>								

## C. Location of Home Building:

10.	Location of Home Building - full postal address with PIN Code:	PIN Code:
11.	Is it in a multi-storey building or is it a standalone house?	multi-storey building <input type="checkbox"/> standalone house <input type="checkbox"/>
12.	In case of multi-storey building, please provide the floor number of your house	
13.	Is there a basement to your house?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

## D. Details of Home Building:

**Please note:** Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.

It also includes 'additional structures' if they are on the same site and used as part of your Home Building:

- garage, domestic out-houses used for residence, as parking space or areas, if any;
- compound walls, fences, gates, retaining walls, internal roads;
- verandah or porch and the likes
- septic tanks, biogas plants, fixed water storage units or tanks, solar panels, wind turbines and air-conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

14.	<b>Sum Insured (SI) for Home Building:</b> <b>Please note the following:</b> (The amount required to construct Your Home Building at the Policy Commencement Date. This amount is calculated as follows: <b>a. For residential structure of your Home including fittings and fixtures:</b> Carpet area of the structure in square metres X Rate of Cost of Construction on the Policy Commencement Date. The Rate of Cost of Construction is the prevailing rate of cost of construction of your Home Building on the Policy Commencement Date.	a. SI for residential structure of Your Home including fittings and fixtures (in ₹ ):						
	<b>b. For additional structures</b> The amount that is based on the prevailing rate of cost of construction on the Policy Commencement Date.)	b. SI for additional structures (in ₹ ): <table border="1" style="width: 100%;"> <thead> <tr> <th>Additional Structure</th> <th>Sum Insured ( in ₹ )</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Additional Structure	Sum Insured ( in ₹ )				
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15.	Carpet area of structure of Home in square metres							
16.	Rate of Cost of Construction per square metre at the Policy Commencement Date							

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17.	Other Details Age of Home Building	Less than 5 years	
		5-10 years	
		10-20 years	
		Above 20 years	
18.	Construction Details Please note the following: (Building(s) having walls and/or roofs of wooden planks/ thatched leaves and/or grass/hay of any kind/bamboo/ plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction.  (Construction other than Kutcha Construction is a 'Pucca Construction')		Construction*
		Walls	Kutcha / Pucca
		Floor	Kutcha / Pucca
		Roof	Kutcha / Pucca
		(*strike out what is not applicable)	

## E. Details of Home Contents:

	Please note the following: i) Home Contents refer to articles or things in your Home that are not permanently attached or fixed to the structure of your Home. Home Contents may consist of General Contents and/or Valuable Contents. ii) General Contents are all the contents for household use in your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature. iii) Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature. iv) If you have opted for Home Building and Home Contents cover, the General Contents of your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakhs (Rupees Ten Lakh) are automatically covered.									
19.	If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured Or If You have opted for Home Contents cover only, please provide item-wise Sum Insured for General Contents.  (Sum Insured represents Cost of Replacement)	Item-wise Sum Insured for General Contents (in ₹): <table border="1"> <thead> <tr> <th>Items</th> <th>Sum Insured</th> </tr> </thead> <tbody> <tr> <td>Furniture, Fixtures and Fittings (Home Furnishings)</td> <td></td> </tr> <tr> <td>Electrical/Electronic</td> <td></td> </tr> <tr> <td>Others</td> <td></td> </tr> </tbody> </table>	Items	Sum Insured	Furniture, Fixtures and Fittings (Home Furnishings)		Electrical/Electronic		Others	
Items	Sum Insured									
Furniture, Fixtures and Fittings (Home Furnishings)										
Electrical/Electronic										
Others										
20.	In case of Basement, If there are contents in it, please provide the Sum Insured									

## F. In-Built Covers (Loss of Rent & Rent for Alternative Accommodation) :

21.	Cover for	(Please Tick)	Loss of Rent: I. Sum Insured II. Number of Months  Rent for Alternative Accommodation: I. Sum Insured II. Number of Months
	Loss of Rent	<input type="checkbox"/>	
	Rent for Alternative Accommodation	<input type="checkbox"/>	



## J. Claims details:

Please specify details of any loss to the proposed Property in last 3 years:

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

## K. Declaration by Insured:

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 I / We hereby agree that this declaration shall form the basis of the contract between me/us and the \_\_\_\_\_

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.

Date:

Place:

Signature of the Proposer

## L. Electronic Insurance Account Details:

SBI General Bharat Griha Raksha

Physical Format- Yes  No  e-Format (electronic) as & when applicable- Yes  No

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

(a) NSDL Data Management Ltd.  (b) CDSL Insurance Repository Ltd.

(c) Karvy Insurance Repository Ltd.  (d) CAMS Repository Services Ltd.

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

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

## M. 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:** (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

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## N. Agent's 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:  Signature of the Agent: \_\_\_\_\_

## O. 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/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 my/our knowledge and belief.

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place:  Signature of the Witness \_\_\_\_\_

Signature/Thumb impression of the Proposer/Primary Insured

## 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 up to rupees ten lakhs.