

ZK - 24-25/v2

Home Secure - Premium Proposal Form

HSR

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*	<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

INSURED INFORMATION

Is Insured Premises Address same as Permanent Address / Correspondence Address?*

Yes, Permanent Address Yes, Correspondence Address No If 'No', please provide below

Insured Premises address*

Address (Line 1)

Address (Line 2)

Nearest Landmark City / District

State Pin Code Country

For Structure Insurance*

Age of Structure Years Months

Type of Construction Burned Brick Reinforced Concrete

Walls made of Bricks Cement RCC Stone Mud Clay Wood Any other item

Roof made of Tiles Concrete RCC Asbestos Corrugated Cement Wood Thatched
 Any other item

Hypothecation Details (if any)

Bank / Institution Name

Loan Account Number Loan Amount

Loan Tenure EMI Amount

Other Information

Fire Extinguishing Appliance Installed Hydrant & Sprinkler Hydrant Only Sprinkler Only Portable Extinguishing Small Bore Hose Reels
 Trailer Pumps Dedicated Fire Brigade Mutual Aid Spot Protection for Critical Areas

Distance from the nearest Fire Brigade KM

Security Available for Structure Security Guard Electronic Device Common Watchman No

Insured Premises Floor No. Floor Basement Ground Top

SUM INSURED

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%)

Sr. No.	Cover	(✓) Tick on cover You want to opt	Sum Insured* (₹)	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)			_____ Years (Maximum up to 5 years)	Not Applicable
	Contents			_____ Years (Maximum up to 5 years)	Not Applicable

SUM INSURED

Sr. No.	Cover	(✓) Tick on cover You want to opt	Sum Insured* (₹)	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 Structure 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 Structure Policy Period	___ Months (Maximum up to 36 Months)
8.	Additional Living Expenses			Same as Structure Policy Period	___ Months (Maximum up to 36 Months)
9.	Temporary Resettlement Expenses			Same as Structure Policy Period	Not Applicable
10.	Contents Temporarily removed			Same as Structure Policy Period	Not Applicable
11.	Enhanced cover during Wedding / Other Occasion			Same as Structure Policy Period	Not Applicable
12.	Search and Found			Same as Structure 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.	Cover	(✓) Tick on cover You want to opt	Sum Insured* (₹)	Policy Period	Indemnity Period
1.	Jewellery and Valuables (details of individual items valued more than ₹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 ₹100,000 to be provided)			Same as Contents Policy Period	Not Applicable
3.	Portable Equipments (details of individual items valued more than ₹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 ₹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:**

- Kindly see prospectus to know the method of arriving at the Sum Insured for Structure and Contents.
- 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 ₹5 Lakhs.
- Where you opt for insurance of Contents only, the Sum Insured shall not be less than ₹5 Lakh
- In case the value of the contents is collectively less than ₹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* (₹)	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

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"/> 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"/>	<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)**

- 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.
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.