

PROPOSAL FORM FOR AGRICULTURAL PUMPSET INSURANCE

(Retail/ Individual)

Marketing Officer:

Branch Address:

Phone #:

Business Sector: Urban ☐ Rural ☐ Social ☐

Proposal Form No: _____

Client I.D. No: _____

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 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

The Insurance Policy broadly covers loss and/or damage to the Pump Set caused by Fire, Lightning, Burglary / Theft Mechanical / Electrical Breakdown, Riot, Strike, Malicious Damage, and Terrorism.

SIGNIFICANT EXCLUSIONS

The Insurance Policy does not cover loss and/or damage arising out of War, normal wear and tear, deterioration due to atmospheric conditions, willful act or gross negligence on the part of the Insured or his representatives, faults known to the Insured or their representatives, and losses falling under manufacturer's Warranty.

EXTENSIONS

In addition, certain optional extensions are available, the details of which are provided in the relevant section of the proposal form.

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:

601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West)
Mumbai - 400 064

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai 400 025

UIN : IRDAN115RP0009V01200102 (Agricultural Pump Set Insurance)

Toll free no : 1800 2666

Alternate no : 86552 22666 (chargeable)

E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com

NOTE

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

1. CLIENT INFORMATION

- a) Name of Proposer _____
 b) Postal Address _____
 c) Addresses of locations of Pump Set to be Insured _____

2. RISK DETAILS

Nature of Business	
Name of the manufacturer supplying the Pump Set.	

DESCRIPTION OF PUMP SET

PUMP Make _____ Price _____ Section _____ Delivery _____ Serial No. _____ Year of Make _____ Type: Centrifugal/Submersible	DRIVING UNIT Electric Motor Make _____ HP _____ RPM _____ Serial No. _____ Year of Make _____ AMPs _____ Voltage _____ Type: Squirrel Cage/Slip Ring	Diesel Engine Make _____ HP _____ RPM _____ Serial No. _____ Year of Make _____ No. of Cylinders _____ Stroke _____ Bore _____
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- (a) Sum Insured _____ Rs.
 (b) State the date when insurance / Date _____ / Month _____ / Year _____ is to commence.
 (c) Period of Insurance from _____ / To _____

3. EXTENSIONS

Whether Flood Cover Needed Yes/ No

Any additional information relevant to the policy applied for

Note: Please use additional sheets if space is not sufficient to complete details

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Are you or any of the proposed applicants a PEP* or a close relative of a PEP*?

Yes ☐

No ☐

If yes, please give details:.....

**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.*

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes 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, 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 Company.

I/We agree that the Company may exchange, share or part with any information to or with other ICICI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.

Place: _____

Proposer's Signature _____

Date: ____/____/____
(DDMMYYYY)

Name: _____ Designation: _____

**STATUTORY WARNING
PROHIBITION OF REBATES
(Under Section 41 of Insurance Act 1938)**

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.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakh rupees.

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PROPOSAL FORM FOR AGRICULTURAL PUMPSET INSURANCE (Group)

Marketing Officer:
Branch Address:

Phone #:

Business Sector: Urban ☐ Rural ☐ Social ☐

Proposal Form No: _____

Group ID. No: _____

GUIDELINES FOR COMPLETION OF THE FORM

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4. CLIENT INFORMATION

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 e) Postal Address _____
 f) Addresses of locations of Pump Set to be Insured _____

5. RISK DETAILS

Nature of Business	
Name of the manufacturer supplying the Pump Set.	

DESCRIPTION OF PUMP SET

PUMP Make _____ Price _____ Section _____ Delivery _____ Serial No. _____ Year of Make _____ Type: Centrifugal/Submersible	DRIVING UNIT Electric Motor Make _____ HP _____ RPM _____ Serial No. _____ Year of Make _____ AMPs _____ Voltage _____ Type: Squirrel Cage/Slip Ring	Diesel Engine Make _____ HP _____ RPM _____ Serial No. _____ Year of Make _____ No. of Cylinders _____ Stroke _____ Bore _____
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Yes ☐

No ☐

If yes, please give details:.....

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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, 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 Company.

I/We agree that the Company may exchange, share or part with any information to or with other ICICI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.

Place: _____

Proposer's Signature _____

Date: ____/____/____
(DDMMYYYY)

Name: _____ Designation: _____

**STATUTORY WARNING
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(Under Section 41 of Insurance Act 1938)**

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Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakh rupees.

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