

## Housing Society Package Policy Proposal Form

**ZK - 24-25/v1**

**HSK**

**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. (Information given herein will be treated in strict confidence).

**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

**PROPOSER'S INFORMATION**

Proposer's Name\*     
First Name Middle Name Last Name

**Registered Office Address\***

Address (Line 1)   
 Address (Line 2)  Nearest Landmark   
 City / District  State  Pin Code  Country

Is the Postal Address same as the Registered Office Address?\*  Yes  No If 'No', please provide below

**Postal Address\***

Address (Line 1)   
 Address (Line 2)  Nearest Landmark   
 City / District  State  Pin Code  Country   
 Contact No.  Email ID  GSTIN

**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):

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

Nomination

Nominee Name  Relationship with the insured

**PUT A (✓) TICK MARK WHEREVER APPLICABLE:**

**All the questions to be answered completely. In case of any additional details, kindly enclose the information as an annexure:**

1. Sections opted for (Section I is mandatory and minimum criteria is to select one additional section)	Sections	Yes / No (please (✓) tick against section for opting)
	Section I - Zurich Kotak Bharat Griha Raksha	Yes
	Section II - Burglary and Housebreaking	
	Section III - Electronic Equipments/ Appliances	
	Section IV - Machinery Breakdown	
	Section V - Boiler and Pressure Vessels	
	Section VI - All Risk	

		Section VII - Money Insurance																	
		Section VIII - Fidelity Cover																	
		Section IX - Plate Glass																	
		Section X - Signage																	
		Section XI - Baggage																	
		Section XII - Personal Accident																	
		Section XIII - Employee Compensation																	
		Section XIV - Public Liability																	
		Section XV - Directors and Officers Liability																	
2.	Cover Opted (Section I)	Is there any policy in place for the same property? If Yes, please provide the details	Yes / No																
		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									
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Home Building & Home Contents																			
Home Building Only																			
Home Contents Only																			
		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?																	
		<p><b>Please Note:</b>  <b>Your Home Building</b> 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.  <b>It also includes</b> '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;  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.</p>																	
		<p><b>Sum Insured (SI) for Home Building:</b>  <b>Please note the following:</b>  (The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:  <b>a. For residential structure of Your Home including fittings and fixtures:</b>  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>b. For additional structures:</b> the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date).</p>	<p><b>a. SI for residential structure of Your Home including fittings and fixtures (in ₹):</b></p> <table border="1"> <thead> <tr> <th>Additional Structure</th> <th>Sum Insured (in ₹)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table> <p><b>b. SI for additional structures (in ₹):</b></p> <table border="1"> <thead> <tr> <th>Additional Structure</th> <th>Sum Insured (in ₹)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Additional Structure	Sum Insured (in ₹)							Additional Structure	Sum Insured (in ₹)						
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		Carpet area of structure of Home in square metres																	
		Rate of Cost of Construction per square metre at the policy Commencement Date																	
		Age of Home Building	<table border="1"> <tbody> <tr> <td>Less than 5 years</td> <td></td> </tr> <tr> <td>5-10 years</td> <td></td> </tr> <tr> <td>10-20 years</td> <td></td> </tr> <tr> <td>Above 20 years</td> <td></td> </tr> </tbody> </table>	Less than 5 years		5-10 years		10-20 years		Above 20 years									
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		<p>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').</p>	<table border="1"> <thead> <tr> <th></th> <th>Construction*</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>(*strike out what is not applicable)</p>		Construction*	Walls	Kutcha / Pucca	Floor	Kutcha / Pucca	Roof	Kutcha / Pucca								
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		<p><b>Please note the following:</b></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>																				
	<p>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.</p> <p>Or</p> <p>If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents. (Sum Insured represents Cost of Replacement).</p>	<p>Item wise Sum Insured for General Contents (in ₹):</p> <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											
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	In case of Basement, If there are contents in it, please provide the Sum Insured																					
	<p><b>(Loss Of Rent &amp; Rent For Alternative Accommodation)</b></p> <p>Cover for (Please (✓) Tick)</p> <table border="1"> <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		<p><b>Loss of Rent:</b></p> <p>I. Sum Insured: II. Number of Months:</p> <p><b>Rent for Alternative Accommodation:</b></p> <p>I. Sum Insured II. Number of Months</p>																
Loss of Rent																						
Rent for Alternative Accommodation																						
	<p><b>Optional Covers (Available on payment of additional premium)</b></p> <p>Do You require 'Personal Accident Cover' for Yourself and Your spouse?</p>	<p>Yes / No</p> <p>If Yes, Name &amp; age of Your spouse:</p> <p>Your age:</p>																				
	<p>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).</p>	<p>Yes / No</p> <p>If Yes, please attach list of items and Sum Insured:</p> <p>Valuation certificate attached? (Yes / No)</p>																				
3.	Please specify the contents which you want to avail burglary cover against ( in case of no entry in table here, total content SI will be considered)	<table border="1"> <thead> <tr> <th>Description</th> <th>Sum Insured (₹)</th> <th>First Loss% (optional)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Description	Sum Insured (₹)	First Loss% (optional)															
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4.	Details of security arrangement at premises, including watch and ward facility ( plsspecify).																					
5.	Pl specify the electrical / mechanical / electronic equipment / Boiler against which you want to opt for cover under Section III,IV and V.	<table border="1"> <thead> <tr> <th>Description with Sr. No. &amp; make</th> <th>Year of manufacture</th> <th>Sum Insured (₹)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Total</b></td> <td></td> <td></td> </tr> </tbody> </table>			Description with Sr. No. & make	Year of manufacture	Sum Insured (₹)										<b>Total</b>					
Description with Sr. No. & make	Year of manufacture	Sum Insured (₹)																				
<b>Total</b>																						
6.	Valid maintenance contract Force?	<p>Yes / No</p> <p>If yes, Copy to be enclosed</p>																				
7.	Money Section	<table border="1"> <thead> <tr> <th>I. Money in transit</th> <th>Single carrying limit (₹)</th> <th>Total estimated amount of money in transit per annum (₹)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th>II. Money in counter</th> <th>Per Location Limit (₹)</th> <th>Sum Insured / Limit (₹)</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th>III. Money in safe</th> <th>Per Location Limit (₹)</th> <th>Sum Insured / Limit (₹)</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>1. What is the maximum distance in kms that the money will be carried?</p> <p>2. Mode of Transportation <input type="checkbox"/> By Foot <input type="checkbox"/> By Public Transport <input type="checkbox"/> Own 2 Wheeler <input type="checkbox"/> Own 4 Wheeler</p> <p>3. Please specify if there is an armed guard / Security</p> <p>a. Accompanying the Money carried outside: Yes / No                      b. At Insured's Premises for 24 hours: Yes / No</p> <p>c. Please specify if additional person accompany the money outside: Yes / No</p> <p>4. Is there a CCTV in the insured premises that is clearly operational all through: Yes / No</p>			I. Money in transit	Single carrying limit (₹)	Total estimated amount of money in transit per annum (₹)				II. Money in counter	Per Location Limit (₹)	Sum Insured / Limit (₹)				III. Money in safe	Per Location Limit (₹)	Sum Insured / Limit (₹)			
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8.	Plate Glass	<p>Please provide a description of the Plate Glass which you wish to insure and its value. ( Only fixed glass and not furniture glass to be considered under this section).</p> <table border="1"> <thead> <tr> <th>Description</th> <th>Size</th> <th>Sum Insured (₹)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Description	Size	Sum Insured (₹)															
Description	Size	Sum Insured (₹)																				

9.	Signage	Please provide a description of the Signage / Sign Board / Glow Sign / Hoarding etc which you wish to insure and its value.																																								
		<b>Description</b>	<b>Situation (outdoors/at height on ground) pl specify</b>	<b>Type/Age</b>	<b>Sum Insured (₹)</b>																																					
10.	Baggage	Please provide details in relation to accompanied baggage, clothing, personal effects, medicines and all other articles that are generally carried during the period of travel anywhere within India, including a break-up of the value of such articles and a total value of all these articles combined as well.																																								
		<b>Description</b>				<b>Sum Insured (₹)</b>																																				
		<b>Total</b>																																								
11.	Fidelity Guarantee: If named or unnamed please specify and fill relevant information against this section.	<b>Name of Employee if Named basis</b>	<b>No of employee if (unnamed) basis</b>	<b>Designation/nature of work done by them</b>	<b>Contractual/ Permanent Employees</b>	<b>Amount of indemnity per event or person</b>	<b>Aggregate limit of indemnity</b>																																			
12.	Employee Compensation: Pl specify is same detail needs to be considered, then no need to fill in details separately.	<b>Name of Employee if Named basis</b>	<b>No of employee if (unnamed) basis</b>	<b>Designation/nature of work done by them</b>	<b>Salary/wages monthly/ yearly (pls specify)</b>																																					
13.	Public Liability	<ul style="list-style-type: none"> <li>• Annual turn over</li> <li>• Nature of work</li> <li>• Limits required (AOA:AOY)</li> </ul>																																								
14.	Personal Accident	<table border="1"> <thead> <tr> <th rowspan="2">Name of the insured person</th> <th rowspan="2">Date of Birth</th> <th rowspan="2">Occupation</th> <th rowspan="2">Relationship with You</th> <th rowspan="2">Details of existing infirmity or disability</th> <th colspan="3">Nominee Details</th> </tr> <tr> <th>Nominee Name</th> <th>Relationship of Nominee with Insured*</th> <th>Age</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name of the insured person	Date of Birth	Occupation	Relationship with You	Details of existing infirmity or disability	Nominee Details			Nominee Name	Relationship of Nominee with Insured*	Age																								
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					Nominee Name	Relationship of Nominee with Insured*	Age																																			
15.	Directors and Officers Liability	Nature of ownership: <input type="checkbox"/> Pvt Company <input type="checkbox"/> Public Company <input type="checkbox"/> Others (pl specify) Please provide details of serving directors and officers in the Proposer's most recent annual report and accounts:  Has the chairman, managing director, chief executive officer or chief financial officer of the Proposer left such office within the last 3 years for any reason other than death or retirement? If yes then please provide details: Limit of Liability required: Any other information:																																								
16.	Additional Extensions	Please fill up the addendum enlisting the add on cover required for selected section as per question 1																																								
17.	Details of Fire Protection Arrangement available (pl tick options available)	<input type="checkbox"/> Portable Fire Extinguishers <input type="checkbox"/> Sprinklers <input type="checkbox"/> Hydrants <input type="checkbox"/> Small bore hose reels <input type="checkbox"/> Trailer Pumps / Fire engines <input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fixed Water Spray System <input type="checkbox"/> Foam systems <input type="checkbox"/> Fire alarm systems <input type="checkbox"/> Gas flooding systems																																								
18.	Details of Past claim experience under each section opted for (please provide upto last 3 year loss experience, if available).	<b>Date of Occurrence</b>	<b>Details of Loss</b>	<b>Amount of Loss (₹)</b>	<b>Name of the Insurers</b>																																					
19.	Has any Company in respect of any section included by you for this insurance has a) Declined your Proposal? b) Cancelled or refused to renew your Policy? c) Accepted your Proposal on special terms and condition?																																									
20.	Period of Insurance	From <input type="text"/> To <input type="text"/>																																								

#### ACKNOWLEDGEMENT

Received from Ms./Mrs./ Mr  a sum of ₹

Through Cheque/DD  against your proposal for Housing Society Package Policy.

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 Housing Society Package Policy 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.

**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"/>		Account Number <input type="text"/>	
Date <input type="text"/>		IFSC/MICR Code <input type="text"/>	
Bank and Branch Name <input type="text"/>		Bank Name <input type="text"/>	
For Credit / Debit Card <input type="text"/>		Account Holder name <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	
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.	

**DECLARATION**

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"

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 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\*

**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.