

Home Secure - Prime Proposal Form

ZK - 24-25/v2

HSP

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

- Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.
- 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.
- 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.
- 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.
- 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* ☐ New Property ☐ Old Property ☐ Endorsement ☐ Renewal

Type of House* ☐ Flat / Apartment ☐ Independent Building

Type of Ownership* ☐ Owner ☐ 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

Name*

First Name Middle Name Last Name

Gender* ☐ Male ☐ Female ☐ Others Date of Birth*

Nationality* ☐ Indian ☐ Non-Indian ☐ NRI Marital Status ☐ Single ☐ Married ☐ Others

Permanent Address*

Address (Line 1)

Address (Line 2)

Nearest Landmark City / District

State Pin Code Country

Is Correspondence Address same as Permanent Address?* ☐ Yes ☐ No If 'No', please provide below

Correspondence Address*

Address (Line 1)

Address (Line 2)

Nearest Landmark City/District State

Pin Code Country GSTIN

Phone Mobile* Email*

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

Profession ☐ CA ☐ Paramilitary Services ☐ Govt. Teacher ☐ Govt. Employee ☐ Medical Doctor ☐ Others

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

PAN*: / Form 60 (only in case the customer does not have PAN No.) ☐ Yes ☐ 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
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SUM INSURED (APPLICABLE TO ALL RISK COVER - STRUCTURE AND CONTENTS AND 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.	Zurich Kotak Bharat Griha Raksha 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).	Cover	Please (✓) tick
	OR	Home Building & Home Contents	
		Home Building Only	
		Home Contents Only	
1.	All Risk Cover - Structure and Contents Structure (Please mention the Total Area Mentioned in the Registered Sale Deed Agreement : _____ Sq. Ft) Contents (Maximum Policy Period up to 5 years)		
2.	Burglary and Theft (Cover restricted within premises) (Maximum Policy Period up to 5 years)		

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* (₹)	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?	

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:

- a. garage, domestic out-houses used for residence, parking spaces or areas, if any;
- b. compound walls, fences, gates, retaining walls, internal roads;
- c. verandah or porch and the like;
- d. 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.)

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

b. SI for additional structures (in ₹):

Additional Structure	Sum Insured (in ₹)

Carpet area of structure of Home in square metres

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

E. OTHER DETAILS

Age of Home Building	Less than 5 years 5-10 years 10-20 years Above 20 years								
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’).	<table> <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> (*strike out what is not applicable)		Construction*	Walls	Kutcha / Pucca	Floor	Kutcha / Pucca	Roof	Kutcha / Pucca
	Construction*								
Walls	Kutcha / Pucca								
Floor	Kutcha / Pucca								
Roof	Kutcha / Pucca								

F. DETAILS OF HOME CONTENTS

Please note the following:

- i) **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.
- ii) **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.
- iii) **Valuable Contents** of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
- iv) 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 ₹):

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) <table> <tr> <td>Loss of Rent</td> <td></td> </tr> <tr> <td>Rent for Alternative Accommodation</td> <td></td> </tr> </table>	Loss of Rent		Rent for Alternative Accommodation		Loss of Rent: I. Sum Insured: II. Number of Months: Rent for Alternative Accommodation: I. Sum Insured II. Number of Months
Loss of Rent					
Rent for Alternative Accommodation					

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)': (Valuable Contents 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)

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* (₹)	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 ☐ Yes ☐ No			Not Applicable
2.	Curios, Works of Art & Paintings (details of individual items valued more than ₹100,000 to be provided)			Not Applicable
3.	Portable Equipments (details of individual items valued more than ₹50,000 to be provided) Is worldwide coverage extended required for required ☐ Yes ☐ 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 ₹ 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* (₹)	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 (₹)

I. 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?	☐ Yes ☐ No
2. Cancelled or refused to renew Your policy?	☐ Yes ☐ No
3. Accepted Your Proposal on special terms and condition?	☐ Yes ☐ 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
☐ Cheque ☐ Demand Draft ☐ Credit / Debit Card ☐ Online Payment Cheque / D.D# Drawn Amount Drawn To Date IFSC/MICR Code Bank and Branch Name For Credit / Debit Card Transaction Reference No Transaction Date	☐ Details as per premium cheque to be used for electronic fund transfer; ☐ Cancelled cheque submitted of other bank Account Number IFSC/MICR Code Bank Name Account Holder name 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	☐ Yes ☐ 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	☐ Yes ☐ 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.	

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 enterprises 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.

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* (₹)

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* (₹)