

Regd. & Head Office : GE Plaza, Airport Road, Yerawada, Pune - 411 006

GROUP PERSONAL ACCIDENT INSURANCE

Proposal Form

Important : This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

NOTE: PLEASE ANSWER EVERY QUESTION AND FULLY

(The policy does not commence until the proposal is accepted and premium paid)

Regional / Branch Office Code

Broker / Agent Name _____ Code

1. Name of the Proposer

2. Customer ID

3. Address of the Proposer
 Plot No/Door No. Building name
 Road
 Area
 City Pincode
 State
 Phone No. E-mail Id

4. Profession, trade, business or occupation of the Proposer Please describe fully

5. Please attach a separate list of employees/members you wish to cover in the following

Name	Identification no.	Age	Nature of duty performed (in case of employees)	Annual Income (Rs.)	Sum Insured (Rs.)

6. Does your trade or business require employees to be engaged in manual labour? Please specify	
7. Do your employees engage in :	
a. Racing on wheels or horseback	
b. Big game hunting	
c. Mountaineering	
d. Winter sports, skiing or Ice Hockey	
e. Ballooning or Polo or sports of similar nature	
f. Any other activity coming under risk classification Group III as per prospectus	

8. Please attach a separate list in the following format of the spouses and children of the employees/members if the cover is required for them

Name	Age	Related to Employee/ member		Relationship	Capital Sum Insured (Rs)
		Name	Identification no.		

9. Please attach a separate list of categories of employees/members you wish to cover in the following format

Category	Duties Performed	Number	Average number in each Age Bracket from age 20 increasing in multiples of 10	Average Earnings	Sum Insured (Rs.)

10. have you ever proposed for Accident, and/or Life Insurance for your employees ? If so, give name of each, Company and amount of Insurance. (Please also provide the premium and claim details for last 3 years).	
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11. Has any Company	
a. Declined to issue a policy to you ?	
b. Declined to continue your insurance ?	
c. Not invited renewal of your policy?	
d. Imposed any restriction or special conditions (including as to the amount of premium) ?	
if so, give names and address of each company in respect of (a), (b), (c) and (d) above.	
12. Is this insurance to be additional to any other Accident Policy or Employee, Scheme. If so, give particular of all other policies.	
a. Name of Co.	
b. Sum Insured	
c. Policy No.	

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Bajaj Allianz and I/We agree to accept a policy, subject to the conditions prescribed by Bajaj Allianz and to pay premium on the amount estimated above at the end of each policy period.

Date : dd/mm/yy

Proposer's Signature

PROHIBITION OF REBATE
SECTION 41 of the Insurance Act, 1938

1. No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out 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 renewing or continuing a Policy accept any rebate except such rebate, as may be allowed in accordance with the published prospectuses or rebate of the Insurer.

2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.