PROPOSAL FORM

MICRO INSURANCE POLICY (SHG/NGO/MFI/OTHER CORPORATES)



Information for fields marked wit	th as	terisk ((*) are	e man	datory																					
Marketing Officer and Code:																										
Branch Office:																										
Broker/Agent Name and Code:																										
Nature of Proposer:		SHG		SHG	Federa	ition	s [MFI/	NBF	с [ık/So ık/C									•			ank.
		NGO		Deve	elopme	ntal	Aut	hori	ty	C	оор	erat	ive S	Socie	ty] 7	Trac	le U	nior			Cor	pora	ate	
		Indus	trial E	Body	G	over	nme	ent																		
Existing SBIGICL customer:		Yes		No		lf Y	es, l	kind	ly prov	/ide l	Чen	nber	·Id													
Number of members covered:																										
Is membership voluntary or rest	ricte	d to pr	e-det	fined g	roups?	•	Y	'es		No																
Is the proposed cover for all mer	nber	s of th	e gro	up?			Y	'es		No		lfn	o, P	lease	de	etail	sel	ecti	on c	rite	ria_					
Payment of premium by:		Mem	bers		Propos	er		Sha	are be	wee	n pr	оро	ser	and n	ner	mbe	rs			Othe	ers (spe	cify)	·		
IF NATURE OF PROPOSER - S	HG o	or SHG	Fede	ration	, then p	leas	e fil	l in t	he det	ails b	pelo	W														
Name of the SHG:																										
Name of the SHG federation:																										
Composition by Gender:		Male	%		Female	%		Bot	:h %																	
${\sf Composition} {\sf of} {\sf SHG} {\sf group} {\sf by} {\sf age}$		18-3	55		36 – 45			46-	-60		6:	1 -75	5		7	6 ar	ıd a	bov	е							
Composition of SHG group by occupation:		embr	y crat oider	ft & Sk y, Har	Fish ill base dy craf ps, eat	d job t, po	tte	— ke ta ry), [Ma		 icturi	ing	estr <u>y</u> like	۱ .	ir, bi		od F orick			ing			
Year of inception of the group:																										
Number of families covered by the SHG																										
IF NATURE OF PROPOSER - N	GO,	then p	lease	fill in t	he deta	ails b	elo	w																		
Name of the NGO:																										
Address for communication:																										
	City	′ :												Stat	e:											
	Pin-	Code:] L	and	lmark	c:											
	Tele	phone	No.:										Ε	mail l	d:											
Broad Classification of NGO: (Also please provide a brief description		Relief	Orie	nted N	IGO [Dev	velo	pmen	Orie	ente	ed N	GO] (Cam	pa	igniı	ng N	IGO						
of the activities performed by the NGO.) Relief oriented & Campaigning NGO Development Oriented and Campaigning NGO																										
		Relief	& De	velopr	nental o	orien	ted	NG	o 🗌	Rel	ief 8	k De	velc	pme	nt	& C	amı	paig	nin	g NC	Ю					
N		Othe	r (plea	se spe	ecify)																					
Number of members covered by the NGO	Ш																						Ш			

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.

Disclaimer: SBI General Insurance Company Limited I 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. I 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 Co. Ltd. under license | Micro Insurance Group, UIN: SBIPAGP12001V011112 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

IF NATURE OF PROPOSER - N	IGO, then please fill in the de	etails below						
Year of inception of the NGO:								
Relationship of proposed members with NGO	Volunteer or Activist Fund Raiser	Beneficiary or Rece	oiver of Charity cum Service Other (please specify)	Employee				
Does the NGO follow SHG model?	Yes No If	yes, kindly fill in the quest	□ tions under SHG section above					
Does the NGO provide charity of access to hospitals etc.?	or relief to members for heal	thcare in the form of provi	iding aids for treatment of disease	s, Yes No				
IF NATURE OF PROPOSER - M	IFI then please fill in the deta	ails below						
Name of MFI:								
Purpose of Loan:	Income Generating	Non Income Genera	ting					
If Income Generating, then type of loan:	Handy craft &Skill bas embroidery, Handy cr		Manufacturing like coir, bidi, bric	rocessing :ks etc.				
If Non Income Generating, then purpose of loan:	Health Expense Education Expenses	Marriage Expense	Repayment of an earlier Lo	an				
IF NATURE OF PROPOSER - C	o-operative Society, then p	lease fill in the details belo	ow .					
Name of the Cooperative society:								
Broad Category of the Cooperative Society:	Marketing Cooperativ	ve Input Cooperativ	e Marketing + Input Coopera	ative				
Year of inception of the Cooperative Society								
Address for communication:								
	City:		State:					
	Pin-Code:		Landmark:					
	Telephone No.:		Email Id:					
COVERAGE DETAILS								
Cover		Compulsory/Optional	Cover Opted	Sum Insured				
Personal Accident with ma ₹50,000/- per person with cov and Permanent Total Disability. insured for per family member v insured opted by Primary insure	rerage for accidental death If family is covered the sum will be equivalent to the sum	Compulsory	Compulsory	10,000 20,000 30,000 40,000 50,000				
Asset Insurance – Coverage ag		Optional	Item Description	Maximum sum insured ₹30,000/-				
Burglary and housebreaking Maximum sum insured ₹30,000			Dwelling Yes No					
			Stock of farm produce (Max. ₹5000)					
			Other Contents Yes No					
			Farm tools and implements (Max. ₹5000)					

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Critical Illness Insurance – Benefit Cover against 13 listed critical illnesses. Maximum sum insured ₹30000/- per person	Optional	Yes No	10,000 20,000 30,000
Hospital Daily Cash Insurance - Benefit cover for hospitalisation due to disease /illness/injury/Accident with a fixed per day limit of ₹250/day for a maximum period of 60 or 90 days per year.	Optional	Yes No	No. of days per year 60 days 90 days
DETAILS OF INSURED /INSURED PERSONS:			
For individual members of the group, information should be p	provided in a separate me	mber enrollment sheet for group	policies (Annexure A)
PAYMENT DETAILS*:			
MODE: Cheque DD Cheque/DD No.: Amount in Figures: Bank Name/E		Agent Name:	D M M Y Y Y
Marketing Officer Name:		Y Y Y Y Time:	
Period of Insurance: From:To			
/ We hereby declare that the statements made by me / ucomplete in all respects and that there is no other information that has not been disclosed to you.			
		Signature of Pr	oposer
ELECTRONIC INSURANCE ACCOUNT DETAILS:			
would like to apply for elA with			
a) NSDL Data Management Ltd. (b) Cl	DSL Insurance Repository	Ltd.	
c) Karvy Insurance Repository Ltd. (d) Ca	AMS Repository Services	Ltd.	
My CKYC No. (Central Know Your Customer registry number)) is (if available):		
retrieval and downloading of my CKYC record from the Ce ourpose of ensuring accurate and updated records for insu CKYC information in compliance with all applicable data prote read and understood the terms and conditions regarding the Customer Name:	entral KYC Records Regis Irance services. I acknow ection laws and regulation e usage of my CKYC inforr	ledge that SBI General Insurance is. This consent is valid until revokmation and voluntarily provide my Date:	nation is essential for the Company will handle my ked in writing by me. I have

SECTION 41 OF INSURANCE ACT, 1938:

No person shall or offer to allow either directly or indirectly as an inducement to any person to take out or renew of 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 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 Ten Lakh Rupees.

If the proposer/policyholder is illiterate or suffering from a disability affecting his/her capacity to write or where the policyholder has signed in any language other than English, please fill in the details below. The statement below must be witnessed by someone other than the intermediary/employee of the company.

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DECLARATION:	
I/We verify the contents of this form have been read over the fully understand them. I/We further certify that the replies in this proposal for	
Relation of witness to the proposer	
	Signature of Witness
Date: D D M M Y Y Y Place:	
	Signature of Proposer

Annexure A: Member Enrollment sheet

Details	Insured 1 (Primary Insured)	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Name						
Gender: M/F						
Date of Birth						
Relationship with Proposer						
Relationship with Primary Insured						
Occupation/Profession						
Industry						
Annual Income*						
Nominee Name*						
Nominee date of birth*						
Relationship of Nominee with Insured*						
Appointee (If nominee age <18 years*)						
Appointee relationship to nominee*						

