

**Home Secure Plus – Excel
PROPOSAL FORM**

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.
2. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document/Cover Note and subject to the receipt by the Company of the premium paid.
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on 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 proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains.

FOR OFFICE USE ONLY

Proposal for* New Property Old Property Endorsement Renewal
 Type of House* Flat/Apartment Independent Building
 Type of Ownership* Owner Tenant

FOR OFFICE USE ONLY

Quote No.* Quote Date*
 Branch Code Sales Manager Code
 Intermediary Code Intermediary Service RM
 Intermediary Branch code Intermediary business vertical
 Intermediary Client Ref No SP Name/ Code

A. PROPOSER'S INFORMATION

Title Mr. / Miss / Mrs. / M/s / Others <input type="text"/>		
Name* <input type="text"/>		
First Name	Middle Name	Last Name
Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	Date of Birth* <input type="text"/>	
Nationality <input type="text"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others	

SUM INSURED (APPLICABLE TO BURGLARY & THEFT COVER)

Basis of Sum Insured:			
Structure	<input type="checkbox"/> Agreed Value	<input type="checkbox"/> Indemnity Value	<input type="checkbox"/> Reinstatement Value
Contents	<input type="checkbox"/> New for Old	<input type="checkbox"/> Indemnity Value	<input type="checkbox"/> First Loss
If First Loss basis is selected, First loss % <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%			
Do you want to opt for Escalation Provision (Applicable for Structure)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Please mentioned the Escalation %: <input type="text"/> <input type="text"/> % Per Year (Maximum Up to 25%)			

B. COVERS OPTED

Sr. No.	Cover	Cover																										
1	Griha Raksha Plus	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Perils Covered</th> <th>Cover Opted</th> </tr> </thead> <tbody> <tr> <td>Cover 1</td> <td>Property Damage</td> <td>Mandatory Cover</td> </tr> <tr> <td>Cover 2</td> <td>STFI Cover</td> <td>Yes/No</td> </tr> <tr> <td>Cover 3</td> <td>Earthquake Cover</td> <td>Yes/No</td> </tr> <tr> <td>Cover 4</td> <td>Riot, Strikes and Malicious Damages</td> <td>Yes/No</td> </tr> <tr> <td>Cover 5</td> <td>Terrorism</td> <td>Yes/No</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">Covers Required</th> </tr> </thead> <tbody> <tr> <td>Home Building & Home Contents</td> <td>Yes/No</td> </tr> <tr> <td>Home Building Only</td> <td>Yes/No</td> </tr> <tr> <td>Home Contents Only</td> <td>Yes/No</td> </tr> </tbody> </table>	Sr. No.	Perils Covered	Cover Opted	Cover 1	Property Damage	Mandatory Cover	Cover 2	STFI Cover	Yes/No	Cover 3	Earthquake Cover	Yes/No	Cover 4	Riot, Strikes and Malicious Damages	Yes/No	Cover 5	Terrorism	Yes/No	Covers Required		Home Building & Home Contents	Yes/No	Home Building Only	Yes/No	Home Contents Only	Yes/No
Sr. No.	Perils Covered	Cover Opted																										
Cover 1	Property Damage	Mandatory Cover																										
Cover 2	STFI Cover	Yes/No																										
Cover 3	Earthquake Cover	Yes/No																										
Cover 4	Riot, Strikes and Malicious Damages	Yes/No																										
Cover 5	Terrorism	Yes/No																										
Covers Required																												
Home Building & Home Contents	Yes/No																											
Home Building Only	Yes/No																											
Home Contents Only	Yes/No																											
	Is there any policy in place for the same property?	Yes/No																										
	If Yes, please provide the details																											
2	Burglary and Theft (Cover restricted within premises) (Maximum Policy Period up to 5 years)																											

C. LOCATION OF HOME BUILDING

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

D. RISK DETAILS FOR GRIHA RAKSHA PLUS

1	<p>Sum Insured (SI) for Home Building:</p> <p>Please note the following:</p> <p><i>(The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:</i></p> <p>a. For residential structure of Your Home including fittings and fixtures:</p> <p><i>Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date.</i></p> <p><i>The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.</i></p> <p>b. For additional structures: <i>the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)</i></p>	<p>a. SI for residential structure of Your Home including fittings and fixtures (in ₹):</p> <table border="1" data-bbox="1045 1031 1515 1182"> <thead> <tr> <th>Additional Structure</th> <th>Sum Insured (in ₹)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>b. SI for additional structures (in ₹):</p>	Additional Structure	Sum Insured (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 Commencement Date									
4	Other Details									
	Age of Home Building	<table border="1" data-bbox="1045 1360 1515 1478"> <tbody> <tr><td>Less than 5 Years</td><td> </td></tr> <tr><td>5-10 Years</td><td> </td></tr> <tr><td>10-20 Years</td><td> </td></tr> <tr><td>Above 20 Years</td><td> </td></tr> </tbody> </table>	Less than 5 Years		5-10 Years		10-20 Years		Above 20 Years	
Less than 5 Years										
5-10 Years										
10-20 Years										
Above 20 Years										
	<p>Construction Details</p> <p>Please note the following:</p> <p><i>(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.</i></p> <p><i>Construction other than Kutcha Construction is a 'Pucca Construction')</i></p>	<table border="1" data-bbox="1045 1549 1515 1680"> <thead> <tr> <th></th> <th>Construction*</th> </tr> </thead> <tbody> <tr><td>Walls</td><td>Kutcha / Pucca</td></tr> <tr><td>Floor</td><td>Kutcha / Pucca</td></tr> <tr><td>Roof</td><td>Kutcha / Pucca</td></tr> </tbody> </table>		Construction*	Walls	Kutcha / Pucca	Floor	Kutcha / Pucca	Roof	Kutcha / Pucca
	Construction*									
Walls	Kutcha / Pucca									
Floor	Kutcha / Pucca									
Roof	Kutcha / Pucca									
5	Home Contents Cover									
	If You have opted for Home Contents cover, please provide item wise Sum Insured for General Contents.	Item wise Sum Insured for General Contents (in ₹):								

	(Sum Insured represents Cost of Replacement)	Items	Sum Insured
		Furniture, Fixtures and Fittings (Home Furnishings)	
		Electrical/Electronic	
		Others	
	In case of Basement, If there are contents in it, please provide the Sum Insured		
	Are there any Fire Protection Devices?	Yes/No	
	Is your building certified by IGBC?	Yes/No	

E. OPTIONAL COVERS (AVAILABLE ON PAYMENT OF ADDITIONAL PREMIUM) FOR GRIHA RAKSHA PLUS

1: Architect and Surveyor Fees	Cover Opted: Yes/No Sum Insured: INR _____																												
2: Removal of Debris	Cover Opted: Yes/No Sum Insured: INR _____																												
3: Loss of Rent or Rent for Alternate Accommodation	Cover Opted: Yes/No I. Sum Insured: INR _____ II. Number of Months: _____																												
4: Cover for Valuable Contents on Agreed Value Basis	(Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.) <table border="1" style="width: 100%;"> <tr> <td>Valuable Contents</td> <td>Jewellery Items (others)</td> <td>Valuable items (others)</td> </tr> <tr> <td>Sum Insured Opted</td> <td></td> <td></td> </tr> </table> Valuation certificate to be attached.	Valuable Contents	Jewellery Items (others)	Valuable items (others)	Sum Insured Opted																								
Valuable Contents	Jewellery Items (others)	Valuable items (others)																											
Sum Insured Opted																													
5: Personal Accident Cover	Cover Opted: Yes/No If Yes, Please provide below details: <table border="1" style="width: 100%;"> <thead> <tr> <th>Cover For</th> <th>Name</th> <th>DOB/Age</th> <th>Sum Insured (in INR)</th> </tr> </thead> <tbody> <tr> <td>Self</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Spouse</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Child 1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Child 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mother / Mother-in Law</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Father/Father-In Law</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> Please provide details of the Nominee:	Cover For	Name	DOB/Age	Sum Insured (in INR)	Self				Spouse				Child 1				Child 2				Mother / Mother-in Law				Father/Father-In Law			
Cover For	Name	DOB/Age	Sum Insured (in INR)																										
Self																													
Spouse																													
Child 1																													
Child 2																													
Mother / Mother-in Law																													
Father/Father-In Law																													

	Name of the Insured/Policyholder	Name of the Nominee	Relationship with the Insured/Policyholder	Age of the Nominee
# For all other persons covered under the policy, the Insured/Policyholder will be the nominee				
6: Accidental Damage	Cover Opted: Yes/No Sum Insured: INR _____			
7: Involuntary Betterment/ Technological Advancement	Cover Opted: Yes/No Sum Insured: INR _____			
8: Loss Minimization Expenses	Cover Opted: Yes/No Sum Insured: INR _____			
9: Additional Living Expenses	Cover Opted: Yes/No Sum Insured: INR _____			
10: Incidental Expenses	Cover Opted: Yes/No Sum Insured: INR _____			
11: Broad Water Damage	Cover Opted: Yes/No Sum Insured: INR _____			
12: Tenants Liability	Cover Opted: Yes/No Sum Insured: INR _____			
13: Smoke Damage	Cover Opted: Yes/No Sum Insured: INR _____			
14: Landscaping Expenses	Cover Opted: Yes/No Sum Insured: INR _____			
15. Valuable Papers and Records	Cover Opted: Yes/No Sum Insured: INR _____			
16. Agreed Value Basis Clause	Cover Opted: Yes/No Sum Insured: INR _____			

F. OPTIONAL COVER

Sr. No.	Optional Cover	Sum Insured* (INR)	Indemnity Period
1	Loss of Job	3 Home Loan EMI	Not Applicable

Policy Period - Maximum up to 5 years

Home Secure Plus | UIN: IRDAN152RPMS0129V01202526

Page 6 of 11

Zurich Kotak General Insurance Company (India) Limited (Formerly known as Kotak Mahindra General Insurance Company Limited) CIN: U66000MH2014PLC260291. IRDAI Reg. No. 152. Registered & Corporate Office: 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai- 400063. Maharashtra, India.

G. 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 outstanding

Has any other insurance company in respect of Insurance:

1. Declined Your Proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Cancelled or refused to renew Your policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Accepted Your Proposal on special terms and condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No Total % share cannot exceed more than 100%

H. NOMINEE DETAILS (Applicable for individual customers):

Nominee Name *	Relationship of Nominee with Proposer*	Nominee Date of Birth DD/MM/YYYY*	Nominee Mobile Number	Nominee Email ID	Nominee Present Address	Nominee Permanent Address	Nominee Bank Account Details	% of claim share*

* Total % share cannot exceed more than 100%

Where Nominee is a minor, give details of Appointee

Name of the Nominee	Name of the Appointee	Date of Birth DD/MM/YYYY	Relationship with the Nominee

Note: Please provide an additional sheet if space is not sufficient to complete details.

I. Bank Account Details:

PAYMENT DETAILS*		REFUND / CLAIMS DETAIL*	
<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Online Payment		<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer; <input type="checkbox"/> Cancelled cheque submitted of other bank	
Cheque / D.D #		Account Number:	
Drawn Amount		IFSC/MICR Code:	
Drawn To		Bank Name:	
Date	IFSC/MICR Code	Account Holder name:	
Bank and Branch Name:		<i>Disclaimer: Zurich Kotak General Insurance Company(India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete</i>	
For Credit/Debit Card:			
Transaction Reference No:			
Transaction Date:			

J. ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER (E-mail id is mandatory)

Home Secure Plus | UIN: IRDAN152RPMS0129V01202526

Page 7 of 11

Zurich Kotak General Insurance Company (India) Limited (Formerly known as Kotak Mahindra General Insurance Company Limited) CIN: U66000MH2014PLC260291. IRDAI Reg. No. 152. Registered & Corporate Office: 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai- 400063. Maharashtra, India.

Do you have an EIA Account:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please quote EIA Number:	
Please mention name of Insurance Repository:	
If No, do you want Us to create an EIA account for you:	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill up Insurance Repository Application form)
Email id (Registered with Insurance Repository):	
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.	

ACKNOWLEDGEMENT:

Received from Ms. /Mrs. / Mr. |_____| a sum of Rs. |_____| Through Cheque/DD |_____| against your proposal for Home Secure Plus.

Signature of Zurich Kotak General Insurance Company (India) Limited Official / Intermediary |_____|

Date |_____|

Zurich Kotak General Insurance Company (India) Limited Official/Intermediary Name:

|_____|

Time: |_____|: |_____| Place: _____

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. If Zurich Kotak General Insurance Company (India) Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Zurich Kotak General Insurance Company (India) Limited and the policy Terms and Conditions of Home Secure Plus and the Company shall have no liability to make any payment if premium is not received by Zurich Kotak General Insurance Company (India) Limited in full and in time, or is not realised. If a proposal is not accepted, Zurich Kotak General Insurance Company (India) Limited will inform you and refund any payment received from you without interest.

K. DECLARATION:

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 Zurich Kotak General Insurance Company (India) Limited.

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.

Protect and contribute in conserving the environment, all your policy and service related communication in soft copy to the email id as mentioned in the proposal form and its valid for all regulatory/policy servicing requirements. I / We would still want to receive a physical copy of the policy.

I / We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

AML DECLARATION:

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 / We understand that the Company has the right to call for document 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 statutes, directly or indirectly governing the prevention of money laundering in India.

In case of entity, Type of Organization making the payment:

Limited Company Government Organisation Non-Government Organisation Society Trust
 Partnership International Organisation Co-operatives Section 25 Company Others

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)? * 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)

Are you a Non-Profit Organization? *(only in case of an entity) Yes No

(“Non-profit organization “means any entity or organization, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act,1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act,2013 (18 of 2013))

*Place: _____

*Date: / /

Signature / Stamp of the Proposer*

L. VERNACULAR DECLARATION

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression / signature after fully understanding the contents thereof.

Signature / Stamp of the Proposer*

Signature of Intermediary / Sales Person*

*Place: _____

*Date: / /

M. DECLARATION IN CASE THE PROPOSER/ POLICYHOLDER IS PERSON WITH DISABILITY (PWD) (Applicable for individual customers)

I hereby declare that I _____, am a person with a disability and require assistance in completing this proposal form. I authorize _____ [Name of Representative], to act as my authorized representative and provide necessary declaration on my behalf for this Insurance Policy.

Signature / Thumb impression of Proposer*

Signature of Authorised Representative*

*Place: _____

*Date: / /

N. DECLARATION FOR AGENT

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the signature after fully understanding the features thereof.

Signature / Stamp of Proposer*

Signature & Stamp as applicable of the Insurance Advisor/ Specified person of Corporate Agent/Authorised Employee of Broker/ Sales person*

*Place: _____

*Date: / /

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.

In case the value of the contents is collectively less than INR 5 Lakhs, you shall be required to declare the individual values of the Contents

ANNEXURE

ELECTRONIC EQUIPMENT

Sr. No	Description of the Item	Age	Identification/Serial	Sum Insured('INR)

DOMESTIC APPLIANCES

Sr. No	Description of the Item	Age	Identification/Serial	Sum Insured('INR)

PORTABLE EQUIPMENT

Sr. No	Description of the Item	Age	Identification/Serial	Sum Insured('INR)

FURNITURE & FIXTURES

Sr. No	Description of the Item	Age	Identification/Serial	Sum Insured('INR)

--	--	--	--	--

ANY OTHER ITEM, PLEASE MENTION IN THE BELOW TABLE:

Sr. No	Description of the Item	Age	Identification/Serial	Sum Insured(₹INR)