PROPOSAL FORM FOR GROUP HOME PROTECT POLICY

Form No - _____

GUIDELINES FOR COMPLETION OF THE FORM *(To be filled by proposer)*

Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.

Insurance is a contract of utmost good faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the Proposal Form. If you think any fact is material, please disclose it.

The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the Proposal Form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on his behalf.

Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the Proposal Form

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and premium is paid.

SCOPE OF COVER

Provides insurance to the any kind of loss or damage to the Dwelling and/or Contents sustained on account of Accident

SIGNIFICANT EXCLUSIONS:

Please refer to the Policy document

EXTENSIONS:

In addition, certain optional extensions are available, the details of which are provided in the relevant sections of the Proposal Form.

NOTE: The foregoing is only an indication of the cover offered. For details please refer to the Policy.

DETAILS: Put a (√) mark wherever applicable

Policy Holder Details

Name of the policy holder (please leave a space after each part of name)

Name: (Mr./Mrs./Ms./Dr.) First Name Middle Name Last Name

Policy Holder Mailing Address:

City / Town / Village

State Pin Code

Contact No. Mobile

E-Mail Address

Type of Proposer: ☐ Individual ☐ MSME/SME ☐ Partnership firm ☐ Company ☐ Govt. ☐ Others _____

Do you wish to avail policy documents in physical form: ☐ Yes ☐ No

Details of Multiple/Other insurance covering same risks with any other Insurance Company: _____

Underwriting parameter for Policy holder

Structure Details

Expected number of policies ☐☐☐☐

Average Age of Building: For the entire portfolio (Can be based on expected value)

☐ 0 – 2 year ☐ 2 – 5 years ☐ 5 – 10 years ☐ 10 and above

Ground floor/basement contribution to the group portfolio size (Can be based on expected value of count of group members)

Ground floor/Basement _____%

Average number of floors: For the entire portfolio (Can be based on expected value)

☐ Less than 5 years ☐ 5 – 10 years ☐ 10 – 20 years ☐ More than 20 years

Type of Funding: - ☐ Self-funded ☐ Non Self-Fundedpe of Construction

Type of Construction: - ☐ Kutcha Construction

Average Earthquake Zone composition of the portfolio (Can be based on expected value of count of group members)

☐ Earthquake Zone 3 and 4 ☐ Earthquake Zone 2 ☐ Earthquake Zone 1

Fire Extinguisher Discount: - ☐ Hand Appliances. ☐ Hand Appliances and Sprinkler system or smoke heat detection system

Distance from nearest fire brigade within 10 km radius ☐ Yes ☐ No

Security Guards/Installation of Security Systems ☐ Yes ☐ No

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*?

☐ Yes ☐ No

If yes, please give details (Nature of relationship and position held by PEP): _____

*Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Government, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Coverage Details, wherever applicable

Basis of Sum Insured – Structure (Any one)	Sum Insured value
Full Value Basis	
Reinstatement Value Basis	
Indemnity Value Basis	
Basis of Sum Insured – Household Goods (Any one)	Sum Insured value
New for Old Value Basis	
Indemnity Value Basis	

List of Electronic/Furniture items above INR 10,000

S No	Description of item	Value (INR)
1	-	-
2	-	-
3	-	-

List of items covered under Mechanical &/or Electrical Breakdown Cover

S No	Description of item	Value (INR)
1		
2		
3		
4		

List of items Covered under In House/On The Move Valuables Cover

S No	Description of item	Value (INR)	In House/ On the Move
1			
2			
3			

List of items Covered under household goods on unnamed location basis

S No	Description of item	Value (INR)
1		
2		
3		

Details of coverage, Sum Insured and Deductible whichever is applicable is shown in the table below

S. No	Risk Covered	Sum Insured /Limit of Indemnity (`)	Deductible (`) (as applicable)
Section A.1 & B.1	ICICI Bharat Griha Raksha		
Section A	Structure related Coverage		
A.2	All Risk Cover – Building		
	Extensions to Section A		
A.3	Terrorism Cover		
A.4	Temporary House Rent Cover (Indemnity period-Months)		
A.5	Loss of Rent Cover (Indemnity period-Months)		
A.6	Escalation Clause (% increase per year)		
Section B	Contents related Coverage		
B.2	Contents Comprehensive Cover		
	Extensions to Section B		
B.3	Burglary Cover		
B.4	Contents Loss Limit Cover		
B.5	Mechanical &/or electrical breakdown Cover		
B.6(a)	In-House Valuables Cover		
B7	Contents on Alternative location Basis Cover		
B8	Contents in Transit Cover		
B9	Work from Home cover of Employer Assets in custody of Insured		
B10	Tenant's Legal Liability		
Section C	Other Extensions		
C1	Expenses for alternate accommodation to Insured/Family Member in conjunction with contagious disease leading to epidemic or pandemic for quarantine		
C2	Sanitization Expenses in conjunction with contagious disease leading to epidemic or pandemic		
	Clauses/Endorsements		
	Reinstatement Value Clause		
	Agreed Bank Clause		

Premium Details

Net Premium^ (in ₹)	
Applicable Taxes (in ₹)	
Total Premium^ (in ₹)	
Mode of Premium Payment	Cheque/NEFT/RTGS/UPI

SPECIAL CONDITION (if any)

Declaration

I/ We have read and understood the terms and conditions of the Policy and confirm to abide by the same. I/We hereby agree that the insurance coverage under the Policy will commence only on realization of full premium. Receipt of proposal form by the Company shall not be construed as acceptance of proposal. Company in its sole discretion reserves the right to accept or reject any proposal without assigning any reasons thereof. I/We, the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Insurer.

I/we agree that the Policy shall become void at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material fact* in the Proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this policy.

* A material fact will mean and include all important, essential and relevant information pertaining to the questions raised above herein that is likely to influence the Company's acceptance or assessment of the proposal.

I/We declare that the contents of this proposal form and other documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

I/We hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with Company as and when required.

I/We understand that the Company has right to call for documents to establish source of funds

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately, not later than 30 days.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Name of the Policy holder:

Place:	
Date: D D M M Y Y Y Y	Sign & Stamp of the Policy holder:

BANK DETAILS

Refund of Premium (Policyholder/Proposer)

Account Holder Name

Bank Name

Account No. IFSC Code

Payment Information:

Mode of Payment: Cheque Demand Draft

Cheque No: Demand Draft No:

Date: D D M M Y Y Y Y Drawn on

Amount In Figures:

Amount In Words:

(FOR OFFICE USE ONLY)

VERTICAL INFORMATION

Agent Name

MO Name:

Received date & time by MO D D M M Y Y Y Y Time: :

STATUTORY WARNING PROHIBITION OF REBATES
(Under Section 41 of 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 renew 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 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:
(Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.)
(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

For section A.1 & B.1 (ICICI Bharat Griha Raksha

1. This proposal is for covering Home Building and/or Home Contents against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium paid.

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	

Details about Proposer and Policy Period

1.	Name of Proposer	
2.	Address of Proposer	
3.	Contact No. a) Mobile b) Landline	
4.	Email	
5.	Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
6.	Period of Insurance	From _____ To _____ (No of Years in case of long term policy:) Note: For Long term policy, Period shall not exceed 10 years.
7.	Nomination:	Nominee Name: Relationship with the insured: Mobile No. Email ID Present & Permanent Address Authorized person for Minor Nominee Bank Details

Covers Opted

8.	Is there any policy in place for the same property? If Yes, please provide the details:	☐ Yes ☐ No
9.	Cover/s required: (When Home Building and Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹10 Lakh (Rupees Ten Lakh) is automatically provided).	Cover / Please Tick Home Building & Home Contents Home Building Only Home Contents Only

Location of Home Building

10.	Location of Home Building - full postal address with Pin Code.	Pin Code:
11.	Is it in a multi-storey building or is it a standalone house?	
12.	In case of multi-storey building, please provide the floor number of Your house	
13.	Is there a basement to Your house?	

D. Details of Home Building

Please note:

Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.

It also includes 'additional structures' if they are on the same site, are used as part of Your Home Building:

a) garage, domestic out-houses used for residence, parking spaces or areas, if any;
b) compound walls, fences, gates, retaining walls, internal roads;
c) verandah or porch and the like;
d) septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

14.	Sum Insured (SI) for Home Building: Please note the following: (The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:	
	a. ***For residential structure of Your Home including fittings and fixtures:*** *Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date. The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.* b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)	a. SI for residential structure of Your Home including fittings and fixtures (in ₹): b. SI for additional structures (in ₹): Additional Structure / Sum Insured (in ₹)
15.	*Carpet area of structure of Home in square metres*	
16.	*Rate of Cost of Construction per square metre at the policy*	

Other Details

17.	Age of Home Building	
18.	Construction Details Please note the following: (Building(s) having walls and/or roofs of wooden planks/ thatched leaves and/or grass/hay of any kind/ bamboo/ plastic cloth/ asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction. Construction other than Kutcha Construction is a ***'Pucca Construction'***)	*(*strike out what is not applicable)*

A. Details of Home Contents

Please note:

Please note the following:

i) Home Contents refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.

ii) General Contents are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.

iii) Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.

19.	If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured Or If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents. (Sum Insured represents Cost of Replacement)	Item wise Sum Insured for General Contents (in ₹): Items / Sum Insured (in ₹) Furniture, Fixtures and Fittings(Home Furnishings) Electrical/Electronic Others
20.	In case of Basement, If there are contents in it, please provide the Sum Insured	

E. In-Built Covers (Loss of Rent & Rent for Alternative Accommodation)

21.	Cover for (Please Tick) Loss of Rent Rent for Alternative Accommodation	Loss of Rent: I. Sum Insured: II. Number of Months: Rent for Alternative Accommodation: I. Sum Insured: II. Number of Months:

F. Optional Covers (available on payment of additional premium)

22.	Do You require 'Personal Accident Cover' for Yourself and Your spouse?	☐ Yes ☐ No If Yes, Name & age of Your spouse: Spouse Name: _ _ _

A. Additional/Add-on Covers (over and above optional covers available on payment of additional premium)

Sl.No	Name of Add-on cover	Sum insured

B. Premium Details

Mode of Payment	
Payment Details	
Amount (in ₹)	

C. Claims details

Please specify details of any loss to the proposed Property in last 3 years:

Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

D. Declaration by Insured

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 I / We hereby agree that this declaration shall form the basis of the contract between me/us and the

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

Place:_____	
Date: D D M M Y Y Y Y	Signature of the Proposer

DECLARATION WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/ THE PROPOSER SIGNS IN A VERNACULAR LANGUAGE/ PROPOSER IS ILLITERATE

- I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from ICICI Lombard GIC ltd. to the proposer and that he/she confirmed that he/she has understood the same and he/she agrees to abide by all terms and conditions of the same.
- I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____language, that I have truly correctly recorded the answers given by the proposer and that the proposer has fixed his/her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.
- I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of the Proposer

Name of the Witness

Signature of Proposer	Signature of Witness

Place: _____ Date D D M M Y Y Y Y

Relationship with Proposer

Address of Witness

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____(Name)_____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre 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 cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.
_____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Intermediary Name / Principal Officer Name:
Code/Functional Identity:
Contact No. of the branch:
Email ID of the branch:
Branch/Office:

Date:
Place:

STATUTORY WARNING

PROHIBITION OF REBATES

(Under Section 41 of 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 renew 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 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:

(Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.)

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.