

Griha Raksha Plus Proposal Form

GRP

ZK - 24-25/v2

- Important**
1. This proposal is for covering Home Building and/or Home Contents, if opted against Fire and Allied Perils.
 2. Read the Prospectus/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
 3. The property proposed for insurance is not covered until the proposal is accepted and premium is paid.

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	

A. DETAILS ABOUT PROPOSER AND POLICY PERIOD

1	Name of Proposer	
2	Permanent Address*	Address (Line 1): Address (Line 2): City/District: Nearest Landmark: State: PIN Code: Country
	Is the correspondence address same as permanent address?	Yes/No. If 'No', please provide below
	Correspondence (Postal) Address*	Address (Line 1): Address (Line 2): City/District: Nearest Landmark: State: PIN Code: Country:
3	Telephone No. (Landline No.)	
4	Mobile No.	
5	Email	
6	Contact person details if not an individual a. Name b. Designation	
7	Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
8	Period of Insurance	From: To: (No of Years in case of Long-term policy: _____) Note: For long-term policy, period shall not exceed 30 years.
9	Are you the owner / tenant?	<input type="checkbox"/> Owner / <input type="checkbox"/> Tenant
10	Is the premises occupied by the owner (landlord):	<input type="checkbox"/> Yes / <input type="checkbox"/> No

For Individual customers, please share below details:

PAN*: / Form 60 (only in case the customer does not have PAN No.) ☐ Yes ☐ No

GSTIN:

Occupation ☐ Business ☐ Salaried ☐ Professionals ☐ Student ☐ Housewife ☐ Retired ☐ Others

Nationality* ☐ Indian ☐ Non-Indian ☐ NRI

Annual Income ☐ Upto 2.5 lacs ☐ 2.5 - 6 lacs ☐ 6 - 10 lacs ☐ 10 - 15 lacs ☐ 15 - 20 lacs ☐ 20 - 25 lacs ☐ > 25 lacs

CKYC Identifier / Number (Generated by CERSAI)

Please share the following for authentication purpose:

Proof of Identity (POI) and Proof of Address (POA) [(✓) Tick whichever is applicable]

☐ PAN
☐ Aadhaar
☐ Passport
☐ Driving Licence
☐ Voter ID Card
☐ Others (Please specify):

For Corporate customers, please share below details:

CKYC Identifier / Number (Generated by CERSAI):

PAN*:
GSTIN:

Please share the below details for the Authorised Signatory:

Name:
Designation:

CKYC Identifier / Number (Generated by CERSAI):

B. COVER DETAILS

Sr. No.	Perils Covered	Cover Opted
Section 1	Property Damage	Mandatory Cover
Section 2	STFI Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 3	Earthquake Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 4	Riot, Strikes and Malicious Damages	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 5	Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Covers Required		
Home Building & Home Contents		<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Building Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Contents Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any policy in place for the same property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide the details		

C. LOCATION OF HOME BUILDING

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

D. DETAILS OF HOME BUILDING

1	Sum Insured (SI) for Home Building: Please note the following: (The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows: a For residential structure of Your Home including fittings and fixtures: Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date. The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date. b For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)	a. SI for residential structure of Your Home including fittings and fixtures (in ₹): b. SI for additional structures (in ₹): <table> <tr> <th>Additional Structure</th> <th>Sum Insured (in ₹)</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	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 Construction Details Please note the following: (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. Construction other than Kutcha Construction is a 'Pucca Construction')	Less than 5 Years 5-10 Years 10-20 Years Above 20 Years									
		<table border="1"> <tr> <td></td> <td>Construction*</td> </tr> <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> </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. (Sum Insured represents Cost of Replacement)	Item wise Sum Insured for General Contents (in ₹): <table border="1"> <tr> <td>Items</td> <td>Sum Insured</td> </tr> <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> </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?	<input type="checkbox"/> Yes <input type="checkbox"/> No									
	Is your building certified by IGBC?	<input type="checkbox"/> Yes <input type="checkbox"/> No									

E. OPTIONAL COVERS (On payment of additional premium)

1:	Architect and Surveyor Fees	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____																																				
2:	Removal of Debris	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____																																				
3:	Loss of Rent or Rent for Alternate Accommodation	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> 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"> <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: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide below details: <table border="1"> <tr> <th>Cover For</th> <th>Name</th> <th>DOB/Age</th> <th>Sum Insured (in INR)</th> </tr> <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> </table> Please provide details of the Nominee: <table border="1"> <tr> <th>Name of the Insured/Policyholder</th> <th>Name of the Nominee</th> <th>Relationship with the Insured/Policyholder</th> <th>Age of the Nominee</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> # For all other persons covered under the policy, the Insured/Policyholder will be 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				Name of the Insured/Policyholder	Name of the Nominee	Relationship with the Insured/Policyholder	Age of the Nominee				
Cover For	Name	DOB/Age	Sum Insured (in INR)																																			
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Name of the Insured/Policyholder	Name of the Nominee	Relationship with the Insured/Policyholder	Age of the Nominee																																			
6:	Accidental Damage	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____																																				
7:	Involuntary Betterment/ Technological Advancement	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____																																				
8:	Loss Minimization Expenses	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____																																				

9:	Additional Living Expenses	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
10:	Incidental Expenses	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
11:	Broad Water Damage	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
12:	Tenants Liability	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
13:	Smoke Damage	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
14:	Landscaping Expenses	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____
15:	Valuable Papers and Records	Cover Opted: <input type="checkbox"/> Yes <input type="checkbox"/> No Sum Insured: INR _____

F. ADDITIONAL / ADD-ON COVERS, (over and above optional covers available on payment of additional premium)

Sl. NO	Name of Add-on cover	Yes/No
1	Agreed Value Basis Clause	

G. PREMIUM DETAILS

Mode of Payment	
Payment Details	
Amount (in ₹)	

H. CLAIM 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

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 Name and 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.

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;
Cheque / D.D.# <input type="text"/>	<input type="checkbox"/> Cancelled cheque submitted of other bank
Drawn Amount <input type="text"/>	Account Number: <input type="text"/>
Drawn To <input type="text"/>	IFSC/MICR Code: <input type="text"/>
Date <input type="text"/>	Bank Name: <input type="text"/>
IFSC/MICR Code <input type="text"/>	Account Holder Name: <input type="text"/>
Bank and Branch Name: <input type="text"/>	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
For Credit/Debit Card: <input type="text"/>	
Transaction Reference No: <input type="text"/>	
Transaction Date: <input type="text"/>	

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	
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 (to be 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 and Questionnaire are to the best of my / our knowledge and belief, complete and true, and I / We hereby agree that this proposal forms and questionnaire the basis and is part of any policy issued in connection with the above risk(s). It is agreed that Zurich Kotak General Insurance Company (India) Limited. is liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. Zurich Kotak General Insurance Company (India) Limited. undertakes to deal with this information in strict confidence.

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 Organisation making the payment:

☐ Limited Company ☐ Government Organisation ☐ Non-Government Organisation (NGO) ☐ 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 organisation, 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/Thumb impression of Proposer*

ACKNOWLEDGEMENT

Received from Ms. /Mrs. / Mr.	<input type="text"/>
a sum of Rs.	<input type="text"/> Through Cheque/DD <input type="text"/> against your proposal for Griha Raksha Plus
Signature of Zurich Kotak General Insurance Company (India) Limited / Intermediary	<input type="text"/>
Date	<input type="text"/>
Zurich Kotak General Insurance Company (India) Limited Official/Intermediary Name:	<input type="text"/>
Time:	<input type="text"/> : <input type="text"/> Place: <input type="text"/>

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 Griha Raksha 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.

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 above after fully understanding the contents thereof.

Signature of 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 Proposer

Place*

Date*

Signature of Authorised Representative*

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:

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus 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.