

PROPOSAL FORM



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 withheld by the Proposer or anyone acting 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: | <input type="checkbox"/> Corporate | <input type="checkbox"/> Retail | <input type="checkbox"/> SME | Business Sector: | <input type="checkbox"/> Urban | <input type="checkbox"/> Metro | <input type="checkbox"/> Rural | <input type="checkbox"/> Village | <input type="checkbox"/> Social | |
| Business Type: | <input type="checkbox"/> New | <input type="checkbox"/> Roll-Over | <input type="checkbox"/> Renewal | Sales Channel Type: | <input type="checkbox"/> Agency | <input type="checkbox"/> Direct | <input type="checkbox"/> Corporate/Broker | | | |
| Sales Channel Code: | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | Specified Person's Code*: | | | | |
| Specified Person's Name*: | <input type="text"/> | | | | | Agreement Code: | | | | |
| GSTIN/ISDN: | <input type="text"/> IF APPLICABLE | | | | | | | | | |

PROPOSER'S DETAILS

| 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:

Note (*) marked fields are mandatory | ^Alternate number has to be different from the provided 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.

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.

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: D D M M Y Y Y Y
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 of Appointee: D D M M Y Y Y Y
Mobile no.: Email Id:
Percent of Claim Payable:
Permanent Address:
Bank details of Appointee: Bank Name: Branch Name:
Bank Account Number: IFSC Code:

Nominee 2

*Name: *Relationship with Nominee: *Date of Birth of Nominee: D D M M Y Y Y Y
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 of Appointee: D D M M Y Y Y Y
Mobile no.: Email Id:

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| | | | | | | | | | | | | |
|----------------------------|----------------------|--|--|--|--|--|--------------|--|--|--|--|--|
| Percent of Claim Payable: | | | | | | | | | | | | |
| Permanent Address: | | | | | | | | | | | | |
| Bank details of Appointee: | Bank Name: | | | | | | Branch Name: | | | | | |
| | Bank Account Number: | | | | | | IFSC Code: | | | | | |

PREMIUM DETAILS*:

| | | | | | | | | | | | | | | |
|-------------------------|--------|--------------------------|------|--------------------------|------------------------|------------------------------|-----------|--------------------------|--|--|--|-------|-----------------|-----------------|
| Premium Amount₹: | | | | | | Cheque No./ Pay Ref. No.: | | | | | | Date: | D D M M Y Y Y Y | |
| Premium Payment option: | Cheque | <input type="checkbox"/> | DD | <input type="checkbox"/> | Debit Card/Credit Card | <input type="checkbox"/> | EFT | <input type="checkbox"/> | | | | | | |
| Bank Name: | | | | | | Branch: | | | | | | | | |
| Bank Account No: | | | | | | IFSC Code: | | | | | | | | |
| Card Details* | Master | <input type="checkbox"/> | Visa | <input type="checkbox"/> | others | <input type="checkbox"/> | Card No*: | | | | | | Expiry Date*: | D D M M Y Y Y Y |

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).

| | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--------------|--|--|--|--|--|
| Name of Account Holder | | | | | | | | | | | |
| Bank Name: | | | | | | Branch Name: | | | | | |
| Bank Account Number: | | | | | | IFSC Code: | | | | | |
| MICR Code: | | | | | | | | | | | |

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

| | | | | | |
|--------------------------------------|-----------------------------------|---|--|---|---|
| <input type="checkbox"/> Pan Card | <input type="checkbox"/> Passport | <input type="checkbox"/> Government UID | <input type="checkbox"/> Voter's Identity Card | <input type="checkbox"/> Aadhaar Card | <input type="checkbox"/> Telephone Bill |
| <input type="checkbox"/> Ration Card | Driving Licence | <input type="checkbox"/> Electricity Bill | <input type="checkbox"/> Utility bills not older than 2 months | <input type="checkbox"/> 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.

Resident Individual Non-Resident Indian Foreign National Person of Indian Origin

If Foreign National please specify the nationality and country address _____

If NRI please give details for resident country and address _____

If Person of Indian Origin please give details for resident country and address _____

| | | | | | |
|--|--------------------------------------|---|--|---|--------------------------------|
| Type of Organisation: (Only applicable if policy issued on Group Basis) | <input type="checkbox"/> Corporation | <input type="checkbox"/> Government | <input type="checkbox"/> Non-Governmental Organisation | <input type="checkbox"/> Society | <input type="checkbox"/> Trust |
| | <input type="checkbox"/> Partnership | <input type="checkbox"/> International Organisation | <input type="checkbox"/> Cooperative | <input type="checkbox"/> 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 updation.

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

Signature of Proposer:

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ELECTRONIC INSURANCE ACCOUNTS DETAILS*

I have an eIA Number:

I would like to apply for eIA with: NSDL Database Management Ltd Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)
Karvy Insurance Repository Ltd CAMS Insurance Repository Services Ltd

CKYC No (Central Know Your Customer Registry Number), (if available):

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: D D M M Y Y Y Y

Kindly visit our website www.sbigeneral.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 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 the 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.
- The details filled in the proposal form would be used for new as well as for renewal purposes.

Do you suffer from any disability? Yes / No If Yes, please state the type of disability. _____

Please share the percentage of disability. _____

UDID Number _____

Date: D D M M Y Y Y Y

Place:

Signature of the Proposer: _____

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

Licence No. _____

Date: D D M M Y Y Y Y

Place:

Signature of Agent: _____

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.

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Signature of the Witness

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Place:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Signature/Thumb impression of the Proposer/Primary Insured

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 to Ten Lakh rupees.

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.