

## HOME SECURE POLICY PROPOSAL FORM

**IMPORTANT:**

1. *Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.*
2. *Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.*
3. *It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.*
4. *Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.*

<b>Policy Issuing Office Address &amp; Code</b>	
<b>Intermediary/Agent Name &amp; Code (if any)</b>	

**A. Details about Proposer and Policy Period**

<b>1.</b>	<b>Name of Proposer</b>	
<b>2.</b>	<b>Address of Proposer</b>	
<b>3.</b>	<b>Permanent Address of Proposer</b> <i>(if left blank, will be construed as being same as Present Address)</i>	
<b>4.</b>	<b>Phone No.</b> a. Mobile b. Landline	
<b>5.</b>	<b>Email</b>	
	<b>CKYC Number (if available)</b>	
<b>6.</b>	<b>Policy to be issued in favour of</b> <b>(list out all the parties who have insurable interest) including the financial institutions</b>	
<b>7.</b>	<b>Period of Insurance</b>	<b>From</b> <b>To</b>
<b>8.</b>	<b>Nomination:</b>	<b>Nominee Name:</b> <b>Relationship with the insured:</b>

## SECTION I: PROTECTION OF YOUR ASSETS AGAINST FIRE & ALLIED PERILS

### A. Covers Opted

9.	Is there any policy in place for the same property?	Yes/No								
	If Yes, please provide the details									
10.	<p>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).</p>	<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										

### B. Location of Home Building

11.	Location of Home Building - full postal address with Pin Code.	
		Pin Code:
12.	Is it in a multi-storey building or is it a standalone house?	
13.	In case of multi-storey building, please provide the floor number of Your house	
14.	Is there a basement to Your house?	

### C. 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.

15.	<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:</p> <p><b>a. For residential structure of Your Home including fittings and fixtures:</b></p> <p>Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date.</p> <p>The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.</p>	<p><b>a. SI for residential structure of Your Home including fittings and fixtures (in ₹):</b></p>						
	<p><b>b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)</b></p>	<p><b>b. SI for additional structures (in ₹):</b></p> <table border="1" data-bbox="762 1608 1385 1765"> <thead> <tr> <th data-bbox="762 1608 1070 1682">Additional Structure</th> <th data-bbox="1070 1608 1385 1682">Sum Insured (in ₹):</th> </tr> </thead> <tbody> <tr> <td data-bbox="762 1682 1070 1720"> </td> <td data-bbox="1070 1682 1385 1720"> </td> </tr> <tr> <td data-bbox="762 1720 1070 1765"> </td> <td data-bbox="1070 1720 1385 1765"> </td> </tr> </tbody> </table>	Additional Structure	Sum Insured (in ₹):				
Additional Structure	Sum Insured (in ₹):							
16.	<p><b>Carpet area of structure of Home in square metres</b></p>							

17.	Rate of Cost of Construction per square metre at the policy Commencement Date	
<b>Other Details</b>		
18.	Age of Home Building	Less than 5 Years
		5-10 Years
		10-20 Years
		Above 20 Years
19.	<b>Construction Details</b> <i>Please note the following:</i>  <i>(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.</i>  <b>Construction other than Kutcha Construction is a 'Pucca Construction')</b>	
		<b>Construction*</b>
		Walls
		Floor
		Roof

#### D. Details of Home Contents

<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) <b>General Contents</b> 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) <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.</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>
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<p><b>20.</b></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.</p> <p>(Sum Insured represents Cost of Replacement)</p>		<p>Item wise Sum Insured for General Contents (in ₹):</p> <table border="1" data-bbox="762 360 1385 629"> <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										
<p><b>21.</b></p>	<p>In case of Basement, If there are contents in it, please provide the Sum Insured</p>									

**E. In-Built Covers** (Loss of Rent & Rent for Alternative Accommodation)

<p><b>22.</b></p>	<p>Cover for (Please Tick)</p> <table border="1" data-bbox="272 1021 730 1173"> <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>Loss of Rent:</p> <p>I. Sum Insured:</p> <p>II. Number of Months:</p> <p>Rent for Alternative Accommodation:</p> <p>I. Sum Insured</p> <p>II. Number of Months</p>
Loss of Rent						
Rent for Alternative Accommodation						

**F. Optional Covers** (available on payment of additional premium)

<p><b>23.</b></p>	<p>Do You require 'Personal Accident Cover' for Yourself and Your spouse?</p>	<p>Yes/No</p> <p>If Yes,</p> <p>Name &amp; age of Your spouse:</p> <p>Your age:</p>
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<b>24.</b>	<p>Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)':</p> <p><i>(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).</i></p>	<p>Yes/No</p> <p>If Yes, please attach list of items and Sum Insured:</p> <p>Valuation certificate attached? (Yes/No)</p>
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**G. Additional/Add-on Covers** (over and above optional covers available on payment of additional premium)

Sl. No.	Name of Add-on cover	Sum insured
	Third Party Liability	
	Claim Preparation Costs	
	Keys and Locks	
	Tenants legal liability	
	Accidental Damage Clause	
	Landscaping including lawns, plants, shrubs or Trees	
	Protection and Preservation of Property	
	Removal of Debris (in excess of 2% of the claim amount)	

**H. Other Covers:**

**H-A Purchase Protection:**

*(10% of Content Sum Insured. Coverage upto 90days from date of purchase)*

**H-B Deeds:**

*(Sum Insured Rs. 10,000)*

**I-C Emergency Storage of Contents (Household Removal) :**

*(15% of Content Sum Insured)*

**I-D Guest or visitors property:**

*(10% of Content Sum Insured)*

**I-E Enhanced cover during family event:**

*(15% of Content Sum Insured)*

## SECTION – II BURGLARY AND THEFT

### II – A Contents

What is the value of contents (other than money) ? 100%	Rs.
Do you want on % First loss basis, if yes please strike the option	<input type="checkbox"/> 25% <input type="checkbox"/> 40%
Furniture, Fixture, Fittings, (Please take the reinstatement value)	Rs.
Whether 24hrs security provided for	
Whether any burglar alarm or similar security devices are provided. If Yes, please specify	Yes/No

**II – B Purchase Protection:** Rs.

**II – C Deeds:** Rs.

**II – D Enhanced Cover during family events:** Rs.

## SECTION III PROTECTION OF YOUR VALUABLES

### III-A Jewellery & Precious Items - All Risks

Please provide a description of all Jewellery and/or Precious Stones that are to be insured along with their value.

Note:

1. Valuation certificate is required if the sum insured is Rs. 2 Lac or more or where the individual items exceeds Rs. 10,000.
2. Total Coverage under this section is restricted to maximum 2 times the sum insured for contents under the fire section.)

Description	Value (Rs.)

Do you want on % First loss basis, if yes please strike the option    40%

### III-B Contents of Safe Deposit Box in bank - All Risks

Please provide a description of all Jewellery and/or Precious Stones that you wish to insure along with their value.(Note:1: Valuation certificate is required if the sum insured is Rs. 2 Lac or more or where the individual items exceeds Rs. 10,000. 2: Total Coverage under this section is restricted to maximum 2 times the sum insured for contents under the fire section.)

Description	Value (Rs.)

### III-C Portable Computer – All Risk excluding Breakdown

Description(Laptop)	Serial No.	Value (Rs.)

## SECTION IV PROTECTION OF YOUR ELECTRONIC EQUIPMENTS

### IV-A Audio Visual Equipments (Electronic Equipments) – All Risk

### IV-B Computers (Electronic Equipments) – All Risk

Please provide in respect of all the Electronic Equipments that you wish to insure the following

**(Excluding the equipment's which are more than 10 years old from the date of manufacture of such equipments)**

Description	Type of the items along with serial number	Date of manufacturer	Name of manufacturer	Reinstatement value (Rs.)
<b>Total</b>				

## SECTION V PROTECTION OF YOUR HOUSEHOLD MECHANICAL / ELECTRICAL EQUIPMENTS

### V-Household Appliances – Breakdown

Please provide in respect of all the Domestic Appliances (including AC, TV, VCR and Other equipments) which you wish to insure, the following information:

**(Excluding the equipment's which are more than 10 years old)**

Description	Type of the items along with serial number	Date of manufacturer	Name of manufacturer	Reinstatement value (Rs.)
<b>Total</b>				

## SECTION VI PROTECTION FOR YOU AND YOUR FAMILY

### VI-A Accidental Compensation (Personal Accident) – Death / PTD / PPD

*Note:*

- You can cover yourself and your family members under this section.
- Details of each person along with the sum insured chosen for each person to be mentioned.
- Sum insured is restricted to 60 times the monthly income. (Options: 5 Lakh, 10 Lakhs, 20 Lakhs, 25 Lakhs) whichever is lower.

- For Working spouse 100% SI and Non-working spouse -50% of SI of Primary Insured
- Dependent Children upto age of 21 years- 25% of the primary Insured subject to maximum of INR 2,50,000/-

Name of Insured Person	Sum Insured	Date of Birth	Occupation	Relationship with proposer	Details of preexisting infirmity or disability

Have you / and or your spouse taken personal accident cover from any other insurance company and sum insured details: \_\_\_\_\_

### NOMINEE DETAILS

Name of the nominee: \_\_\_\_\_  
 Nominee Relationship to the Insured: \_\_\_\_\_  
 Nominee date of birth: \_\_\_\_\_  
 Name of appointee (If Nominee is a minor) \_\_\_\_\_

Do you wish to opt for the following additional covers:  
 Hospital Confinement Allowance: Yes/No

### SECTION VII PROTECTION AGAINST YOUR LIABILITY

#### VII-A Your Legal Liability As a Tenant - Tenants Legal Liability

Do you wish to opt for Tenant's Legal liability (applicable only if you are tenant): Yes/No,  
 (Upto 10% of the sum insured under fire section)  
 (Any One Accident: Any One Year: 1:1)

#### VII-B Domestic Workers Compensation

Number of workers	
Nature of work	
Salary of each worker (annual)	

#### VII-C Public Liability

Please provide the Limit of Indemnity required:  
 For Any One Accident and Any One Year will be same  
 (Maximum limit Rs. 25 lacs)

**Section VIII Enhanced Protection covers (Other Covers )**  
**VIII-A Baggage – All Risk**

*Please provide details in relation to personal 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.*

Description	Value(Rs.)
Total	

*Maximum Sum Insured: INR 20,000(Cash excluded)*

**VIII-B Plate Glass – All Risk**

*Please provide a description of the Plate glass which you wish to insure and its value.*

Description	Value(Rs.)

**VIII-C Pedal Cycle –**

*Please provide in respect of all pedal cycles that you wish to insure, the following information:*

Name of the manufacturer	Year of Production	Frame no.	Value including accessories (Rs.)

*Maximum SI INR 5,000.*

**VIII-D ATM Cash Withdrawal – All Risk**

Type of Card: Debit/Credit:

Card No.

Sum Insured: Rs.

*Sum Insured Options (INR 5000, INR 10000, INR 20000, INR 25000 & INR 50000)*

**VIII-E Credit Card/ Debit Card ( Loss or Theft) – Fraudulent Use**

Type of Card: Debit/Credit:

Card No.

Sum Insured: Rs.

*Sum Insured Options (INR 5000, INR 10000, INR 20000, INR 25000 & INR 50000)*

**VIII-F Veterinary Cost – Road Accident Age of Dog:**

Colour:

Any Other Information:

*Maximum Sum Insured INR 10000.*

Other Information				
Whether you have insured the same property with any other Insurance Company with the same type of coverage.	Yes/No			
Whether Insurance was declined by any other Company or imposed any special conditions	Yes/No			
Is the premises has suffered any flood losses in last 5 years. if yes please provide loss/ claim details				
Please provide the section wise claim /Loss details if any under any of the opted section of last 3 years. (Mandatory information) Please mention "NIL" if there are no claims/losses. Please attach separate sheet if required.	Date of Loss	Cause of Loss	Claimed Amount	Settled Amount/please specify if claim is outstanding

## PREMIUM DETAILS

Mode of Payment	
Payment Details	
Amount ( in ₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

**Note:** Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

### Bank details of proposer for refund or claim purpose:

Name of bank account holder (*mention specifically, if different from name of policyholder*): \_\_\_\_\_

Bank Name & Branch: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

IFS Code: \_\_\_\_\_

## NOMINEE DETAILS

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

Date of Birth: \_\_\_\_\_

Relationship with the proposer \_\_\_\_\_



Mobile Number: \_\_\_\_\_ E-Mail ID: \_\_\_\_\_  
Address of Nominee: \_\_\_\_\_  
Present address: \_\_\_\_\_  
Permanent address: *((if left blank, will be construed as being same as Present Address))*  
Bank Account Details of Nominee: \_\_\_\_\_  
Name of Account holder: \_\_\_\_\_  
Bank Name & Branch: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
IFS Code: \_\_\_\_\_

Authorized person details (in case nominee is a minor): \_\_\_\_\_

### DECLARATION BY INSURED

- i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and GENERALI CENTRAL INSURANCE CO LTD (GCICL) and I/We agree to accept a policy, subject to the conditions prescribed by GCICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.
- iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that GCICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law."

OR

"I/We hereby confirm that the premium payment have been paid by \_\_\_\_\_, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."

- iv. I/we am/are (please tick all that are applicable)  
 High Net Worth Individual/s     Non-Residential Indian/s     Politically Exposed Person/s  
 Non-Governmental Organization
- v. I agree to receive service related information from GCICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.

- vi. I am aware and agree that the information/data provided by me, through this application, to GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my relationship with GCICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by GCICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that GCI may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by GCI hereafter. In case of any modification, the applicable information will be provided to GCI for updating the CKYC Registry Records.
- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/>

**True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box.**

Date:

Place:

Signature of the Proposer(s)

*(Affix stamp, where proposer is a juridical person)*

**Note: The liability of the company does not commence until the proposal has been accepted by the Company and full premium paid.**

**PAN \_\_\_\_\_ (if premium payable is above Rs.1 lac (Please attach proof)**

**GSTIN: \_\_\_\_\_ (If more than one GSTIN, kindly attach an annexure with details)**

The company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the Customer, or persons associated with him/her, found to be named in any recognized black list.



### FOR INTERMEDIARY USE ONLY

I, \_\_\_\_\_, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF: \_\_\_\_\_

Intermediary's Code: \_\_\_\_\_

Intermediary's Signature: \_\_\_\_\_

### ANTI MONEY LAUNDERING

GCICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

### SECTION 41. OF INSURANCE ACT, 1938-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 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 liable for a penalty which may extend to Ten Lakh Rupees.

\*\*\*\*\*END\*\*\*\*\*

**Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office:** Unit No. 801 & 802, 8<sup>th</sup> Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** [gcicare@generalicentral.com](mailto:gcicare@generalicentral.com) | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800