

## COMPREHENSIVE LOAN INSURANCE

[illegible]

Sales Channel Code:	<input type="text"/>	Specified Person's Code/ PF ID	<input type="text"/>
Business Sector:	<input type="text"/> Urban <input type="text"/> Rural <input type="text"/> Social <input type="text"/> Others	Segment Type:	<input type="text"/> Corporate <input type="text"/> Retail <input type="text"/> SME
Business Type:	<input type="text"/> New <input type="text"/> Renewal <input type="text"/> Migration <input type="text"/> Portability	Sales Channel Type:	<input type="text"/> Agency <input type="text"/> Direct
Sales Channel Code:	<input type="text"/>	Specified Person's Code/PF ID:	<input type="text"/>
Specified Person's name/ Staff name:	<input type="text"/>		<input type="text"/>
Contact Details:	<input type="text"/>	Intermediary Code:	<input type="text"/>
Agreement Code:	<input type="text"/>	GSTIN/ISDN:	<input type="text"/> (if applicable)

Name of Financial Institution:															Branch of the Financial institution:														
Type of Loan:															Loan Account Number:														
Date of Sanctioned Loan:															Loan disbursal amount:														
Loan disbursal Date:															Loan Tenure:														
Property / Risk Address:																													
City:															State:														
PIN code:															Landmark:														
Agreement Type:															Equated Monthly Instalment(EMI in ₹):														
<input type="checkbox"/> Hypothecation <input type="checkbox"/> Hire Purchase <input type="checkbox"/> Lease/Mortgage																													
Policy tenure (in months):															Policy End Date:														
Policy start date:																													

Name of the Proposer*											(First Name)										(Middle Name)										(Last Name)									
Present Address* (Current Residing Address)																																								
	City:																				Village:																			
	Gram Panchayat:																				State:																			
	PIN code:																				Landmark:																			

Permanent Address*																									
City:													Village:												
Gram Panchayat:													State:												
PIN code:							Landmark:																		

**Annual Income:**

HNI ☐ Jeweller ☐ NGO ☐ Film Actor/ Producer ☐ PEP ☐

\*Fields marked with Asterisk (\*) are mandatory.

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. | Comprehensive Loan Insurance, UIN: SBIHIGP22227V012122. | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

URN: SBIG/CLI/V.03/26112024

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.

Base Cover	SI Basis	Waiting Period	Survival Period
Critical Illness	<input type="checkbox"/> a) Major Critical Illness <input type="checkbox"/> Fixed <input type="checkbox"/> Reducing	90 /60 /45 / 30 days	0/7/14/28 (base days)
	<input type="checkbox"/> b) Critical Illness Sachet <input type="checkbox"/> Fixed <input type="checkbox"/> Reducing	90 /60 /45 / 30 days	0/7/14/28 (base days)
Personal Accident	<input type="checkbox"/> a) AD Only Fixed	180 days	0/7/14/28 (base days)
	<input type="checkbox"/> b) AD + PTD Fixed	90 /60 /45 / 30 Days	0/7/14/28 (base days)
	<input type="checkbox"/> c) AD + PTD + PPD <input type="checkbox"/> Fixed <input type="checkbox"/> Reducing	No waiting period	No survival period
	<input type="checkbox"/> d) PTD+PPD <input type="checkbox"/> Fixed <input type="checkbox"/> Reducing	No waiting period	No survival period

Base Cover	Add-ons Benefits (Tick if opted)	Waiting Period	Survival Period
Critical Illness	<input type="checkbox"/> a) Early-Stage Critical Illness Conditions Cover	180 Days	0/7/14/28 (base days)
	<input type="checkbox"/> b) Incidental Expenses	90 /60 /45 / 30 days	0/7/14/28 (base days)
Personal Accident	<input type="checkbox"/> Double Indemnity PA cover	Not Applicable	Not Applicable
	<input type="checkbox"/> Funeral Benefit	Not Applicable	Not Applicable
	<input type="checkbox"/> Loss of Earnings for Self Employed		
	<input type="checkbox"/> Education Benefit		

#### Details of Insured Members\*

	Insured 1	Insured 2	Insured 3	Insured 4
Name*				
Date of Birth (DD/MM/YYYY)*				
Gender*				
Marital Status*				
Height (in cms)*				
Weight (in Kgs)*				
Nationality * (Indian/ Non-Indian/ Non-Resident Indian/ Others). In case of Nationality other than Indian, please provide details				
Occupation and Nature of Business/ Work*				
Relationship with Proposer*				
Basic Sum Insured*				
Co-Applicant share percentage (%)				
ABHA (Ayushman Bharat Health Account) number (if available)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If occupation is mentioned as Other, then please specify the occupation details

Kindly confirm if insured engaged in activities of hazardous nature. (For example - mines, explosives, electrical installations on high tension lines, circus people, skiing, mountaineering, big game hunting, ballooning, hand gliding, river rafting, winter sports, ice hockey, polo)

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## NOMINEE DETAILS\*

Insured Name	Insured 1			Insured 2			Insured 3			Insured 4		
Nominee details	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3	Nominee 1	Nominee 2	Nominee 3
Name of the Nominee**												
% Share of Claim Amount												
Date of Birth*												
Gender (M/F/O)												
Relationship with Policyholder*												
Mobile No. of the Nominee*												
Present Address of the Nominee												
Permanent Address of the Nominee												
Nominee Email ID												
Name of A/C holder												
Account Number												
IFSC Code												
MICR Code												
Bank Name												
Branch Name												

^ (Please attach a separate sheet if required in case of multiple nominees)

## APPOINTEE DETAIL\*:

\*If Nominee is a minor, give the details of Appointee.

Insured Name	Insured 1	Insured 2	Insured 3	Insured 4
Name of Appointee*				
Date of Birth*				
Gender (M/F/O)				
Relationship with Nominee*				
Address of the Appointee				
Appointee Mobile no*				
Name of A/C holder				
Account Number				
IFSC Code				
MICR Code				
Bank Name				
Branch Name				

In the event of death of the proposer, any payment due under the policy shall become payable to the nominee in accordance with the policy terms and conditions. Nominee for self, must be an immediate relative of proposer. (Please attach a separate sheet if required).

Previous/ Existing Medical details of Member

Insured Name	Have you suffered in past or currently suffering from any disease/ disability/medical (physical /mental) condition? If Yes please provide complete details	Do you have any habit of Tobacco / Gutkha consumption, Smoking, Alcohol? IF YES, please mark relevant responses below:	Type of Disability	Percentage of Disability	Does any insured suffer from below conditions: Diabetes/Hypothyroidism /Asthma/Obesity/ Hyperlipidaemia? Mention name of disease.	Is there any Family History of 2 or more relatives suffering from Cancer
Main Member	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/> <hr/> <hr/> <hr/>	<b>Tobacco / Gutka</b> <input type="checkbox"/> less than 5 packs- <input type="checkbox"/> more than 5 packs <input type="checkbox"/> Smoking less than 10 cigarettes <input type="checkbox"/> More than 10 cigarettes <b>Alcohol</b> <input type="checkbox"/> less than or equal to 15 units/week. <input type="checkbox"/> 1 unit = 30 ml hard liquor / 1 glass of wine / 500ml of beer				<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/> <hr/> <hr/> <hr/>
Co-applicant 1	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/> <hr/> <hr/> <hr/>	<b>Tobacco / Gutka</b> <input type="checkbox"/> less than 5 packs- <input type="checkbox"/> more than 5 packs <input type="checkbox"/> Smoking less than 10 cigarettes <input type="checkbox"/> More than 10 cigarettes <b>Alcohol</b> <input type="checkbox"/> less than or equal to 15 units/week. <input type="checkbox"/> 1 unit = 30 ml hard liquor / 1 glass of wine / 500ml of beer				<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/> <hr/> <hr/> <hr/>
Co-applicant 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/> <hr/> <hr/> <hr/>	<b>Tobacco / Gutka</b> <input type="checkbox"/> less than 5 packs- <input type="checkbox"/> more than 5 packs <input type="checkbox"/> Smoking less than 10 cigarettes <input type="checkbox"/> More than 10 cigarettes <b>Alcohol</b> <input type="checkbox"/> less than or equal to 15 units/week. <input type="checkbox"/> 1 unit = 30 ml hard liquor / 1 glass of wine / 500ml of beer				<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/> <hr/> <hr/> <hr/>
Co-applicant 3	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/> <hr/> <hr/> <hr/>	<b>Tobacco / Gutka</b> <input type="checkbox"/> less than 5 packs- <input type="checkbox"/> more than 5 packs <input type="checkbox"/> Smoking less than 10 cigarettes <input type="checkbox"/> More than 10 cigarettes <b>Alcohol</b> <input type="checkbox"/> less than or equal to 15 units/week. <input type="checkbox"/> 1 unit = 30 ml hard liquor / 1 glass of wine / 500ml of beer				<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/> <hr/> <hr/> <hr/>

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**Does any insured suffer from below conditions: If yes , the particular shall not be eligible for cover under this policy.**

- ☐ Coronary Artery Disease (Angioplasty/Coronary Bypass/Heart attack)
- ☐ Congestive Heart Failure/Conduction abnormalities of Cardiac System/ Pacemaker implantation/ congenital heart disease/Other Heart Ailments
- ☐ Cerebrovascular Accident (Stroke)
- ☐ Malignancy or Cancer (Leukemia, Sarcoma, etc), Pre malignancy tendencies
- ☐ Auto Immune Diseases (Rheumatoid Arthritis, SLE, Ankylosing spondylitis etc)
- ☐ Renal Transplant/Congenital disorders of Renal System, Renal failure / Chronic renal disorder/ESRD (End state renal disorder), Protein-uria
- ☐ Cirrhosis (Alcoholic/Nonalcoholic)
- ☐ Multiple Sclerosis
- ☐ Obstructive lung disease, restrictive lung disease, impairment of lung function
- ☐ Mental Retardation / Psychiatric disorder
- ☐ Epilepsy
- ☐ Hepatitis
- ☐ Genetic Disorders
- ☐ Paralysis
- ☐ Encephalitis
- ☐ Progressive Supranuclear Palsy
- ☐ Multiple System Atrophy
- ☐ Apallic Syndrome
- ☐ Creutzfeldt-Jakob Disease
- ☐ Hyperthyroidism
- ☐ Inflammatory bowel disease (Crohn's disease/Ulcerative Colitis)
- ☐ Paraplegic/Hemiplegic/Quadriplegic individuals
- ☐ End stage Liver Failure
- ☐ Major organ transplant (Bone marrow, Heart, Lung, Liver, Kidney, Pancreas)
- ☐ Alzheimer's Disease, Parkinson's Disease
- ☐ Aorta Graft Surgery, Pulmonary Hypertension
- ☐ Muscular Dystrophy
- ☐ Motor Neuron Disease with Permanent Symptoms
- ☐ Medullary Cystic Disease
- ☐ Aplastic Anaemia
- ☐ Progressive Scleroderma
- ☐ Bacterial Meningitis
- ☐ Persons with disability

☐ I/ We declare that I am of good health and I do not have any physical defect, deformity or disability. I further declare that I perform all my routine activities independently, that I do not have any history of, have never suffered from, am not currently suffering from, nor have I received, nor am I currently receiving any treatment, nor been hospitalized, nor do I expect to be hospitalized for any ailment or disease/ disability.

☐ I / We have not had any application for life, accident, health or critical illness insurance on my / our lives ever been declined or postponed at other than normal terms.

**Do you have any Critical Illness Policy, Loan insurance and/or PA policy other than the one proposed now, either with us or with any other Insurer?** ☐ Yes ☐ No If Yes, kindly provide the following information: \_\_\_\_\_

	Main Member	Co-Applicant 1	Co-Applicant 2	Co-Applicant 3
Sum insured				
Type of Policy				
Insured since				
Period of insurance				
Any Exclusions or Special Conditions applied in the policy				
Claims made, if any				

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### Medical And Life Style Information\*

Has any of the persons proposed to be insured ever suffer from / are currently suffering from any of Illness/ diseases or any pre-existing accidental injury? [If answer is Yes, then please specify the details in below table and attach relevant medical reports from Medical Practitioner if any].

Insured Name	Name of Illness/ Disease/ Accidental Injury	Duration Since Suffering from	"Medications details (present/ past) please specify"	Are you fully cured (Yes/No)	Differently Abled Status (Yes/No)	Type of Impairment	Percentage of Impairment	UDID Number
Insured 1								
Insured 2								
Insured 3								
Insured 4								
Insured 5								
Insured 6								

### Premium Payment and Bank Account Details\*

Premium Amount in ₹: <input type="text"/>	Cheque No.: <input type="text"/>
Instrument Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT <input type="checkbox"/> Other Please Specify: _____	
Bank Name: <input type="text"/>	Bank Account Number: <input type="text"/>
IFSC Code: <input type="text"/>	Branch Name: <input type="text"/>
SBI GI does not accept Cash for Premium Payments against the Policy.	
Cheque No.: <input type="text"/>	Cheque date: <input type="text"/>
Credit Card/ Debit Card No <input type="text"/>	Card Type: Master <input type="checkbox"/> Visa <input type="checkbox"/>
Expiry Date: <input type="text"/>	
<b>ASBA Declaration:</b> <input type="checkbox"/> I hereby accord my consent to authorise SBI General Insurance to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount. Note: The proposer agrees and undertakes to intimate in writing to SBI General Insurance for any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.	

### Insured Bank Details" (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)

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 the same bank account in which the refund/claim needs to be credited directly)

Bank Name: <input type="text"/>	Cheque No.: <input type="text"/>
Name as in Bank Account: <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.

### Declarations on behalf of all Persons to be Insured\*

- i) I/We acknowledge that by opting for digital services (including WhatsApp), I/We provide consent to receive communication/services from SBI General Insurance Company Limited related to my Insurance Policy through my registered mobile number and email.
- ii) I further declare that the contents of the Policy have been fully explained to me and I shall abide with the Policy terms and conditions.
- iii) I/We hereby declare on my behalf and on behalf of all the 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/We am/are authorized to propose on behalf of these other persons.
- iv) 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 Insurance Company and that the Policy will come into force only after full receipt of the premium chargeable.
- v) I/We further declare that I/We 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.
- vi) I/We further declare that I/We 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.
- vii) I/We authorize the Company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority
- viii) I/We declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. 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.
- ix) I/ We aware of premium loading, (if any declared above) for diseases as declared / mentioned by me or us above.
- x) I/ We hereby agree to keep record of KYC details of all individual members covered under the Group Insurance including but not limited to HNI, Jewelers, NGO, Film Actor/ Producer and PEPs to provide the details of beneficiaries to the company as and when required.
- xi) I/ We hereby encourage creation of ABHA ID for all Policy holders at [www.healthid.ndhm.gov.in](http://www.healthid.ndhm.gov.in) and may notify in case customer wishes to the same with Insurer.
- xii) I declare that the details provided in the proposal form will be used for both new and renewal purposes.

Date:

Signature of Insured

### Electronic Insurance Account Details\*:

I have an eIA Number

- (a) NSDL Database Management Ltd ☐ (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited) ☐
- (c) Karvy Insurance Repository Ltd. ☐ (d) CAMS Insurance Repository Services Ltd ☐

My 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:

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

### Declaration for Assignment of Policy

You have an option to assign the Policy to the Financial Institution, on certain conditions to invoke the benefits under the Policy in case of non-repayment of the loan at the unfortunate event of your death. Under such assignment you shall be responsible to pay all the premiums towards the Policy.

- I understand and wish to assign the Policy, as indicated above, which may be issued, to \_\_\_\_\_ the Financial institution (hereinafter referred to as the assignee) from whom I have availed loan.
- I further affirm that such assignment shall be subject to the condition that in the event of death during the term of the Policy, the benefit as per Policy terms and conditions will be paid to the said assignee to the extent of the outstanding loan amount only, if any. Any amount in excess after the above payment shall be paid to my nominee.
- I understand that after the end of the outstanding loan tenure as on the date of receipt of the proposal, the policy would be re-assigned to me. In the event of death after the end of the outstanding loan tenure, the benefit as per policy terms and conditions would be paid directly to my nominee.
- I understand that submission of this request shall be treated as adequate notice of assignment to the Company. The Company shall, after issuance of the Policy, endorse the same and recognize the Policy being assigned to the afore mentioned assignee thereafter.

**VERNACULAR DECLARATION (If signed in vernacular language / If you have affixed thumb impression above)**

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.

Date : 

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

Place : 

--	--	--	--	--	--	--	--	--	--

\_\_\_\_\_  
Signature of the Witness:

\_\_\_\_\_  
Signature of the Main Borrower:

**SECTION 41 OF INSURANCE ACT, 1938**

- 1) 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 or 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 on 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.

**Insurance is subject matter of solicitation.**