

SUM INSURED

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%)			

Sr. No.	Cover	(✓)Tick on cover You want to opt	Sum Insured* (INR)	Policy Period	Indemnity Period
1	All Risk Cover – Structure and Contents				
	Structure (Please mention the Total Area Mentioned in the Registered Sale Deed Agreement : _____ Sq. Ft)			<input type="text"/> Years (Maximum up to 5 years)	Not Applicable
	Contents			<input type="text"/> Years (Maximum up to 5 years)	Not Applicable

DO YOU WISH TO OPT FOR ANY OF THE FOLLOWING EXTENSION COVER (TICK EXTENSION YOU WANT TO OPT FOR)

Sr. No.	Extension	Tick on Extension You want to opt	Sum Insured* (INR)	Policy Period	Indemnity Period
1	Terrorism Damage Cover			1 Year (cover can be extended for next year through endorsement)	Not Applicable
2	Architects, Surveyors and Consulting Engineers Fees (in excess of 3% of the claim amount)			Same as Structure Policy Period	Not Applicable
3	Removal of Debris (in excess of 1% of the claim amount)			Same as Structure Policy Period	Not Applicable
4	Burglary or Theft of Content of Unoccupied Structure			Same as Contents Policy Period	Not Applicable
5	Loss of Rent			Same as Structure Policy Period	<input type="text"/> Months (Maximum up to 36 Months)
6	Additional Rent for Alternate Accommodation			Same as Structure Policy Period	<input type="text"/> Months (Maximum up to 36 Months)
7	Trees and Plants / Garden Cover / Landscaping Damage			Same as Contents Policy Period	Not Applicable
8	Additional Living Expenses			Same as Contents Policy Period	<input type="text"/> Months (Maximum up to 36 Months)

9	Temporary Resettlement Expenses			Same as Contents Policy Period	Not Applicable
10	Contents Temporarily removed			Same as Contents Policy Period	Not Applicable
11	Enhanced cover during Wedding / Other Occasion			Same as Contents Policy Period	Not Applicable
12	Search and Found			Same as Contents Policy Period	Not Applicable

DO YOU WISH TO OPT FOR ANY OF THE FOLLOWING OPTIONAL COVER (TICK OPTIONAL COVERS YOU WANT TO OPT FOR)

Sr. No.	Optional Cover	Tick on Optional cover You want to opt	Sum Insured* (INR)	Policy Period	Indemnity Period
1	Jewellery and Valuables (details of individual items valued more than INR 100,000 to be provided) Is worldwide coverage extended required for required <input type="checkbox"/> Yes <input type="checkbox"/> No			Same as Contents Policy Period	Not Applicable
2	Curios, Works of Art & Paintings (details of individual items valued more than INR 100,000 to be provided)			Same as Contents Policy Period	Not Applicable
3	Portable Equipments (details of individual items valued more than INR 50,000 to be provided) Is worldwide coverage extended required for required <input type="checkbox"/> Yes <input type="checkbox"/> No			Same as Contents Policy Period	Not Applicable
4	Protection to Electronic Equipments			Same as Contents Policy Period	Not Applicable
5	Breakdown of Domestic and Electronic Appliances			Same as Contents Policy Period	Not Applicable
6	Loss of Contents during Transit			Same as Contents Policy Period	Not Applicable
7	Loss of Cash during Transit			Same as Contents Policy Period	Not Applicable
8	Keys & Locks Replacement Cover			Same as Contents Policy Period	Not Applicable
9	Purchase Protection			Same as Contents Policy Period	Not Applicable
10	Pedal Cycle			Same as Contents Policy Period	Not Applicable
11	Plate Glass			Same as Contents Policy Period	Not Applicable
12	Baggage			Same as Contents Policy Period	Not Applicable
13	Tenant Liability			Same as Contents Policy Period	Not Applicable
14	Public/Personal Liability			Same as Contents Policy Period	Not Applicable
15	Liability to Domestic Staff			Same as Contents Policy Period	Not Applicable
16	Safety for Documents			Same as Contents Policy Period	Not Applicable

17	Golf Cover (Sum Insured for Hole-In-One cover up to INR 50,000)			Same as Contents Policy Period	Not Applicable
18	Loss of Job		3 Home Loan EMI	Same as Contents Policy Period	Not Applicable

***Note:**

1. Kindly see prospectus to know the method of arriving at the Sum Insured for Structure and Contents.
2. Where you opt for insurance of Structure and Contents the Sum Insured for Contents shall not be less than 10% of the Apartment/ Independent Structure Sum Insured subject to minimum of INR 5 Lakhs.
3. Where you opt for insurance of Contents only, the Sum Insured shall not be less than INR 5 Lakh
4. In case the value of the contents is collectively less than INR 5 Lakh, you shall be required to declare the individual values of contents. (Please provide same in Annexure)

Details for "Jewellery and Valuable" Coverage

Sr. No.	Description of the Item	Weight ('gm)	Sum Insured ('INR)	Valuation Report Attached (Yes /No)
Total				

Details for Curios, Works of Art & Paintings Coverage

Sr. No.	Description of the Item	Details of Artist	Valuation Report Attached (Yes /No)	Invoice copy attached (Yes / No)	Sum Insured

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

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.

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: []			

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

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.	

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 would be sent in soft copy to the email id mentioned in the proposal form and it is 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*

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: |__|_| / |__|_| / |__|_|_|_|

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 the Proposer*

Signature of Authorised Representative*

*Place: _____

*Date: |__|_| / |__|_| / |__|_|_|_|

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 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.

ANNEXURE

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

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)