





**SUM INSURED (APPLICABLE TO ALL RISK COVER – STRUCTURE AND CONTENTS AND BURGLARY & THEFT)**

<b>Basis of Sum Insured:</b>			
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	<b>Griha Raksha Plus</b>	<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"><b>Covers Required</b></th> </tr> </thead> <tbody> <tr> <td>Home Building &amp; 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	<b>Covers Required</b>		Home Building & Home Contents	Yes/No	Home Building Only	Yes/No	Home Contents Only	Yes/No
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Home Contents Only	Yes/No																											
	Is there any policy in place for the same property?	Yes/No																										
	If Yes, please provide the details																											
	<b>OR</b>																											
1	<b>All Risk Cover – Structure and Contents</b> <b>Structure</b> (Please mention the Total Area Mentioned in the Registered Sale Deed Agreement : _____ Sq. Ft) <b>Contents</b> (Maximum Policy Period up to 5 years)																											

2	<b>Burglary and Theft</b> (Cover restricted within premises)  (Maximum Policy Period up to 5 years)	
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**DO YOU WISH TO OPT FOR ANY OF THE FOLLOWING EXTENSION COVER (TICK EXTENSION YOU WANT TO OPT FOR)  
(APPLICABLE TO ALL RISK COVER – STRUCTURE AND CONTENTS AND BURGLARY & THEFT)**

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	____  Months (Maximum up to 36 Months)
6	Additional Rent for Alternate Accommodation			Same as Structure Policy Period	____  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	____  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

### 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?	



	<i>Construction other than Kutcha Construction is a 'Pucca Construction'</i>									
5	<b>Home Contents Cover</b>									
	If You have opted for Home Contents cover, please provide item wise Sum Insured for General Contents.  (Sum Insured represents Cost of Replacement)	Item wise Sum Insured for General Contents (in ₹): <table border="1"> <thead> <tr> <th>Items</th> <th>Sum Insured</th> </tr> </thead> <tbody> <tr> <td>Furniture, Fixtures and Fittings (Home Furnishings)</td> <td></td> </tr> <tr> <td>Electrical/Electronic</td> <td></td> </tr> <tr> <td>Others</td> <td></td> </tr> </tbody> </table>	Items	Sum Insured	Furniture, Fixtures and Fittings (Home Furnishings)		Electrical/Electronic		Others	
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"> <thead> <tr> <th>Valuable Contents</th> <th>Jewellery Items (others)</th> <th>Valuable items (others)</th> </tr> </thead> <tbody> <tr> <td>Sum Insured Opted</td> <td></td> <td></td> </tr> </tbody> </table> Valuation certificate to be attached.	Valuable Contents	Jewellery Items (others)	Valuable items (others)	Sum Insured Opted																				
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5: Personal Accident Cover	Cover Opted: Yes/No  If Yes, Please provide below details: <table border="1"> <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> </tbody> </table>	Cover For	Name	DOB/Age	Sum Insured (in INR)	Self				Spouse				Child 1				Child 2				Mother / Mother-in Law			
Cover For	Name	DOB/Age	Sum Insured (in INR)																						
Self																									
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	Father/Father-In Law			
	Please provide details of the Nominee:			
	<b>Name of the Insured/Policyholder</b>	<b>Name of the Nominee</b>	<b>Relationship with the Insured/Policyholder</b>	<b>Age of the Nominee</b>
	# 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. 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)	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			Not Applicable
2	Curios, Works of Art & Paintings (details of individual items valued more than INR 100,000 to be provided)			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			Not Applicable
4	Protection to Electronic Equipments			Not Applicable
5	Breakdown of Domestic and Electronic Appliances			Not Applicable
6	Loss of Contents during Transit			Not Applicable
7	Loss of Cash during Transit			Not Applicable
8	Keys & Locks Replacement Cover			Not Applicable
9	Purchase Protection			Not Applicable
10	Pedal Cycle			Not Applicable
11	Plate Glass			Not Applicable
12	Baggage			Not Applicable
13	Tenant Liability			Not Applicable
14	Public/Personal Liability			Not Applicable
15	Liability to Domestic Staff			Not Applicable
16	Safety for Documents			Not Applicable
17	Golf Cover (Sum Insured for Hole-In-One cover up to INR 50,000)			Not Applicable
18	Loss of Job		3 Home Loan EMI	Not Applicable

Policy Period - Maximum up to 5 years

**Details for "Jewellery and Valuable" Coverage**

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

**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

**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

**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 obliges 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.

**H. NOMINEE DETAILS (Applicable for individual customers):**
**Home Secure Plus | UIN: IRDAN152RPMS0129V01202526**

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

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

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

Date	IRDAI/SCHEM Code	Bank Name:
Bank and Branch Name:	Account Holder name:	
For Credit/Debit Card:	<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>	
Transaction Reference No:	Transaction Date:	

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.	

### 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 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 and 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 Proposer\*

\*Place: \_\_\_\_\_

\*Date: |\_\_| / |\_\_| / |\_\_| |\_\_| |\_\_|

Signature of Intermediary/ Sales Person\*

**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 the 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 &amp; 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('1NR)