

PROPOSAL FORM FOR LIVESTOCK INSURANCE POLICY (Group)

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| Marketing Officer (MO) | |
| Employee ID | |
| Branch Address | |
| Phone No. | |
| Advisor/Agent/Broker Name | |
| Business Sector | Bank offering Livestock Loans |
| | Co-operative |
| | Corporate Customer |
| | Other |
| Proposal Form No. | |
| Group ID No. | |
| Client ID 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 Agents for any doubts or clarifications on the proposal form.

SCOPE OF COVER

This Policy compensates the Insured in case of death, permanent disability, theft of insured Livestock subject to the terms and conditions of the Insurance Policy.

SIGNIFICANT EXCLUSIONS

This policy does not cover death of the insured Animal arising out of malicious act, accident, diseases contracted prior to commencement of risk, intentional slaughter, War and Nuclear Perils. For a detailed set of exclusions, kindly 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

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.

1. PROPOSER INFORMATION

- i) Name of the Proposer:
- ii) Mailing Address of the Proposer:
City/Town/Village:
State:
Pin Code:
Phone Number:
Fax Number:
E-mail Address:
- iii) Proposer's trade or business:
- iv) Nature of the Proposer:
Individual/Corporate:
Bank:
District Rural Development Agency (DRDA):
Co-operative Society
Others:
- v) Paid-up capital of the Proposer (In Rs. Million):
- vi) Are you or any of the proposed applicants/beneficial owner a PEP* or Family member / Close relatives / Associates of PEP*
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.

2. RISK DETAILS

- vi) Period of Insurance (DD/MM/YYYY)
From: To Midnight:
- vii) Number of Animals to be insured..... (In word)
- viii) Total Sum Insured: Rs..... (In word)
- ix) Please provide the list of Animals proposed to be insured under the policy in the following format:

| Animal Type | Breed | Number | Proposed Sum Insured in Rs. |
|-------------|-------|--------|-----------------------------|
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- x). Please provide detailed information with respect to item (iv) above in the following format:
(Note: Please provide an additional sheet if space is not sufficient to complete the details)

| Animal Name: | | | | | |
|--------------|-----------|-------------|--------|----------------------|-------------------|
| Breed | Sex (M/F) | Age (Years) | Colour | Identification Marks | Sum Insured (Rs.) |
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| Animal Name: | | | | | |
|--------------|-----------|-------------|--------|----------------------|-------------------|
| Breed | Sex (M/F) | Age (Years) | Colour | Identification Marks | Sum Insured (Rs.) |
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- xi). Kindly provide the particulars of the losses/claims for the past 3 years or lesser period for which policy has been availed.

| Policy Period From – To | | | | Name & Address of the Insurer | Policy Number | Total Premium (Rs.) | Total Amount of Claims (Rs.) |
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- xii). EXTENSIONS:

If you want to avail of the extensions under the policy by payment of additional premium, please specify below:

Acts of God perils - Yes/No

Disease related deaths - Yes/No

Permanent Total Disability (PTD) - Yes/No

Long Distance Transit (beyond 50Km) - Yes/No

Theft - Yes/No

Any additional information relevant to the policy applied for –

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

Declaration

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 authorize the Insurer their agents to exchange, share or part with all the information relating to my/our personal and financial details and information to other ICICI Bank Group companies /Banks/Financial Institutions/Credit Bureau/Agencies/Statutory Bodies as may be required and I/We will not hold the Insurer and any other group companies of ICICI Bank Group and their agents liable for use of this information.

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 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.

Place: Proposer's Signature:
Date:(DD/MM/YYYY) Name: Designation:

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

PROPOSAL FORM FOR LIVESTOCK INSURANCE POLICY (Retail)

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|---------------------------|-------------------------------|
| Marketing Officer (MO) | |
| Employee ID | |
| Branch Address | |
| Phone No. | |
| Advisor/Agent/Broker Name | |
| Business Sector | Bank offering Livestock Loans |
| | Co-operative |
| | Corporate Customer |
| | Other |
| Proposal Form No. | |
| Group ID No. | |
| Client ID No. | |

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4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

SCOPE OF COVER

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SIGNIFICANT EXCLUSIONS

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- ii) Mailing Address of the Proposer:
City/Town/Village:
State:
Pin Code:
Phone Number:
Fax Number:
E-mail Address:
- iii) Proposer's trade or business:
- iv) Nature of the Proposer:
Individual/Corporate:
Bank:
District Rural Development Agency (DRDA):
Co-operative Society
Others:
- v) Paid-up capital of the Proposer (In Rs. Million):
- vi) Are you or any of the proposed applicants a PEP* or Family member / Close relatives / Associates of PEP*
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.

2. RISK DETAILS

- vi) Period of Insurance (DD/MM/YYYY)
From: To Midnight:
- vii) Number of Animals to be insured..... (In word)
- viii) Total Sum Insured: Rs..... (In word)
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(Note: Please provide an additional sheet if space is not sufficient to complete the details)

| Animal Name: | | | | | |
|--------------|-----------|-------------|--------|----------------------|-------------------|
| Breed | Sex (M/F) | Age (Years) | Colour | Identification Marks | Sum Insured (Rs.) |
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| Animal Name: | | | | | |
|--------------|-----------|-------------|--------|----------------------|-------------------|
| Breed | Sex (M/F) | Age (Years) | Colour | Identification Marks | Sum Insured (Rs.) |
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- xi). Kindly provide the particulars of the losses/claims for the past 3 years or lesser period for which policy has been availed.

| Policy Period From – To | Name & Address of the Insurer | Policy Number | Total Premium (Rs.) | Total Amount of Claims (Rs.) |
|----------------------------|----------------------------------|------------------|---------------------------|---------------------------------------|
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- xii). EXTENSIONS:

If you want to avail of the extensions under the policy by payment of additional premium, please specify below:

Acts of God perils - Yes/No

Disease related deaths - Yes/No

Permanent Total Disability (PTD) - Yes/No

Long Distance Transit (beyond 50Km) - Yes/No

Theft - Yes/No

Any additional information relevant to the policy applied for –

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

Declaration

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 authorize the Insurer their agents to exchange, share or part with all the information relating to my/our personal and financial details and information to other ICICI Bank Group companies /Banks/Financial Institutions/Credit Bureau/Agencies/Statutory Bodies as may be required and I/We will not hold the Insurer and any other group companies of ICICI Bank Group and their agents liable for use of this information.

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 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 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.

Place: Proposer's Signature:
Date:(DD/MM/YYYY) Name: Designation:

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