

SIMPLE HOME INSURANCE POLICY

IMPORTANT

1. This proposal is for covering Home Building and/or Home Contents and other assets against Fire and Allied Perils and perils under other sections of the product.
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.

Note: The Coverage proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by SBI General Insurance Company Limited. ("Company").

OFFICE USE ONLY

*Policy Issuing Office Address:

*Quote No:

*Receipt No:

*Code:

*Inward No:

*Receipt Date: D D M M Y Y Y Y

INTERMEDIARY DETAILS (In this section the * mark is for all the mandatory fields.)

*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:

*GSTN/ISDN:

A. DETAILS ABOUT PROPOSER AND POLICY PERIOD

1. Name of the Policyholder:

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 code: Gender: M F Transgender

Date of Birth D D M M Y Y Y Y Marital Status: Married Unmarried Divorced Widw(er)

3. Phone: Mobile No.:

Aadhaar No.: PAN*: / Form 60

Profession: Salaried Self-Employed Others Pls add details

4. Email ID: Nationality:

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

6. Period of Insurance: From: D D M M Y Y Y Y To: D D M M Y Y Y Y

7. Nominee Name: Relationship with the insured:

8. 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.

B. COVERS OPTED

Section I : Standard Fire and Special Perils

9.	Is there any policy in place for the same property?	Yes <input type="checkbox"/> No <input type="checkbox"/>								
	If Yes, please provide the details									
10.	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>Home Building & Home Contents (If you want Home Building cover with 20% inbuilt general contents tick this)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Home Building Only (if you want only Home Building cover tick this)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>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 (✓)	Home Building & Home Contents (If you want Home Building cover with 20% inbuilt general contents tick this)	<input type="checkbox"/>	Home Building Only (if you want only Home Building cover tick this)	<input type="checkbox"/>	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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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

11.	Location of Home Building - full postal address with Pin Code.	Pin Code:
12.	Is it in a multi-storey building or is it a standalone house?	
13.	In case of multi-storey building, please provide the floor number of Your house	
14.	Is there a basement to Your house?	

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, are used as part of Your Home Building:

- garage, domestic out-houses used for residence, parking spaces or areas, if any;
- compound walls, fences, gates, retaining walls, internal roads;
- verandah or porch and the like;
- septic tanks, bio-gas 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.

15.	<p>Sum Insured (SI) for Home Building: Please note the following: (The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:</p> <p>a. For residential structure of Your Home including fittings and fixtures: Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date. The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.</p>	<p>a. SI for residential structure of Your Home including fittings and fixtures (in ₹):</p>
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	b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)	b. SI for additional structures (in ₹):								
		<table border="1"> <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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16.	Carpet area of structure of Home in square metres									
17.	Rate of Cost of Construction per square metre at the policy Commencement Date									
Other Details										
18.	Age of Home Building	<table border="1"> <tbody> <tr> <td>Less than 5 years</td> <td></td> </tr> <tr> <td>5-10 years</td> <td></td> </tr> <tr> <td>10-20 years</td> <td></td> </tr> <tr> <td>Above 20 years</td> <td></td> </tr> </tbody> </table>	Less than 5 years		5-10 years		10-20 years		Above 20 years	
Less than 5 years										
5-10 years										
10-20 years										
Above 20 years										
19.	<p>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.</p> <p>Construction other than Kutcha Construction is a 'Pucca Construction')</p>	<table border="1"> <thead> <tr> <th></th> <th>Construction*</th> </tr> </thead> <tbody> <tr> <td>Walls</td> <td>Kutcha / Pucca</td> </tr> <tr> <td>Floor</td> <td>Kutcha / Pucca</td> </tr> <tr> <td>Roof</td> <td>Kutcha / Pucca</td> </tr> </tbody> </table> <p>(*strike out what is not applicable)</p>		Construction*	Walls	Kutcha / Pucca	Floor	Kutcha / Pucca	Roof	Kutcha / Pucca
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Floor	Kutcha / Pucca									
Roof	Kutcha / Pucca									

E. DETAILS OF HOME CONTENTS

Please note the following:

- 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.
- General Contents are all the contents of 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.
- Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
- 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.

20.	<p>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</p> <p>Or</p> <p>If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents.</p> <p>(Sum Insured represents Cost of Replacement)</p>	<p>Item wise Sum Insured for General Contents (in ₹):</p> <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										
21.	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)

22.	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"/>	

G. OPTIONAL COVERS (AVAILABLE ON PAYMENT OF ADDITIONAL PREMIUM)

23.	Do You require 'Personal Accident Cover' for Yourself and Your spouse?	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, Name & age of Your spouse: Your age:
24.	Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)': (Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.) (You have to submit a Valuation Certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is upto ₹5 Lakh and Individual item value does not exceed ₹1 Lakh).	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes, please attach list of items and Sum Insured: Valuation certificate attached? Yes <input type="checkbox"/> / No <input type="checkbox"/>

H. ADDITIONAL/ADD-ON COVERS (OVER AND ABOVE OPTIONAL COVERS AVAILABLE ON PAYMENT OF ADDITIONAL PREMIUM)

Sl.No	Name of Add-on cover	Sum insured

I. OTHER SECTIONS:

Section II- Burglary & Theft	Sum Insured
Contents- All Contents in the premises stated at above address. Note: Insurance on Contents should be for value equivalent to the value mentioned under "Contents" under section Fire & Special Perils above Cover desired on first loss basis: Yes/ No If "Yes" Please indicate Option 1 (when total value of contents is not declared) or Option 2 (when total value of contents is declared) If Option 2 indicate first loss percentage amount: 25/ 50/ 65/ 75/ >75	

Section III- Public Liability	Sum Insured
Public Liability	
Employee Compensation Liability for Domestic Servants	

Section IV- Plate Glass- Please give description, size and location of glass	Sum Insured

Sr. No.	Description	Size	Location	Value
1				
2				
3				
Total				

Section V- Baggage	Sum Insured
Total Value of Personal Baggage, Personal effects and other articles carried (during the period of travel anywhere in the world)	

Section VI- Breakdown of Domestic Electrical & Electronic Appliances- Please list the items which you wish to cover indicating the present day replacement value	Sum Insured

Sr. No.	Description	Size	Location	Value
1				
2				
3				
4				
5				
Total				

Cover desired on first loss basis: Yes / No If "Yes" Please indicate Option 1 (when total value of contents is not declared) or Option 2 (when total value of contents is declared) If Option 2 indicate first loss percentage amount: 25/ 50/ 65/ 75/ >75	
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Section VII- Personal Accident (Applicable only to Persons in age group 3 months- 65 years)

Note: This section can only be opted if you have not opted Personal Accident cover under Section I

Section VII- Personal Accident									
Name of the Person to be insured	Age	Occupation	Relationship with the Proposer of Insured Person	Details of existing infirmity/ disability	Name of Nominee	Age of Nominee	Name of appointee	Relationship to Proposer of Nominee	Sum Insured

I/ We hereby assign the money payable by SBI General Insurance Company Limited, in the event of my death to the nominee named above and I further declare that his/ her/ their receipt shall be sufficient discharge to the Company.

Section VIII- Loss of Cash whilst in transit	Sum Insured

Section IX- All Risk Cover- Portable Equipments, Jewellery & Valuables- Please list the items which you wish to cover.	Sum Insured

Note: This section can only be opted if you have not opted Valuable contents cover under Section I	Sum Insured
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L. ELECTRONIC INSURANCE ACCOUNTS DETAILS

I want Simple Home 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 CKYC No. (Central Know Your Customer Registry Number) is (If available).

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

M. AML GUIDELINES

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 the Prevention of Money Laundering Act 2002. I/We 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 No- Indian If Non-Indian, please specify Country:

Type of Organisation:

- 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

N. DECLARATION

- 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.
- 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.
- 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.
- 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.
- 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."
- I/we are aware of premium loading , (if any declared above)for habits & diseases as declared / mentioned by me /us above .
- 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.

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 | Simple Home Insurance Policy UIN: IRDAN144RP0002V02201617 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

O.AGENT 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: _____

P. 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 Insured

Signature/Thumb impression of the Proposer/Primary

Date:

D	D	M	M	Y	Y	Y	Y
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 Place:

Sharing of Information: The information sought from the insured is for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information / details is sought by any governmental bodies, regulatory authorities reinsurer or when the Company is directed to share such information in accordance with any law / regulations or direction from any such government bodies / regulatory authorities, the Company will be bound to abide to such directions.

Fraud Warning: This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description, or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

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.