PROPOSAL FORM

CONSEQUENTIAL LOSS (FIRE) INSURANCE POLICY



The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of this Proposal by the Company along with the premium payment does not

 $tantamount \ to \ the \ acceptance \ of \ the \ Proposal \ for \ insurance \ by \ the \ Company \ and \ does \ not \ result \ in \ a \ concluded \ contract \ of \ insurance.$

The liability of the Company does not commence until the proposal has been accepted by the Company and the premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest.

FOR OFFICE USE																			
Name :														Co	ode:				
Branch:														Co	ode:				
Business Type : Rural N	on-rura	al												Co	ode:				
PROPOSER DETAIL																			
Name:																			
Contact Person (in case of Corporate):																			
Communication (Postal Address) :																			
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Contact Nos :	Mobil	le:											(Office:					
Residence:	+91												En	nail ID :					
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Disclaimer: SBI General Insurance Company Limited I 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. Arogya Plus Policy UIN: SBIHLIP22135V032122

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Please specify the Indemnity Period in Months :

ADD ON PERILS
Would you like to opt for the bwlow mentioned add-on perils?
1. Forest Fire: Yes No 2. Impact damage due to insured own vehicle: Yes No 3. Spontaneous Combustion: Yes No
4. Earthquqke: Yes No S. Terrorism: Yes No
ADD ON PERILS
Do you want to delete any of the following coverrs from the basic cover?
1. Storm, Tempest, Flood and inundation : Yes No 2. Riot, Strike and Malicious Damage : Yes No
DETAILS OF CONCURRENT MATERIAL DAMAGE (FIRE) POLICY
Name of Insurer :
Policy No.: Policy Period: to
Sum Insured : Add On Covers Opted :
VOLUNTARY DEDUCTIBLES DETAILS
Do you want to opt for Voluntary Deductibles, If yes please choose the slab mention below Yes No
7 days Gross Profit subject to minimum of Rs.10 Lakhs 14 days Gross Profit subject to minimum of Rs.20 Lakhs
21 days Gross Profit subject to minimum of Rs.30 Lakhs 28 days Gross Profit subject to minimum of Rs.35Lakhs
35 days Gross Profit subject to minimum of Rs.40Lakhs 60 days Gross Profit subject to minimum of Rs.45Lakhs
CLAIMS EXPERIENCE DETAILS
Please give premium and claims details for last 3 policy periods
Policy Period: Premium Paid:
Incurred Claim (Paid + outstanding): Nature of claim/section:
Policy Period: Premium Paid:
Incurred Claim Nature of claim/section:
Incurred Claim
Incurred Claim (Paid + outstanding): Policy Period: Incurred Claim Nature of claim/section: Premium Paid: Incurred Claim
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Incurred Claim (Paid + outstanding): Policy Period: Incurred Claim (Paid + outstanding): Nature of claim/section: Premium Paid: Nature of claim/section: TERRORISM COVER I. Is Political Violence cover required? II. Is Third Party Liability cover Vas (No)
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Incurred Claim (Paid + outstanding): Policy Period: Incurred Claim (Paid + outstanding): TERRORISM COVER I. Is Political Violence cover required? II. Is Third Party Liability cover required? PREMIUM PAYMENT DETAILS Kindly Select: Cheque DD / P.O Cash

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In words:

KYC DETAILS
PAN : Aadhaar Card No.:
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 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 statues, 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:
Corporation Government Non-Governmental Organisation Society Trust Partnership International Organisation Cooperative Section 8 Companies
Signature of the Insured
DECLARATION BY PROPOSER
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 statues, directly or indirectly governing the Prevention of Money Laundering in India. Nationality: Indian/Non- Indian If Non-Indian, please specify the Country:
Date: D M M Y Y Y Y Y Y Place:
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

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ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION
I want my insurance product 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).
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) adult and inhabitant of (City)
and residing atdo 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/our knowledge and belief.
,
Signature of the Witness
Date: D D M M Y Y Y Y Place:
Signature/Thumb impression of the Proposer

SECTION 41 OF INSURANCE ACT, 1938:

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. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Rupees Ten Lakhs.

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