

SBI GENERAL LIVESTOCK POLICY

Proposal Form

Policy Issuing Office Address & Code	xxx
Intermediary/Agent / Broker- Name Mobile no:	xxx
Segment Type:	<input type="checkbox"/> Corporate <input type="checkbox"/> Retail <input type="checkbox"/> SME
Sales Channel Type:	<input type="checkbox"/> Banca <input type="checkbox"/> Agency <input type="checkbox"/> Direct
Intermediary/Agent Name / Broker Code	
Business Sector:	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Social
Policy Type	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Rollover
Agreement Code:	
Specified Person's Code*:	
Specified Person's Name*:	

A. Details about Proposer and Policy Period:

1	Policy Tenure	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
2	Policy Period:	From: DD/MM/YYYY To : DD/MM/YYYY
3.	Name of Proposer (in Full)	
4.	Address of Proposer where all communication should be sent	Gram Panchayat: xxx State: xxx City: xxx Pin Code: xxx Landmark: xxx
5.	Land line No:	xxx
	*Mobile no:	xxx
	Alternate Contact no:	xxx
6.	Email ID	Xxx
	The digital copy of your policy document will be sent to the registered mobile number or registered email ID. Please tick the required mode of receiving the policy document	
	SMS WhatsApp Email ID	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.	Nationality & Date established, DOB of Proposer	& DD/MM/YYYY DD/MM/YYYY
8.	*PAN No: Form 60/61 (if Pan not Available): Aadhaar Card No.:	XXXXXXXXXX xxx XXXX XXXX XXXX
9.	GSTN/ISDN:	

Tick here only if physical policy document is required.

10.	Proposer's trade or business Business premises details									
11.	Annual Gross Income	□□□□□□□□								
12.	Type of Proposer	Individual/Corporate:								
		Bank:								
		District Rural Development Agency (DRDA):								
		Co-operative Society								
		Others:								
13	Please provide the total number of animals in the proposed group.	<input type="checkbox"/> 1-4 <input type="checkbox"/> 5-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-500 <input type="checkbox"/> Above 500								
14	Please provide the list of Animals proposed to be insured under the policy in the following format:									
	Type of Animal	Gender	Age	Breed	Description of the Animal			Vaccination status	Tag No.	SI
					Colour	Horns	Tail/Switch	Market Value /Sum Insured		
15	Is any Bank or other Financing Institution interested in the animal? If so, State Name of Bank Location of the Branch:	_____ _____ □□□□□□□□□□□□□□ □□□□□□□□□□□□□□								
16	State for what purpose the animals are used.	<input type="checkbox"/> Own Use <input type="checkbox"/> Commercial Use <input type="checkbox"/> Others if any Please Specify- _____								
17	Address if animals are stabled at other than above address:									
18	Is/are the animals in the stable sound and healthy and free from vice? If not give full particulars of defects and ailments if any. Please provide a certificate of good health issued by a qualified veterinary practitioner for each animal proposed for insurance.									

19	Whether own Veterinary Services Available	<input type="checkbox"/> Yes <input type="checkbox"/> No			
20	Provide following information, in case of farm. Is a qualified Veterinary Doctor employed to look after the animals?				
21	(a) Have you lost/Missing any animal/s during the last three years? If so state particulars.				
	Year	Cause of Loss		Number of animals lost	
	(b) Previous Insurance and Claims experience (for the last three years)				
22	How many other animals do you own and of what type?	Are they insured and if so with which insurer?	If not, then why are they not proposed for insurance?	Were they insured previously and if so where?	Are any of animals now proposed for insurance or have any other animal belonging to you been previously insured? if so, state name of company.
23	Has any Company or Underwriter- Declined NEW or RENEWAL insurance of any of your animals.				
24	Is this animal covered under any scheme?				<input type="checkbox"/> Scheme <input type="checkbox"/> Non-Scheme
25	Add On:				
	(i) Permanent Total Disablement (PTD)				<input type="checkbox"/> Yes <input type="checkbox"/> No
	(ii) Theft of Animal-Only for Cattle				<input type="checkbox"/> Yes <input type="checkbox"/> No
	(iii) Transit Cover Beyond 80 Kms (By Rail, Road)				<input type="checkbox"/> Yes <input type="checkbox"/> No
	(iv) Waiver of Waiting Period				<input type="checkbox"/> Yes <input type="checkbox"/> No
(v) Waiver of Deductible				<input type="checkbox"/> Yes <input type="checkbox"/> No	
26	Are you a smallholder farmer or fall under microinsurance category? (For e.g less than 10 animal)				<input type="checkbox"/> Yes <input type="checkbox"/> No
27	Does insured hold any SBI General Insurance Policies?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	(i) If Yes, then provide the details.				Policy No :- Policy Period :-

		From DD/MM/YYYY To DD/MM/YYYY
28	Any training done by Insured on Livestock Management? If yes, please provide certificate details	<input type="checkbox"/> Yes <input type="checkbox"/> No Certificate No: _____
29	Is the farm associated with some brand? If yes pls specify name	<input type="checkbox"/> Yes <input type="checkbox"/> No Brand Name: _____
30	Risk Mitigation: Are Animals Kept in shelter? Is there a fence around the shelter? Is there any provision for disease prevention or emergencies? Please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
31	*Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person? *If yes, please provide details for all person(s) in a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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</p> <p>Note (*) marked details are mandatory to be captured as per applicability. Alternate number has to be different from the provided mobile number.</p>		

Declaration:

- I/We hereby declare that the statements made by me/us in this Proposal Form are true and complete in all respects to the best of my/our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We hereby agree that statements made by me and this declaration shall form the basis of the contract between me/us and SBI General Insurance Company Limited (SBI General) and I/We agree to accept a policy, subject to the conditions prescribed by SBI General and to pay premium on the amount estimated. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.
- I/We understand that the Policy issued by the Company shall be voidable at the option of the Company in the event of any mis-representation, mis-description or nondisclosure/concealing of any material particulars by me/us. My/our failure to comply with this obligation now may result in the rejection of my/our claim and the avoidance of my/our Policy when a claim is made.
- I/We hereby undertake that if any additions/alterations are carried out in the risk proposed after the submission of this Proposal Form then the same shall be conveyed to SBI General immediately by me/us.
- I/We understand that SBI General is under no obligation to accept my/our Proposal for insurance and the liability of SBI General does not commence on the receipt of this Proposal by SBI General and it does not result in a concluded contract of insurance until the proposal has been accepted by SBI General and upon full realization of the premium by SBI General. If SBI General does not accept this Proposal, it will inform me/us and refund any payment received from me/us without interest.
- I/We hereby give my/our consent to SBI General that it can disclose/use/handle, directly or through a third party, the information (including the sensitive personal data or information, if any) provided in this Proposal Form, whereas I/we have the option not to provide this consent or withdrawal.

I hereby declare that I am not a Politically Exposed Person (PEP)- Yes No

Date:

Place: _____

Signature of Proposer

ELECTRONIC INSURANCE ACCOUNTS DETAILS

I have eIA Number	
I would like to apply for eIA with	<input type="checkbox"/> NSDL Data Management <input type="checkbox"/> CSDL Insurance Repository Ltd <input type="checkbox"/> Karvy Insurance Repository Ltd <input type="checkbox"/> CAMS Repository Services Ltd
My CKYC No (Central Know Your Customer Registry Number), (if available)	<input type="text"/>

I _____, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: _____

Date: DD /MM /YYYY

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

KYC DOCUMENTS ATTACHED

- Pan Card Telephone Bill Passport Government UID Voter's Identity Card
- Utility bills not older than 2 months Driving Licence Electricity Bill Ration Card
- Aadhaar Card

PAYMENT DETAILS CHEQUE DD EFT DEBIT/CREDIT CARD

CLAIM / REFUND AMOUNT WILL BE DEPOSITED IN THIS BANK ACCOUNT ONLY UNLESS CHANGED SUBSEQUENTLY (All fields mandatory)

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

Instrument Number :

Amount:

Date:

Bank Name: _____

Branch: _____ Bank Account No:

IFSC Code

* Note - SBIG does not accept Cash for Premium Payments against the Policy

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 bonafide 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 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 statues, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian /Non-Indian

If Non-Indian, please specify Country: _____

Type of Organization (Only applicable if policy is issued in group basis):

Corporations <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Government <input type="checkbox"/>	Non-Governmental Organizations <input type="checkbox"/>
Society <input type="checkbox"/>	Trust <input type="checkbox"/>	International Organization <input type="checkbox"/>
Partnership <input type="checkbox"/>	Cooperatives <input type="checkbox"/>	Section 8 Companies <input type="checkbox"/>

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 :

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
Proposer/Primary Insured

Signature/Thumb impression of the

Date:

DD	MM	YYYY
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Place: _____

AGENT DECLARATION

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

Agent Name:
SP Name:
SP Code:
License No.: _____

Signature of Agent

Date:

DD	MM	YY
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Note: For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale.

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.

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION