PROPOSAL FORM – PAW CARE INSURANCE

For Official Use Only

Marketing Officer: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□

Client ID Number: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. 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.
3. 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.
4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

NOTE:

1) The foregoing is only an indication of the cover offered. For details, please refer to the Policy.
2) The ability of the Company does not commence until this Proposal Form has been accepted by the Company and premium paid.

APPLICABLE WHERE COVER IS NOT OPTED ON GROUP

1. Name of the Proposer	
2. PAN / AADHAR Number / GST No (if applicable)	
3.Account Holder Details	Account Holder Name:
	Bank Name:
	Account No:
	Account type
	IFSC code:
	MICR
4.Nominations Details	Name of The Nominee: Relationship with Proposer: Mobile No Email id Address

	Date of Birth Percentage Name of Appointee* (In case if you wish to add more than one nominee, please add a page and provide the abovementioned details) *Only in case nominee is minor			
5.Proposer Communication Address				
	City		Pin code	
	Contact Number		State	
6. Proposer e-mail Id				
7. Nature of the Proposer	Salaried			
	Self Employed			
	Corporate			
	Co-operative Society			
	Pet Club/Association			
	Other (Please specify)			
8. Are you an employee of IL GIC Ltd:			Emp. Code:	
9. Are you or any of the proposed applicants a PEP* or Family member/Close relatives/Associates of PEPs*?			☐ Yes ☐ o If yes, please give details (Nature of Relationship and position held by PEP)	
10. Number of Pets to be Insured (In words)				
11. Policy Type	☐ Short Term Policy* Please specify the number of months: _____ ☐ Annual policy ☐ Long Term Policy** Please specify the number of years: _____ Note: *The duration of the policy is below 12 months. **The product can be offered for long term up to a maximum of 5 years			
12. Period of Insurance	From			
	To			

13. Has any insurance company declined your proposal or refused to renew any of your policies?	Yes/ No

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

14. Please provide the list of Pet proposed to be insured under the policy in the following format:

Sr. No	Name of the Pet/s	Type of Pet Cat / Dog	Pet Category (Small /Large /Medium/ Giant /Mixed)	Sex (M/F) & Colour	Age (Yr & Months)	Breed	Body Colour	RFID No. (If available)	Identification Description
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

15. **COVER / SECTIONS**

Please mention the Sections you want to opt for and specify what Sum Insured option you want for the cover:

Mandatory Cover either section 1 or 2	Yes/No	Sum Insured (INR)/No of Sessions
Section.1 Comprehensive Cover		
OR		
Section.2 Named Surgery/Illness Cover		
a) Surgery Cover		
b) Hospitalisation Cover		

Optional Covers

Cover	Yes/No	Sum Insured (INR)/No of sessions	Cover	Yes/No	Sum Insured (INR)/No of sessions
Section 3. Accidental and Illness Death Benefit*			Section 10. Behavioural illness cover		
Section 4. OPD Cover*			section 11. Complications during Pregnancy & Birth related cover		
Section 5.Third Party Liability Cover			Section 12. Specialized therapy for Disease recovery Cover		
Section 6. Theft/Lost/Straying Cover*			Section 13. Emergency Road Ambulance cover		

Section 7.Trip Cancellation Cover			Section 14. Terminal Disease Cover		
Section 8. Emergency Pet Minding Cover			Section 15. Long Term Care Cover*		
Section 9. Dental Treatment Cover			Section 16. Tele-Veterinary Consultancy Cover		

*__NOTE__:

- Coverage will not be available for Giant Dog Breeds over the age of 4 years and all other Breeds over the age of 7 years, except if renewed with us without break.
- Coverage will not be available for cats over the age of 7 years, except if renewed with us without break.

Particulars	Details (Please tick)
1) Max No. of Video Consultations offered per year	a. 5 ☐ b. 10 ☐
2) Max No. of Telephonic Consultations offered per year	a. 5 ☐ b. 10 ☐
3) Pet Care Services–Facilitation.	a. Yes ☐ b. No ☐
4) Theft/lost/Straying cover with Tracking device (Note-if opted, 6(i) will be unavailable)	a. Yes ☐ b. No ☐
5) Advertising Expenses under theft cover (INR Maximum 1000)	
6) Reward under theft cover in case pet is found (INR Maximum 5000)	
7) Sub limit for Fracture of Limbs (INR)	a. Rs.1000 ☐ b. Rs.2000 ☐ c. Rs.3000 ☐ d. Rs.4000 ☐ e. Rs.5000 ☐ f. Rs.10000 ☐
8) No of days covered under Emergency pet minding cover	a. 5 ☐ b. 10 ☐
9) No of session under Specialized therapy	c. 5 ☐ d. 10 ☐ e. 15 ☐ f. 20 ☐ g. 30 ☐
10) Per Day Limit under Hospitalization cover	a. Rs.1000 ☐ b. Rs.1500 ☐ c. Rs.2000 ☐
11) Co-payment	A. Section 1 0% ☐ 10% ☐ 20% ☐ 30%) ☐ B. Section 2(a) 0% ☐ 10% ☐ 20% ☐ 30%) ☐ C. Section 2(b) 0% ☐ 10% ☐ 20% ☐ 30%) ☐ D. Section 4 0% ☐ 20% ☐ 30%) ☐

16. Is the Pet of Pedigree lineage? Yes No

Is your Pet vaccinated? Yes/No……..

17. Any existing disease/condition? If yes, please give details. ……..
18. Is your Pet(s) spayed or castrated? Yes / No
    If Yes, please state the reason……
19. Fitness certificate / complete medical report not older than 07 days available: Yes No
    (If yes, kindly provide the medical report)
20. Have you lost any animal/s during the last three years? If so, state particulars.
21. Do you already have any current insurance policy for the same pet? Yes No

Year	Cause of Loss	Number of Animal Lost

22. Previous Pet(s) Insurance and Claims experience (for the last three years)

Year 1	
Year 2	
Year 3	

23. Any other information material to the risk or the terms upon which cover might be offered……
24. Do you wish to avail policy document in physical form ___Yes ___No

Note: Kindly proceed to declaration part provided at the end of the Proposal Form.

Any additional information relevant to the Policy

Important Points:

1. Claims received within 30 days from the first Policy Commencement date, under any section of the Policy, shall be excluded except claims arising due to an Accident**.**
2. OPD COVER - A Compulsory Deductible of 10% of the Claim amount, subject to a minimum of Rs. 1000/- is applicable on each and every Claim unless specifically agreed otherwise by Us.

DECLARATION BY PROPOSER

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 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/proposal 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.

I/We hereby agree and confirm that if the premium collected by the Company is less than the premium as applicable to the sum proposed for insurance or scope of cover as desired by me/us, the sum insured under the Policy shall be reduced appropriately in accordance with the premium collected.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

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 and not later than 30 days.

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

Place: Proposer's Signature/

Date: Name:

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate or disabled

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 that he/ she agrees to abide by all the terms & 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 and correctly recorded the answers given by the proposer and that the proposer has affixed 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 Proposer: Name of Witness:

Signature of Proposer: Signature of Witness:

Date: Place:

Relationship with Proposer:

Address of Witness:

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____<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:

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 2 [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.]