

CATTLE INSURANCE POLICY

Guidelines for completion of the form: 1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 2. Kindly contact SBI General's Offices or Agents for any doubts or clarifications on the proposal form.

Note: The liability of SBI General does not commence until this proposal has been accepted by SBI General premium has been paid and upon full realisation of the premium payment by the Company, regarding 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.

INTERMEDIARY'S DETAILS (* Mandatory Fields if Sales Channel Type selected is Banca)

Segment Type:	<input type="checkbox"/> Corporate	<input type="checkbox"/> Retail	<input type="checkbox"/> SME	Business Sector:	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Social
Business Type:	<input type="checkbox"/> New	<input type="checkbox"/> Roll-Over	<input type="checkbox"/> Renewal	Sales Channel Type:	<input type="checkbox"/> Banca	<input type="checkbox"/> Agency	<input type="checkbox"/> Direct
Sales Channel Code:	<input type="text"/>			Specified Person's Code*:	<input type="text"/>		
Specified Person's Name*:	<input type="text"/>			Agreement Code:	<input type="text"/>		
GSTIN/ISDN:	<input type="text" value="IF APPLICABLE"/>						

PROPOSER'S DETAILS (*MANDATORY FIELDS)

- Duration of Cover required: 1 Year 2 Years 3 Years
- Policy Period: From to
- Name of the Proposer:
- Address of the Proposer:

 Pincode:
- Address if animals are stabled at other than above address:

 Pincode:
- Aadhaar Card No.: PAN*: /Form 60 /61 (if Available):

7. Give the following particulars in full, of each of the animals proposed for Insurance (add extra sheets if required):

Type of Animal Cow, Buffalo, Stud Bull, Bullock	Gender M/F	Age	Description of the Animal			Market Value / Sum Insured	Ear Tag No.	Vaccination Details (if any)
			Colour	Breed of the Animal (Indigenous/ Cross-bred/Exotic)	Purpose of the Animal			

- Please state whether a certificate of good health issued by a qualified Veterinary Doctor for each animal proposed for Insurance is attached Yes No
- Please mention the existing diseases of the animal to be covered _____ Yes No
- Whether own Veterinary Service available? Yes No
- Provide following information, in case of farm \ Is a qualified Veterinary Doctor employed to look after the animals? Yes No

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. | Cattle Insurance UIN: IRDAN144CP0007V01201819 | ADVT NO.: ADPRO/20-21/MAY/169 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

12. Have you lost any animal/s during the last three years?
If so state particulars.

Year	Cause of Loss	Number of Animals Lost

13. Previous Cattle Insurance Policy and Claims Experience (for the last three years):

Year	Type of animal (Cow, Buffalo, Stud Bull, Bullock)	Name of the Insurer	Claim Amount	Whether claim settled in Full or in Part or Outstanding or Repudiated.

14. Has any Company:

- Declined to issue a Policy to you? Yes No
- Declined to continue your Insurance? Yes No
- Imposed any restriction or special conditions? (If yes, please furnish the details) Yes No

15. Is any Bank or other Financing Institution interested In the animal?

If so, state Name of Bank Location of the Branch:

16. Is/are the animal/s proposed for Insurance covered by IRDP
or any other similar scheme? If so, state the name of the scheme: Yes No

17. Any other information material to the risk or the terms upon which cover might be offered:

18. Corporate: Yes No 19. GSTIN/ISDN: IF APPLICABLE

19. 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.

ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Cattle Insurance Policy 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 KYC OVD (Officially Valid Documents)

PAYMENT DETAILS (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited" (*Mandatory fields)

Cheque No./DD No.: Amount: Date:

Bank Name: Branch:

Bank Account No.*: IFSC Code*:

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

Nationality: Indian/Non- Indian If Non-Indian, please specify the Country: _____

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Type of Organisation: Corporation Government Non-Governmental Organisation Society Trust
(Only applicable if policy issued on Group Basis)
 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

AGENTS 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: Place:

Signature of Agent: _____

DECLARATION

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 complete in all respects and that there is no other information which is relevant to my application for Insurance for me or the person to be Insured that has not been disclosed to you. I /We and/or the person to be insured agree that this proposal and the declarations shall be the basis of the contract between me/us and/or the person to be Insured and SBI General Insurance Co. Ltd. and I/We and/or the person to be Insured agree to accept the cover in the usual form of Policy prescribed by SBI General Insurance Co. Ltd. and to pay premium.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with the State Bank Group entities for specific purpose of availing services offered by the State Bank Group (please strike this clause in case you do not wish to disclose the personal data).

Date: Place:

Signature of Proposer

SECTION 41 OF INSURANCE ACT, 1938

1. No person shall 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 whole or part of the commission payable or any rebate of the premium shown in 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 punishable with fine, which may extend up to ₹ 10 Lacs.

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 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 declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief.

Date: Place:

Signature of the Witness

Signature/Thumb impression of the Proposer

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CATTLE INSURANCE POLICY

Cattle Insurance Policy – Veterinary Doctor's Certificate Format

1. Name of the Proposer:

2. Address of the Proposer:

3. Address if animals are stabled at other than above address: Pincode:

4. Aadhaar Card No.: PAN*: /Form 60 /61 (if Available):

5. Give the following particulars in full, of each of the animals proposed for Insurance (add extra sheets if required):

Type of Animal	Gender	Age	Description of the Animal			Market Value / Sum Insured	Ear Tag No.	Vaccination Details (if any)
			Colour	Breed of the Animal (Indigenous/ Cross-bred/Exotic)	Purpose of the Animal			
Cow, Buffalo, Stud Bull, Bullock	M/F							

The above mentioned animal (s) was/were carefully examined by me on ___/___/___ at ___ A.M./ P.M. and found to be in sound health. I certify that the animal (s) is/ are free from any pre- existing illness, injury and are in a fit condition for Insurance. I certify that the cost of the animal (s) mentioned above is reasonably accurate.

Signature the Veterinary Doctor: _____ Date: Name:

Designation: Qualification: Registration Number:

Address:

Pincode:

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AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance, and ensure to provide the details of beneficiaries to the Company as and when required."

To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, In absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

Applicable to non Individual customers.

3. Determination of Beneficial Ownership:

I/We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

*Notes:

a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.

1. "Controlling ownership interest" means ownership of or entitlement to more than twenty-five percent of shares or capital or profits of the company;

2. "Control" shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;

b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than **fifteen percent of capital or profits of the partnership.**

c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than **fifteen percent of the property or capital or profits of such association or body of individuals.**

d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.

e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with fifteen percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.