UIN: IRDAN115RP0016V01202223

Club Royale Home Insurance Policy

Proposal Form

Application No: _____

Please note:

1. Please tick the boxes wherever applicable.
2. Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void.
3. All the items must be free of any defects and must be in perfect condition at the time of inception of the Insurance cover.
4. Policy wordings are available on request.
5. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
6. The property proposed for insurance is not covered until the proposal is accepted and premium paid.
7. The Coverage under the policy has been divided under following sections. Any two sections are mandatory i.e. the customer needs to opt for at least two sections to avail this policy.

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

A. INSURED DETAILS

1.Name Of Proposer: _____

_____

2. Sex: M ☐ F ☐ Marital Status: Single ☐ Married ☐

3. Date of Birth: _____PAN No:_____

4. Occupation: _____Employer(if any): _____

5. Communication Address: _____

City:_____District:_____

State: _____ _____Pincode:_____

Mobile No: _____

Email ID: _____

Nationality: _____

GSTIN/UIN: _____

Number of Children:_____

6. Nomination: Nominee Name:_____

_____

Relationship with the Proposer:_____

7.Period of insurance: From:_____To:_____

8. Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions:

Insured 1:_____

Insured 2:_____

Insured 3:_____

Insured 4:_____

Financier Name(if applicable):_____

1. DETAILS OF PROPERTY TO BE INSURED:

A. Covers Opted

Is there any policy in place for the same property?	Yes/No
If Yes, please provide the details:	
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 Buildings & Home Contents	
Home Buildings Only	
Home Contents Only	

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

C.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.*

1.	**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.*	***a.*** **SI for residential structure of Your Home including fittings and fixtures (in ₹):**

	b. For additional structures*: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)*	**b. SI for additional structures (in ₹)**: Additional Structure | Sum Insured (in ₹) | |
2.	Carpet area of structure of Home in square metres	
3.	Rate of Cost of Construction per square metre at the policy	

Other Details		
1.	Age of Home Building	Less than 5 years | 5-10 years | 10-20 years | Above 20 years |
2.	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')*	| Construction * | Wall | Kutcha / Pucca | Floor | Kutcha / Pucca | Roof | Kutcha / Pucca | *(*strike out what is not applicable)*

D.Details of Home Contents

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.*

iv) If You have opted for Home Building and Home Contents cover, the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakhs (Rupees Ten Lakh) are automatically covered.

1.	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 Furniture, Fixtures and Fittings (Home Furnishings) Electrical/Electronic Others
2.	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)

1.	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)

1.	Do You require 'Personal Accident Cover' for Yourself and Your spouse?	Yes/No If Yes, Name & age of Your spouse: Your age:

2.	Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)': ***(Valuable Contents** of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.)* *(You have to submit a Valuation Certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is upto ₹ 5 Lakh and Individual item value does not exceed ₹ 1 Lakh).*	Yes/No If Yes, please attach list of items and Sum Insured: Valuation certificate attached? (Yes/No)

II – Burglary and Theft

Burglary and Theft	Sum Insured (`)

III – Baggage

Baggage	`

IV – Section 1 - Domestic Electronics & Electronic Appliances

Sr. No.	Description/Make/Model	Year of Make	Serial Number	Sum Insured (`)
1.				
2.				
3.				
4.				

IV – Section 2 - Complex Tools

Sr. No.	Description/Make/Model	Year of Make	Serial Number	Sum Insured (`)
1.				
2.				
3.				
4.				

V – Fine Art and Valuables

(All newly acquired items are covered as mentioned in your schedule)

A. JEWELLERY

Sr. No.	Description	Number	Weight	Sum Insured (`)
1.	Jewellery Worldwide			
2.	Jewellery in Bank			
3.	Jewellery in Home Safe			
4.	Unspecified Jewellery			
5.	Watches Worldwide			
6.	Watches in Bank			
7.	Watches in Home Safe			

B. FINE ART/VARIABLES

Sr. No.	Description	Number	Sum Insured (`)
1.	Paintings		
2.	Sculptures (Non-fragile and non-outdoor)		
3.	Newly acquired fine art & valuables		
4.	Outdoor items		
5.	Antique Furniture		
6.	Items of brittle and fragile nature		
7.	Items of Gold, silver and other precious metals		
8.	Collector Guns		
9.	Wine collections		
10.	Books		
11.	Clocks, barometers and mechanical art		
12.	Others - Portable Electronics		
13.	Others - Plate Glass		
Sr. No.	**Description**	**Number**	**Sum Insured (`)**
14.	Others 1		
15.	Others 2		
16.	Unspecified Items		
c.	Coverage for exhibition, display and promotion required- Yes ☐ No ☐		

Please specify the coverage amount:

VI– Liability	
No of Domestic employees at the insured location/s ----------	INR _____
Name of Assignee/Nominee:	

VII– Marine Transit	
Benefit – Marine Transit	INR _____

VIII– Cash in Safe	
Benefit – Cash in safe	INR _____

IX– Recreational Bicycle Cover		
Description	**Number**	**Sum Insured**

X– Pet Cover		
Description	**Number**	**Sum Insured**

XI– Personal Accident	
Name of assignee/nominee: _____	SI: _____
No. of domestic employee at insured location ---	

Other Information		
1) Is property likely to be refurbished within next 12 months using external contractors?	Yes	No
2) Had insurance been declined, refused, cancelled, or any special terms imposed by previous insurer?	Yes	No
3) Been convicted or charged with any offence (other than driving offences) or entered into arrangements with creditors or bankrupt?	Yes	No
4) Have you taken any other insurance policy from us or buying along with this?	Yes	No
5) Name and address of bank/safe deposit:		
Please provide details where the answer is 'Yes'		
Previous Insurance Particulars:		
1) Previous Insurer:		
2) Policy Number:		
3) Policy Period: _ _/ _ _/ _ _ _ _ to _ _/ __/____		

4) Claim during preceding three years: Yes ☐ No ☐

Please provide details if the answer is 'Yes'

Additional Information

Please provide us with any additional information that may help us in underwriting this risk, including details relating to the lifestyle and risk management of the assets.

For Producer Use Only:

Premium paid by Cash/Cheque No. _____ Date_ _/ _ _/ _ _ _ _ Amount (`) _____ Bank: _____

Branch: _____

PAN Card Number: _____ In absence of PAN Card, please give details of any other authorized photo identification card.

Card Type: _____ Number: _____

Sources of funds (please tick wherever applicable): Salary ☐ Business ☐ Others (Please Specify) _____

AML Guidelines

I/we hereby confirm that all premiums have been/will be paid from bonafide 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 sources of funds. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statues, directly or indirectly governing the prevention of money laundering in India.

Nationality: Indian ☐ Non - Indian ☐ If Non - Indian, please specify the country _____ Type of Organization making the payment (Please tick)

Limited Company ☐ Government ☐ Non-Government Organization ☐ Society ☐ Partnership ☐ Trust

International Organization ☐ Cooperative ☐ Section 25 Company ☐

Additional Information

If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.

_____

_____

Signature of the Insured Person / Proposer: Date:

Declaration:

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me.

I/we have understood these and confirm to abide by the policy terms & conditions.

_____ _____ _____

Signature of the Proposer Name & Signature of agent/intermediary Code

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer:

Name & Signature of agent/intermediary:

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:

Place: _____ Date: _____

Signature of Intermediaries/Principal Officer: _____

Declaration and Warranty

☐ 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 ICICI Lombard General Insurance Company Ltd.

☐ I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of Insurance along with the said conditions prescribed by the company.

☐ 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.

I/We agree to the company taking appropriate measure to capture the voice log for all such telephonic transactions carried out by me/us as required by the procedure/regulations internal or external to the company and shall not hold the company responsible or liable for relying/using such recorded telephonic conversation.

☐ I/We agree that the insurance would be effective only on acceptance of this application by the company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of amount of premium by the company the policy shall be deemed cancelled 'ab-initio' and the company shall not be responsible for any liabilities of whatsoever nature under this policy.

Date: _____ _____

Place: _____ Signature of the Insured Person/Proposer

Bank Details

As per Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronics Funds Transfer (NEFT) / Real Time Gross Settlement (RGTS) / Interbank Mobile Payment Service (IMPS) For this purpose, please submit the following details of the proposer's bank account#.

Name of the account holder:

_____

Name of the bank: _____ Branch: _____

Type of Account: SB Account ☐ Current Account ☐ Others ☐ (please specify)

_____

Account no. _____ Bank IFSC code:

_____

If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned Account is to be attached. #mandatory if annualized premium is more than Rs.10,000

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus 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 TEN LAKHS RUPEES.

Section 64 VB of Insurance Act

Commencement of the risk cover under the policy is subject to receipt of premium by ICICI Lombard General Insurance Company Ltd.

Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, before concluding a sale.

Acknowledgement for Proposal

Please retain this counterfoil for your records (On behalf of ICICI Lombard General Insurance Company Ltd)

We acknowledge the receipt of payment of _____vide _____ from _____
Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of Policy. ICICI Lombard General Insurance Company Ltd is not liable for any claim between the time that the proposal amount is received and Policy start date The validity of receipt is subject to realization of proposal amount. Acceptance of proposal and issuance of Policy shall be subject to receipt of completed proposal form, premium payment and underwriting decision of the Company.

_____ Signature of the Representative:

_____ Name of the Representative:

You are requested to visit The Company's website www.icicilombard.com for Policy Wording