



For Office Use only:

For Agent Use Only:

Scrutiny No	Receipt No	Policy No

IMD Code	Sub IMD Code	Mobile No.

Emp / LG Code

**MY HOME INSURANCE ALL RISK POLICY: PROPOSAL FORM**

- Please answer all questions in BLOCK letters.
- The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.
- This Proposal will be the basis of any subsequent policy that the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its decision as to acceptance of the risk or the terms upon which it should be accepted.

**Proposer Details**

1) Proposer's Full Name: Title [ ][ ][ ][ ] First Name [ ] Middle Name [ ] Surname [ ]

2) Are you an existing Bajaj Allianz Customer: Yes / No. If yes, please mention the Policy No: OG

3) Gender:  Male  Female  Other      4) Date of Birth [ D ][ D ][ M ][ M ][ Y ][ Y ][ Y ][ Y ]      5) PAN No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

6) UID/Unique ID: [ ]      7) Bajaj Allianz Employee Code, if Proposer is BAGIC/BALIC Employee: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

8) Marital Status:  Married  Single  Divorced  Widowed      9) No. of Children  Sons  Daughters

10) Occupation  Business  Salaried  Professional  Student  House Wife  Retired      Others \_\_\_\_\_

11) Are You a:  Tenant      OR       Owner Occupant

**12 a) Details of the Residential Property to be Insured:**

**12 b) Correspondence Address: (All the communications will be sent to the below address)**

Resident Structure  Flat  Apartment  Independent Building

House No. [ ][ ][ ][ ][ ][ ]      House Name [ ]

Landmark/ Locality [ ]

Road/ Area Name [ ]

City/District [ ]

State [ ][ ][ ][ ][ ][ ]      Pin Code [ ][ ][ ][ ][ ][ ][ ][ ][ ]

House No. [ ][ ][ ][ ][ ][ ]      House Name [ ]

Landmark/ Locality [ ]

Road/ Area Name [ ]

City/District [ ]

State [ ][ ][ ][ ][ ][ ]      Pin Code [ ][ ][ ][ ][ ][ ][ ][ ][ ]

13 a) Telephone No.: [ ]

13 b) Mobile Number: [ ]

14) Educational Qualification:  Matriculate       Under Graduate       Graduate       Post Graduate       Professionally Qualified

15) Family Monthly Income:  Up to ₹20,000       ₹20,001 to ₹50,000       ₹50,001 to ₹1 lakh       Above ₹1 lakh

16) In case of any Offer, you would prefer to be contacted by:  Phone  Email \_\_\_\_\_ @ \_\_\_\_\_

**17) For Coverage of "BUILDING":**

i) Age of the "BUILDING": [ ][ ] Year(s)      [ ][ ] Month(s)

ii) Walls made of:  Bricks  Cement  RCC  Stone  Mud       Clay  Wood  Any other item (Please Specify) \_\_\_\_\_

iii) Roof made of:  Tiles  Concrete  RCC  Asbestos  Corrugated  Cement  Wood  Any other item (Please Specify) \_\_\_\_\_  
 Thatched

**iv) Hypothecation Details: (if applicable)**

Name of Financial Institution/Bank: \_\_\_\_\_

Name of Branch and Branch address: \_\_\_\_\_

Loan Account Number: \_\_\_\_\_

**18) Plan: (Please select any one Plan from the below Six Plans)**

PLATINUM PLAN I       DIAMOND PLAN I       GOLD PLAN I

PLATINUM PLAN II       DIAMOND PLAN II       GOLD PLAN II

19) Sum Insured:

S. no.	Cover	Sum Insured* (in ₹)	Excess Options																																												
1	<p>“Building” Structure (Please mention the Total Area Mentioned in the Registered Sale Deed Agreement : _____ Sq Ft)</p>		<p>Excess Options for “Building” (Please Select Any One Option)</p> <table border="1"> <thead> <tr> <th>Excess (in ₹)</th> <th>Please Tick</th> </tr> </thead> <tbody> <tr><td>0</td><td></td></tr> <tr><td>5,000</td><td></td></tr> <tr><td>10,000</td><td></td></tr> <tr><td>15,000</td><td></td></tr> <tr><td>20,000</td><td></td></tr> <tr><td>25,000</td><td></td></tr> <tr><td>30,000</td><td></td></tr> <tr><td>35,000</td><td></td></tr> <tr><td>40,000</td><td></td></tr> <tr><td>45,000</td><td></td></tr> <tr><td>50,000</td><td></td></tr> </tbody> </table>	Excess (in ₹)	Please Tick	0		5,000		10,000		15,000		20,000		25,000		30,000		35,000		40,000		45,000		50,000																					
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2	<p>“Contents” Is Worldwide Coverage Extended required for Portable Equipments : <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Excess Options for “Contents” (Please Select Any One Option)</p> <table border="1"> <thead> <tr> <th>Excess (in ₹)</th> <th>Please Tick</th> </tr> </thead> <tbody> <tr><td>0</td><td></td></tr> <tr><td>1,000</td><td></td></tr> <tr><td>2,000</td><td></td></tr> <tr><td>3,000</td><td></td></tr> <tr><td>4,000</td><td></td></tr> <tr><td>5,000</td><td></td></tr> <tr><td>6,000</td><td></td></tr> <tr><td>7,000</td><td></td></tr> <tr><td>8,000</td><td></td></tr> <tr><td>9,000</td><td></td></tr> <tr><td>10,000</td><td></td></tr> <tr><td>11,000</td><td></td></tr> <tr><td>12,000</td><td></td></tr> <tr><td>13,000</td><td></td></tr> <tr><td>14,000</td><td></td></tr> <tr><td>15,000</td><td></td></tr> <tr><td>16,000</td><td></td></tr> <tr><td>17,000</td><td></td></tr> <tr><td>18,000</td><td></td></tr> <tr><td>19,000</td><td></td></tr> <tr><td>20,000</td><td></td></tr> </tbody> </table>	Excess (in ₹)	Please Tick	0		1,000		2,000		3,000		4,000		5,000		6,000		7,000		8,000		9,000		10,000		11,000		12,000		13,000		14,000		15,000		16,000		17,000		18,000		19,000		20,000	
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- \*Note: 1. Kindly see prospectus to know the method of arriving at the Sum Insured for Building and Contents
2. Where you opt for insurance of Structure and Contents the Sum Insured for Contents shall not be less than 10% of the Flat/Apartment/ Independent Building Sum Insured subject to minimum of ₹ 5 lakhs .
3. Where you opt for insurance of Contents only, the Sum Insured shall not be less than ₹ Five Lakhs.
4. In case the value of the contents is collectively less than Rupees Five Lakhs ,you shall be required to declare the individual values of the contents. (Please Provide the Same in the Annexure)
5. Kindly note that Contents excludes Jewellery and Valuables, Works of Art, Paintings, Curios, Bonds, Cheques, Documents, Cash and Currency Notes and Coins, Credit Debit Cards., Domestic Appliances, Electrical and Electronic Equipments older than 10 years and Portable Equipments older than 5 Years.
6. Standalone Cover for Jewellery & Valuables and /Or Curios, Paintings & Work of Arts cannot be Opted unless Contents are Insured.

Do you want to opt for Escalation Provision (Applicable for building structure)? Yes / No

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

20) Details for "Jewellery and Valuable" Coverage:

Sr No	Description of the Item	Weight (in gm)	Sum Insured	Valuation Report Attached (Yes /No)
	Total			

Is Worldwide Coverage Extension Required for Jewellery and Valuable  Yes  No

Excess Options for "Jewellery and Valuable" - (Please Select Any One Option)

Excess (in ₹)	Please Tick
0	
5,000	
10,000	
15,000	
20,000	
25,000	
30,000	
35,000	
40,000	
45,000	
50,000	

21) Details for Works for Art, Painting and Curios Coverage:

SL. No	Description of the Item (Works of Art ,Painting/ Curios ,Other, Please describe)	Details of Artist	Valuation Report Attached (Yes/ No)	Invoice Copy attached (Yes/ No)	Sum Insured

22) Do you wish to opt for any of the following Add on Cover (Kindly tick add on covers you want to opt for):

Add On Cover	Please Tick Add On Cover You want to Opt	Sum Insured (in ₹)	Indemnity Period
1. LOSS OF RENT			Months Maximum 24 months
2.TEMPORARY RESETTLEMENT COVER		(Maximum Sum Insured is ₹ 25000)	Same as Policy Period
3.KEYS & LOCKS REPLACEMENT COVER If Opted , Please provide number of Vehicle(s) _____			Same as Policy Period
4.ATM WITHDRAWAL ROBBERY COVER (AOA Limit: ₹ 10000, AOY Limit : ₹ 30000) (Bodily Injury Cover : Maximum up to ₹ 10000)			Same as Policy Period
5.LOST WALLET COVER (Limit any one loss : ₹2500,Limit any one year :₹5000)			Same as Policy Period
6.DOG INSURANCE COVER			Same as Policy Period
7. PUBLIC LIABILITY COVER			Same as Policy Period
8.EMPLOYEES COMPENSATION COVER Please tick against whom cover is opted along with number of members: Bearers- /Khitmatgars- /Hamals- / Cooks- /Sweepers- /Mali- /Mehters- / Motor Car Driver- /Cleaners and Attendants-			Same as Policy Period

**23) Details for Dog Insurance Cover, if Opted:**

Sex	Age	Breed	Description of the Animal				Market Value/S.I.
			Colour	Ears	Tail Switch	Distinguishing Features/ Microchip Identification Marks	
M/F	Years						₹:

Note: Health and valuation certificate of qualified Veterinary Doctor has to be submitted mentioning the microchip number for identification along with latest photograph at the time of proposal.

**24) Details of Other Insurance Policies Covering the same Building /Contents / Jewellery & Valuables /Works of Arts , Paintings, Curios under the policy:**

Policy No.	Name and Address of Insurance Co.	Sum Insured	Covers	Period of Insurance	
				From: dd/mm/yy	To: dd/mm/yy

**25) Have you suffered any loss of or damage to the Structure/ Contents/ Jewellery & Valuables/ Works of Arts, Paintings, Curios in the past? (Irrespective of whether insured or not)  Yes /  No**  
If so, give full details thereof as under:

Date of Occurrence	Details of Loss	Amount of loss ₹	Name of the Insurance Company (if Insured)

**26) Has any company in respect of Insurance**

- a. Declined your Proposal?
- b. Cancelled or refused to renew your policy?
- c. Accepted your proposal on special terms and conditions?

**Declaration**

I/We, the undersigned hereby declare and warrant that the insurance contract and policy to be issued by Bajaj Allianz General Insurance Company Ltd [Company] is subject to the declarations, warranties, statements and particulars given in this proposal form. I/We declare that the statements and particulars given in this Proposal form are complete, true and accurate to the best of my personal knowledge and belief. I/we have clearly understood the terms and conditions [T & C] to the insurance contract and agree that the statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company shall have no liability under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter to the grant of a cover. I/we will accept the usual T & C and form of the policy prescribed and issued by Company.

The salient features of the policy, terms and conditions of this proposal have been explained to me/us, and I/we agree to the same.

I/we hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephone / email / web-inputs means or other means, as updated from time to time within group entities.

Proposed Policy Period: From 

D	D	M	M	Y	Y	Y	Y
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 To 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_

Signature of the Proposer

\* Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_

Signature (on behalf of the Proposer)

Name: \_\_\_\_\_

\*This is required only where, for any reason, the proposal and other connected papers are not filled by the Proposer.

**INSURANCE ACT 1938 SECTION 41 - Prohibition of Rebates**

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE LIABLE FOR PENALTY WHICH MAY EXTEND TO TEN LAKHS RUPEES.

**ANNEXURE**

In case the value of the contents is collectively less than Rupees Five Lakhs, you shall be required to declare the individual values of the contents.

**ELECTRONIC EQUIPMENT**

Sr No	Description of the Item	Age	Sum Insured (in ₹)

**DOMESTIC APPLIANCES**

Sr No	Description of the Item	Age	Sum Insured (in ₹)

**KITCHEN APPLIANCES**

Sr No	Description of the Item	Age	Sum Insured (in ₹)

**AIR CONDITIONER**

Sr No	Description of the Item	Age	Sum Insured (in ₹)

**PORTABLE EQUIPMENT**

Sr No	Description of the Item	Age	Sum Insured (in ₹)

**FURNITURE & FIXTURES**

Sr No	Description of the Item	Age	Sum Insured (in ₹)

**CLOTHES, UTENSILS & PEROSNAL EFFECT ITEMS**

Sr No	Description of the Item	Age	Sum Insured (in ₹)

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

Sr No	Description of the Item	Age	Sum Insured (in ₹)