

PROPOSAL FORM

GRAMIN SAMRIDHI BIMA, SBI GENERAL INSURANCE COMPANY LIMITED

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:
 *Code:
*Quote No: *Inward No:
*Receipt 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 (In this section the * mark is for all the mandatory fields)

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 Widow(er)
3. Phone: Mobile No.
Aadhaar Card No.: PAN*: /Form 60/61:
(if Available)
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
(No. of Years in case of long term Policy : _____) Note: For Long term policy, period shall not exceed 10 years.
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.

Section I : Standard Fire and Special Perils

B. COVERS OPTED

1.	Is there any policy in place for the same property? If Yes, please provide the details	Yes <input type="checkbox"/> No <input type="checkbox"/> If, yes do we terminate the policy basis this question?
2.	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).	Cover Please tick (✓) Home Building & Home Contents <input type="checkbox"/> (If you want Home Building cover with 20% inbuilt general contents tick this) Home Building Only <input type="checkbox"/> (If you want only Home Building cover tick this) Home Contents Only <input type="checkbox"/> (If you want to opt out of 20% general contents cover above or want only home contents cover refer Q19.)
	Do you wish to opt out of automatic general content cover	Yes <input type="checkbox"/> No <input type="checkbox"/> If the user opts for 20% SI general contents cover, do we need the general content details?

C. LOCATION OF HOME BUILDING

1.	Location of Home Building - full postal address with Pin Code.	Pin Code:
2.	Is it in a multi-storey building or is it a standalone house?	
3.	In case of multi-storey building, please provide the floor number of Your house	
4.	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:

- a. garage, domestic out-houses used for residence, parking spaces or areas, if any;
- b. compound walls, fences, gates, retaining walls, internal roads;
- c. verandah or porch and the like;
- d. 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.

1.	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: 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.	a. SI for residential structure of Your Home including fittings and fixtures (in ₹):						
	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" style="width: 100%;"> <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 ₹)				
Additional Structure	Sum Insured (in ₹)							

2.	Carpet area of structure of Home in square metres									
3.	Rate of Cost of Construction per square metre at the policy Commencement Date									
Other Details										
4.	Age of Home Building	<table border="1"> <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> </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										
5.	<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"> <tr> <td></td> <td>Construction*</td> </tr> <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> </table> <p>(*strike out what is not applicable)</p>		Construction*	Walls	Kutcha / Pucca	Floor	Kutcha / Pucca	Roof	Kutcha / Pucca
	Construction*									
Walls	Kutcha / Pucca									
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.

1.	<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										
2.	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)

1.	<table border="1"> <thead> <tr> <th>Cover for</th> <th>Please Tick (✓)</th> </tr> </thead> <tbody> <tr> <td>Loss of Rent</td> <td></td> </tr> <tr> <td>Rent for Alternative Accommodation</td> <td></td> </tr> </tbody> </table>	Cover for	Please Tick (✓)	Loss of Rent		Rent for Alternative Accommodation		<p>Loss of Rent:</p> <ol style="list-style-type: none"> Sum Insured: Number of Months: <p>Rent for Alternative Accommodation:</p> <ol style="list-style-type: none"> Sum Insured Number of Months
Cover for	Please Tick (✓)							
Loss of Rent								
Rent for Alternative Accommodation								

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

1.	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:
2.	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

Other Sections:

Section 2. Burglary and House Breaking and Theft- Contents, and Agricultural Items Contents- All Contents and Agricultural Items 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 Contents to be insured at 50% First Loss Basis	
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Section 3 Animal Driven Cart

- 1) Type of Cart: Cart /Tonga
- 2) Body of Cart : Wooden /Steel
- 3) The identification of Cart: _____
- 4) Type of Animal used to draw it: _____
- 5) Age of Animal: _____
- 6) Gender of Animal: _____
- 7) Place where it is usually kept: _____
- 8) No of animals _____

Sum Insured Details:

Animal Cart	Rs.
Animal	Rs.

Section 4. Personal Accident [Accidental Death only for family].

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

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 5: Television and Set Top Box

Make and Model	Year of Manufacture	Identification Number	Sum Insured

Section 6. - Agricultural Tractors/Power Tillers/Harvesters

Registration Number:	
RTO Location	
Year of Manufacture	
Engine no.	
Chassis No.	
Make of Vehicle	
Type of Body/Model	
Cubic Capacity/GVW	
Fuel Used	Petrol/Diesel/CNG/LPG/Electric/Hybrid/Others (Please specify)

Trailer Details:

No of Trailers:

Sr No	Trailer Type	Trailer Reg No.	Trailer Chassis No.

IDV	Non Electrical Accessories	Electrical Accessories	Bi-Fuel/CNG/LPG Kit	Trailer	Total IDV

- Whether Vehicle is limited to own premises? Yes /No
- Whether vehicle is used for private purpose (excluding use of hire & reward)? Yes /No
- Are you entitled to No Claim Bonus? Yes /No

If yes, please provide the proof thereof.

- Liability to Third Parties (Property Damage)

Do you wish to restrict the above limits to the statutory TPPD limit of Rs.6000 only ? Yes /No

NB: The policy provides Third Party Property Damage up to Rs.7.5 Lakhs

5. Compulsory Personal Accident Cover for Owner Driver. Please give details of nomination:

Name of the Nominee: _____

Date of Birth: _____ Relationship: _____

Name of Appointee (If Nominee is minor): _____

Relationship to the Nominee: _____

Note: 1. Personal Accident Cover for Owner Driver is compulsory for Sum Insured of Rs.15,00,000/-

2. Compulsory PA cover to owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner does not hold an effective driving license.

Do you want to cover Legal Liability to:

a) Paid Driver: Yes / No

b) Cleaner/Conductor/Coolie

If yes, no of persons to be covered----

Do you wish to include Personal Accident Cover for paid driver / cleaner / conductors? Yes / No

If Yes, please indicate the number of persons and Sum-Insured for each person (Max. Rs.1 lakh per person for Two Wheelers & Rs.2 lakhs per person for other class of vehicles) No. of persons _____ Sum Insured per person to be Rs _____/-

Is there any Hypothecation / Hire Purchase / Lease Interest to be noted in the Policy? Yes No If Yes, kindly provide the following information;

Name of Financial Institution: _____

Branch of Financial Institution: _____

Loan Account No.: _____

Section 7 Agricultural Pump Set

Make	
Serial No	
Year of Make	
Type of Engine	Electrical/Diesel
HP/RPM	
Sum Insured	

Section 8 Pedal Cycle

Make and Model	
Year of Manufacture	
Serial number(if any)	
Sum Insured	

I. TERRORISM COVER

I. Is Political Violence cover required ?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
II. Is Third Party Liability cover required ?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

J. PREMIUM DETAILS

Premium Amount ₹: Cheque No.: Date:

Premium payment option: Cheque DD Debit Card / Credit Card

Bank Name: IFSC Code:

Bank Account Number:

Branch Name: Card details: Master Visa

Card No.: Card Expiry Date:

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details.

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 Company Limited under license. | Gramin Samridhi Bima UIN: IRDAN144RP0001V02202021 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

K. CLAIMS DETAILS

Please specify details of any loss to the proposed Property in last 3 years:

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

L. DECLARATION BY INSURED

I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and the _____

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.

Date: Place:

Signature of the Proposer

M. ELECTRONIC INSURANCE ACCOUNTS DETAILS

I want Gramin Samridhhi Bima 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).

N. 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 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 statues, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian No- Indian If Non-Indian, please specify Country: _____

Type of Organisation (Only applicable if policy issued on Group Basis):

Corporation Government Non-Governmental Organisation Society Trust

Partnership International Organisation Cooperative 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

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.