COMPLETE HOME PROTECT

Proposal Form

GUIDELINES FOR COMPLETION OF THE FORM **Form No. ----------**

Product UIN - IRDAN115RP0013V03202122

Please answer all 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 paid.

SCOPE OF COVER	
Provides insurance to any kind of loss or damage to the Home Building and/or Home 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.	
Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	

A. Details about Proposer/ Policy holder and Policy Period

1.	Name of Proposer / Policy Holder	
2.	Mailing Address including Pin code of Proposer / Policy holder	
3.	Phone No. a) Mobile b) Landline	
4.	Email ID	
5.	PAN No.	

B. Details about Insured

1.	Name of Insured	
2.	Mailing Address of Insured - full postal address with Pin Code.	
3.	Phone No. a) Mobile b) Landline	
4.	Email ID	
5.	CKYC No (If available)	
6	Type of Customer	Non Resident Entity Foreign company registered in India Foreign LLP Government Department Hindu Undivided Family LLP/Partnership Local Authorities Private Limited Company Proprietorship Public Ltd Co Trust/ Foundation NGO/NPO (Provide DARPAN Portal Registration number above) Unincorporated Association or Body of Individuals Othera
7	Occupation details	
8	Policy to be issued in favour of (list out all the parties	If yes, please give details:

	who have insurable interest) including the financial institutions	…… …… …… ……
9	*Are you or any of the proposed applicants a PEP* or Family member/ Close relatives/Associates* of PEPs*? -Yes/No *Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc	
10.	Period of Insurance	□ 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 upto a maximum of 30 years
11	Do you wish to avail a physical copy of your policy documents?	Yes No
11	Details of multiple / Other insurance covering the same risk with other insurance Company	

C. Nominee Details:

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Nominee Name and Relationship				
Date of birth of nominee				
Percentage of nomination				
Mobile no. of nominee				
Email id of nominee				
Present and Permanent address of Nominee				
Bank Account Details:				
Beneficiary Name:				
Bank Name:				
Bank Account Number:				
IFSC CODE				

MICR NUMBER				
BRANCH				

C. Location Details

13	Location of Home Building - full postal address with Pin Code.	
14	Type of security	Manual __ Electronic ___ None_
15	Ownership of Dwellings	Self-Owned __ Rented___ Co-owned ____
16	Is it in a multi-storey building or is it a standalone house?	
17	In case of multi-storey building, please provide the floor number of Your House	
18	Is there basement to your house	Yes__No_ If yes, Please provide Sum insured_____
19	Type of Home	Bungalow ____ Apartment / Flat ____
20	Age of Home Building	Less than 5 years ____ 5-10 years____ 10-20 years ___ Above 20 years_
21	Type of construction	Kutcha ___ Pucca_____ RCC_____

Coverage Details, wherever applicable

This policy covers the following sections (**Section 1 is compulsory**) and at least one other section need to be opted. However under section 1, you can opt for either Cover 1(a) or 1(b) or both together..Please tick the sections that you wish to avail of and fill in the details against that section:

S.No.	Interest covered	Yes/No (Please select)	Sum Insured (INR)	Deductible excess (INR)
Section 1	ICICI Bharat Griha Raksha (Mandatory)			
1 (a)	Home Buildings Cover			
1(b)	Home Contents Cover			
(i)	Valuables on agreed Value Basis			
(ii)	Personal Accident			
(iii)	EMI Protector			
(iv)	Accidental Damage Cover			
(v)	Tenant's Liability Insurance			
(vi)	Landscaping Cost			
(vii)	Damage to Utility Systems			
(viii)	Incidental Costs			
(ix)	Inadvertent omission			
(x)	Minor Acquisitions			
Section 2	Additional Living Expenses			
(i)	Hotel Stay			
(ii)	Brokerage for alternate accommodation			

Section 3	Mechanical and/or Electrical Breakdown			
Section 4	Garden Cover			
Section 5	Home Contents- All Risk Cover			
Section 6	Loss of Contents whilst in Transit			
Section 7	Loss of Cash whilst in Transit			
Section 8	Cover for Specified Articles (As per list given by You)			
(i)	Baggage			
(ii)	Valuables and Fine Arts			
(iii)	Pair and Set			
Section 9	Personal Liability			
Section 10	Theft cover for Valuables (as per list given by You)			
Section 11	Break in Cover			
	General Household Content			
	Jewellery in Bank Vault			
(i)	Students Contents			

(ii)	Security upgrade			
(iii)	Precautionary repairs			
Section 12	Recreational Bicycle Cover			
Section 13	Loss of Documents			
Section 14	Lock & Key Replacement			
(i)	Lock Out Reimbursement			
(ii)	Rental Car Reimbursement			
Section 15	Personal Accident			
(i)	Transportation cost for carriage of dead body including funeral charges			

(ii)	clothing of Insured Person damaged in the Accident			
(iii)	Ambulance charges for transportation			
(iv)	CHILDREN'S EDUCATION GRANT			
(v)	Loss of Job			
(vi)	Rehabilitation and Modification			
(vii)	Injury Allowance due to Foreign object			
Section 16	Fixed Glass and Sanitary Fittings			
Section 17	Pet Cover			
Section 18	Permanent Relocation Cover			
Section 19	Teleconsultation			

NOTE:Section 5- Home Content- All Risk Cover is independent of Section 11-Break- in Cover and vice versa.

For instance- if an insured opts for Section 5: Home Contents – All Risk Cover in the policy, Break in Cover shall not be opted in the policy and vice versa.

Please fill in the details of the relevant sections opted wherever applicable.

ICICI Bharat Griha Raksha

1.	Is there any policy in place for the same property?	Yes/No
	If Yes, please provide the details:	
2.	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).	

A. 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	
13.	Is there a basement to Your house?	

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

	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*	**b. SI for additional structures (in ₹)**: Additional Structure | Sum Insured (in ₹)

	Policy Commencement Date.)	
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	Less than 5 years 5-10 years 10-20 years Above 20 years
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*	Construction * Wall: Kutcha / Pucca Floor: Kutcha / Pucca Roof: Kutcha / Pucca

C. 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, work s 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 ₹):
20.	In case of Basement, If there are contents in it, please provide the Sum Insured	

D. 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:

E. 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
23.	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*	Yes/No If Yes, please attach list of items and Sum Insured: Valuation certificate attached? (Yes/No)

Previous Insurance Details:

Sr. No.	Policy Period	Insurance Company	Premiums Paid	Claims

Payment Details:

Cheque	Credit Card	Premium Amount Rs.
Cheque No. /Credit Card No.		
Cheque Date		
Branch (if cheque payment)		
Bank Name/Credit Card Name		
If Credit Card (please tick wherever)	Master/Visa/Amex/Others	
Credit Card CVV Number		

F. 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

ANNEXURES:

Mechanical and/or Electrical Breakdown

List of items covered under Mechanical and/or Electrical Breakdown		
S No	Description of item	Value (INR)
1	-	-
2	-	-
3	-	-
4		
5		
6		
7		
8		
9		
10		

Cover for Specified articles:

List of items covered under Specified articles		
S No	Description of item	Value (INR)
1	-	-
2	-	-
3	-	-
4		
5		
6		
7		

8		
9		
10		

Break In Cover- Jewelleryin Bank Vault

List of jewellery item covered under Break In Cover		
S No	Sum Insured (in INR)	Address of the Bank
1	-	-
2	-	-
3	-	-

Pet details:

List of Pets covered under Pet Cover		
S No	Details of the Pet (Breed, Age, REIF No, Unique identification mark or others, if any)	Sum Insured in INR
1	-	-
2	-	-
3	-	-

Personal Accident:

S No	Nominee	Age- Relationship	Sum Insured

(FOR OFFICE USE ONLY)

VERTICAL INFORMATION

1) Agent Name :

I_ I_ I_

A. Declaration by Insured

I/We hereby agree that this declaration shall form the basis of the contract between me/us and "ICICI Lombard General Insurance Co. Ltd."
I/We also declare that if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately.
I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations shall be the basis of contract between me/us and the Company. I/We agree to accept a policy subject to the conditions prescribed by the Company. I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of the Section I of the Policy will stand forfeited. The policy may however be continued at the sole discretion of ICICI Lombard, subject to payment of the amount payable as determined by the ICICI Lombard, resulting from the difference in the bonus / malus status. I affirm and undertake that I have read and understood the policy wordings, terms, conditions and exclusions governing the cover and agree to abide by them.
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.

Date: Place: Digital signature/Signature of the Proposer / Policy Holder

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

Date: Place: Digital signature/Signature of the Proposer / Policy Holder

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:

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.