

LONG TERM HOME INSURANCE POLICY

Proposal Form

FOR OFFICE USE

Quote No.	<input type="text"/>	Inward No.	<input type="text"/>
Receipt No.	<input type="text"/>	Receipt Date	<input type="text"/>

INTERMEDIARY 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"/>						

PART I - INDIVIDUAL (* Mandatory Fields)

1.* Do you have existing relationship with SBI General Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, then please mention Contact ID:	<input type="text"/>
2.* Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs.	
3.* Name	<input type="text"/>			
	<input type="text"/>			
4.* Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	5.* Date of Birth	<input type="text"/>
6.* Unique Identification (minimum one is required)	<input type="checkbox"/> PAN Card	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Biometrics Card
	<input type="checkbox"/> Gov UID	<input type="checkbox"/> Voter ID	<input type="checkbox"/> Driver License	
7.* Unique Identification No.	<input type="text"/>			
8.* Marital status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others	9.* Nationality
	<input type="text"/>			
10.* Education	<input type="checkbox"/> Non-Matriculate	<input type="checkbox"/> Matriculate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post-Graduate
	<input type="checkbox"/> Professional			
11.* Occupation	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self Employed /Professional	<input type="checkbox"/> Business	<input type="checkbox"/> Student
	<input type="checkbox"/> Retired	<input type="checkbox"/> Agriculture & allied	<input type="checkbox"/> Others	
12. E-Mail address	<input type="text"/>			
13. Telephone details	Contact No.	<input type="text"/>	Mobile No.*	<input type="text"/>
14.* Preferred Contact Mode (Please Tick ✓)	<input type="checkbox"/> Email	<input type="checkbox"/> Paper mail	<input type="checkbox"/> Phone	15. Preferred Payment Mode
	<input type="checkbox"/> EFT	<input type="checkbox"/> Cheque		
16.*Address of the Proposer	House No.	<input type="text"/>	Block	<input type="text"/>
	Building	<input type="text"/>	Locality	<input type="text"/>
	Street	<input type="text"/>		
	City	<input type="text"/>	District	<input type="text"/>
	State	<input type="text"/>	Pin code	<input type="text"/>
			Country	<input type="text"/>

PART II - Risk Coverage Proposal Details

1. Location of the Property to be covered (Risk Location Address)	House No.	<input type="text"/>	Block	<input type="text"/>
	Building	<input type="text"/>	Locality	<input type="text"/>
	Street	<input type="text"/>		
	City	<input type="text"/>	District	<input type="text"/>
	State	<input type="text"/>	Pin code	<input type="text"/>
			Country	<input type="text"/>

2. Are you the sole owner of the Property? Yes No
If you are not the sole owner, Please provide the following:

Name of the co-applicants

F	I	R	S	T	N	A	M	E					M	I	D	D	L	E	N	A	M	E					S	U	R	N	A	M	E
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Date of Birth

D	D	M	M	Y	Y	Y	Y
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i) Second Joint Owner

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 Date of Birth

D	D	M	M	Y	Y	Y	Y
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ii) Third Joint Owner

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 Date of Birth

D	D	M	M	Y	Y	Y	Y
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3. Policy Tenure (Min.3 yrs, Max.30yrs)

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 yrs 4. Period of Insurance: From

D	D	M	M	Y	Y	Y	Y
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 To

D	D	M	M	Y	Y	Y	Y
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5. Is the Property mortgaged to any financial institution? Yes No
If Yes, kindly provide the following information

i) Name of the Financial Institution

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ii) Branch of the Financial Institution

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iii) Loan Account No.

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6. Year of Construction of the Building

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7. Construction Details RCC Walls & RCC Roof Brick or Stone walls & RCC roof Brick or Stone, Metal sheet
 AC sheet, Glass panel walls & AC or Metal Sheet, Tiled Roof/ Wooden planks or Tarpaulin or Canvas or Thatched leaves.

8. What is the Type of building? Flat / Independent House / Semi-detached House
If the building is a Flat, please provide the following:

i) On which floor of the building, is the flat located?

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 Floor ii) Total Number of Floors in the building G+

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 Floors

9. What is the usage of the building? Residential or Private use only / Combination of Residential & Business use / Business use only

10. Indicate approximately the area of your property

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 sq.ft. 11. What is the market value of the property?

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12. What is the Loan amount?

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13. Is the property in a good state of repair and will it be maintained so at all times? Yes No 14. Sum Insured of the building on Reinstatement Basis:

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PAYMENT DETAILS

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

Cheque No/DD No.

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 Amount

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 Date

D	D	M	M	Y	Y	Y	Y
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Bank Name

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 Branch

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PART III - DECLARATION BY PROPOSER

I/We hereby declare that the statements made by me / us in this Proposal Form are true and complete in all respects to the best of my / our knowledge and belief and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I / We hereby agree that this declaration shall form the basis of the contract between me / us and SBI General Insurance Company Limited and I/We agree to accept a policy, subject to the conditions prescribed by SBI General Insurance Company Ltd and to pay premium on the amount estimated above at the end of each policy period. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Company or any other person, files a proposal for insurance containing any false information, or conceals for 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 Company and result in a denial of insurance benefits.

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

Date:

D	D	M	M	Y	Y	Y	Y
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 Place:

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Signature of Proposer / Financier

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 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 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 FIVE HUNDRED RUPEES.

DOCUMENTS LIST (Please Tick ✓)

Proposal cum Questionnaire Payment Advice/Instrument Service Tax Exemptions Letter, if any

KYC DOCUMENTS ATTACHED (*Must in case of annual premium of Rs.1 Lac and above)

Pan Card# Passport Government UID Voter's Identity Card
 Telephone Bill Ration Card Driving License Electricity Bill