

ZK - 24-25/v2

## Home Secure - Excel Proposal Form

HSE

**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-disclosure 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*	<input type="checkbox"/> New Property	<input type="checkbox"/> Old Property	<input type="checkbox"/> Endorsement	<input type="checkbox"/> Renewal
Type of House*	<input type="checkbox"/> Flat / Apartment	<input type="checkbox"/> Independent Building		
Type of Ownership*	<input type="checkbox"/> Owner	<input type="checkbox"/> 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 style="width: 100%;" type="text"/>								
Name*	<input style="width: 100%;" 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 style="width: 100%;" type="text"/>			
Nationality	<input type="checkbox"/> Indian	<input type="checkbox"/> Non-Indian	<input type="checkbox"/> NRI	Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others		

**Permanent Address\***

Address (Line 1)	<input style="width: 100%;" type="text"/>								
Address (Line 2)	<input style="width: 100%;" type="text"/>								
Nearest Landmark	<input style="width: 100%;" type="text"/>						City / District	<input style="width: 100%;" type="text"/>	
State	<input style="width: 100%;" type="text"/>	Pin Code	<input style="width: 100%;" type="text"/>	Country	<input style="width: 100%;" type="text"/>				
Is Correspondence Address same as Permanent Address?*									
<input type="checkbox"/> Yes			<input type="checkbox"/> No			If 'No', please provide below			

**Correspondence Address\***

Address (Line 1)	<input style="width: 100%;" type="text"/>								
Address (Line 2)	<input style="width: 100%;" type="text"/>								
Nearest Landmark	<input style="width: 100%;" type="text"/>	City/District	<input style="width: 100%;" type="text"/>	State	<input style="width: 100%;" type="text"/>				
Pin Code	<input style="width: 100%;" type="text"/>	Country	<input style="width: 100%;" type="text"/>	GSTIN	<input style="width: 100%;" type="text"/>				
Phone	<input style="width: 100%;" type="text"/>	Mobile*	<input style="width: 100%;" type="text"/>	Email*	<input style="width: 100%;" type="text"/>				
Occupation*	<input type="checkbox"/> Business	<input type="checkbox"/> Salaried	<input type="checkbox"/> Professionals	<input type="checkbox"/> Student	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired	<input type="checkbox"/> Others		
Profession	<input type="checkbox"/> CA	<input type="checkbox"/> Paramilitary Services	<input type="checkbox"/> Govt. Teacher	<input type="checkbox"/> Govt. Employee	<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> Others			
Annual Income	<input type="checkbox"/> Upto 2.5 lacs	<input type="checkbox"/> 2.5 - 6 lacs	<input type="checkbox"/> 6 - 10 lacs	<input type="checkbox"/> 10 - 15 lacs	<input type="checkbox"/> 15 - 20 lacs	<input type="checkbox"/> 20 - 25 lacs	<input type="checkbox"/> > 25 lacs		
PAN*: <input style="width: 100%;" type="text"/> / Form 60 (only in case the customer does not have PAN No.) <input type="checkbox"/> Yes <input type="checkbox"/> No									

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): \_\_\_\_\_

Zurich/Kotak Group Employees  Yes  No If yes, Employee ID

Are you an existing customer of Kotak Mahindra Bank Ltd. / Kotak Mahindra Prime Ltd.?  Yes  No If yes, CRN

Any existing policy from Us  Yes  No If yes, Policy No.

Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions

Period of Insurance

From  To

(No of Years in case of long term policy) :

**Note: For Long term policy, Period shall not exceed 10 years**

### SUM INSURED (APPLICABLE TO BURGLARY & THEFT)

#### Basis of Sum Insured:

Structure  Agreed Value  Indemnity Value  Reinstatement Value

Contents  New for Old  Indemnity Value  First Loss

If First Loss basis is selected, First loss %  25%  50%  75%

Do you want to opt for Escalation Provision (Applicable for Structure)?  Yes  No

If Yes, Please mentioned the Escalation %:   % Per Year (Maximum Up to 25%)

### B. COVERS OPTED

Is there any policy in place for the same property?  Yes  No

If Yes, please provide the details

Sr. No.	Cover	Cover								
1.	<b>Zurich Kotak Bharat Griha Raksha</b> Cover/s required:  (When Home Building and Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of 10 Lakh [Rupees Ten Lakh] is automatically provided).	<table border="1"> <thead> <tr> <th>Cover</th> <th>Please (✓) tick</th> </tr> </thead> <tbody> <tr> <td>Home Building &amp; Home Contents</td> <td></td> </tr> <tr> <td>Home Building Only</td> <td></td> </tr> <tr> <td>Home Contents Only</td> <td></td> </tr> </tbody> </table>	Cover	Please (✓) tick	Home Building & Home Contents		Home Building Only		Home Contents Only	
Cover	Please (✓) tick									
Home Building & Home Contents										
Home Building Only										
Home Contents Only										
2.	<b>Burglary and Theft</b> (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. DETAILS OF HOME BUILDING

#### Please note:

**Your Home Building** is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.

**It also includes** 'additional structures' if they are on the same site, are used as part of Your Home Building:

- garage, domestic out-houses used for residence, parking spaces or areas, if any;
- compound walls, fences, gates, retaining walls, internal roads;
- verandah or porch and the like;
- septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure.

#### 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.)

Carpet area of structure of Home in square metres

Rate of Cost of Construction per square metre at the policy Commencement Date

#### a. SI for residential structure of Your Home including fittings and fixtures (in ₹):

#### b. SI for additional structures (in ₹):

Additional Structure	Sum Insured (in ₹)

## E. OTHER DETAILS

Age of Home Building	Less than 5 years	
	5-10 years	
	10-20 years	
	Above 20 years	
Construction Details <b>Please note the following:</b> (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').		Construction* Walls Kutcha / Pucca Floor Kutcha / Pucca Roof Kutcha / Pucca (*strike out what is not applicable)

## F. DETAILS OF HOME CONTENTS

**Please note the following:**

- Home Contents** refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
- General Contents** are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
- Valuable Contents** of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
- If You have opted for Home Building and Home Contents cover, the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹10 Lakhs (Rupees Ten Lakh) are automatically covered.

If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured. Or If You have opted for Home Contents Only 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									

## G. IN-BUILT COVERS (LOSS OF RENT & RENT FOR ALTERNATIVE ACCOMMODATION) FOR ZURICH KOTAK BHARAT GRIHA RAKSHA

Cover for (Please (✓)Tick)	<b>Loss of Rent:</b>
Loss of Rent	I. Sum Insured:
Rent for Alternative Accommodation	II. Number of Months:
	<b>Rent for Alternative Accommodation:</b>
	I. Sum Insured
	II. Number of Months

## H. OPTIONAL COVERS (AVAILABLE ON PAYMENT OF ADDITIONAL PREMIUM) FOR ZURICH KOTAK BHARAT GRIHA RAKSHA

Do You require 'Personal Accident Cover' for Yourself and Your spouse?	Yes / No If Yes, Name & age of Your spouse:  Your age:
Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)': ( <b>Valuable Contents</b> of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.) (You have to submit a Valuation Certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is upto ₹5 Lakh and Individual item value does not exceed ₹1 Lakh).	Yes / No If Yes, please attach list of items and Sum Insured:  Valuation certificate attached? (Yes/No)

## I. OPTIONAL COVER

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

Policy Period - Maximum up to 5 years

## J. 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

**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 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 Cheque / D.D# <input type="text"/> Drawn Amount <input type="text"/> Drawn To <input type="text"/> Date <input type="text"/> DDMMYYYY   IFSC/MICR Code <input type="text"/> Bank and Branch Name <input type="text"/> For Credit / Debit Card <input type="text"/> Transaction Reference No <input type="text"/> Transaction Date <input type="text"/> DDMMYYYY	<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer; <input type="checkbox"/> Cancelled cheque submitted of other bank Account Number <input type="text"/> IFSC/MICR Code <input type="text"/> Bank Name <input type="text"/> Account Holder 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.

**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	<input type="text"/>
Please mention name of Insurance Repository	<input type="text"/>
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)	<input type="text"/>
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 ₹

Through Cheque/DD  against your proposal for Home Secure.

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 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.

**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 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 / 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\*

Place\*  Date\*  Signature of Intermediary / Sales Person\*

**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 thumb impression / signature after fully understanding the features thereof.

Signature / Stamp of the Proposer\*

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

**STATUTORY WARNING**

**PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938 as amended)**

- 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

**ELECTRONIC EQUIPMENT**

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

**DOMESTIC APPLIANCES**

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

**PORTABLE EQUIPMENT**

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

**FURNITURE & FIXTURES**

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

**ANY OTHER ITEM, PLEASE MENTION IN THE BELOW TABLE**

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