

PROPOSAL FORM



SURAKSHA AUR BHAROSA DONO

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

Information for fields marked with asterisk (*) are mandatory

Marketing Officer and Code:

Branch Office:

Broker/Agent Name and Code:

Nature of Proposer: SHG SHG Federations MFI / NBFC Bank / Scheduled Bank / Rural Developmental Bank / Cooperative Bank / Land Development Bank.
 NGO Developmental Authority Cooperative Society Trade Union Corporate
 Industrial Body Government

Existing SBIGICL customer: Yes No If Yes, kindly provide Member Id

Number of members covered:

Is membership voluntary or restricted to pre-defined groups? Yes No

Is the proposed cover for all members of the group? Yes No If no, Please detail selection criteria _____

Payment of premium by: Members Proposer Share between proposer and members Others (specify) _____

IF NATURE OF PROPOSER - SHG or SHG Federation, then please fill in the details below

Name of the SHG:

Name of the SHG federation:

Composition by Gender: Male % Female % Both %

Composition of SHG group by age 18 – 35 36 – 45 46 – 60 61 – 75 76 and above

Composition of SHG group by occupation: Agricultural Fishery Animal Husbandry Forestry Food Processing
 Handy craft & Skill based jobs like tailoring, embroidery, Handy craft, pottery Manufacturing like coir, bidi, bricks etc.
 Services like shops, eateries, restaurants, schools, saloons etc.

Year of inception of the group:

Number of families covered by the SHG:

IF NATURE OF PROPOSER - NGO, then please fill in the details below

Name of the NGO:

Address for communication:

City: State:

Pin-Code: Landmark:

Telephone No.: Email Id:

Broad Classification of NGO: Relief Oriented NGO Development Oriented NGO Campaigning NGO
(Also please provide a brief description of the activities performed by the NGO.) Relief oriented & Campaigning NGO Development Oriented and Campaigning NGO
 Relief & Developmental oriented NGO Relief & Development & Campaigning NGO
 Other (please specify) _____

Number of members covered by the NGO:

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 | 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 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 - NGO, then please fill in the details below

Year of inception of the NGO:

Relationship of proposed members with NGO: Volunteer or Activist Beneficiary or Receiver of Charity cum Service Employee
 Fund Raiser Donor of Fund Other (please specify) _____

Does the NGO follow SHG model? Yes No If yes, kindly fill in the questions under SHG section above _____

Does the NGO provide charity or relief to members for healthcare in the form of providing aids for treatment of diseases, access to hospitals etc.? Yes No

IF NATURE OF PROPOSER - MFI then please fill in the details below

Name of MFI:

Purpose of Loan: Income Generating Non Income Generating

If Income Generating, then type of loan: Agricultural Fishery Animal Husbandry Forestry Food Processing
 Handy craft & Skill based jobs like tailoring, embroidery, Handy craft, pottery Manufacturing like coir, bidi, bricks etc.
 Services like shops, eateries, restaurants, schools, saloons etc.

If Non Income Generating, then purpose of loan: Health Expense Marriage Expense Repayment of an earlier Loan
 Education Expenses Others (please specify) _____

IF NATURE OF PROPOSER - Co-operative Society, then please fill in the details below

Name of the Cooperative society:

Broad Category of the Cooperative Society: Marketing Cooperative Input Cooperative Marketing + Input Cooperative

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 maximum sum insured of ₹50,000/- per person with coverage for accidental death and Permanent Total Disability. If family is covered the sum insured for per family member will be equivalent to the sum insured opted by Primary insured	Compulsory	Compulsory	<input type="checkbox"/> 10,000 <input type="checkbox"/> 20,000 <input type="checkbox"/> 30,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 50,000	
Asset Insurance – Coverage against Fire and allied perils, Burglary and housebreaking but excluding theft. Maximum sum insured ₹30,000/-	Optional	Item Description	Maximum sum insured ₹30,000/-	
		Dwelling		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Stock of farm produce (Max. ₹5000)		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Other Contents		<input type="checkbox"/> Yes <input type="checkbox"/> No
		Farm tools and implements (Max. ₹5000)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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DECLARATION:

I/We _____ verify the contents of this form have been read over and clearly explained to me/us by _____ and I/We fully understand them. I/We further certify that the replies in this proposal form have been recorded by me / us

Relation of witness to the proposer _____

Signature of Witness

Date:

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*						