

## AGRICULTURAL PUMP SET INSURANCE PROPOSAL FORM

### IMPORTANT GUIDELINES:

- 1. 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.**
- 2. This form can be used to apply for Agricultural Pump Set Insurance.**
- 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.**

### FOR OFFICE USE

Intermediary Name: \_\_\_\_\_ Intermediary Code: \_\_\_\_\_

Business Channel:  Agency  Banca  Corporate/Broking  Direct

RM/SP Name: \_\_\_\_\_ RM/SP Code: \_\_\_\_\_

RM/SP Contact No: \_\_\_\_\_ GSTN: If applicable \_\_\_\_\_

POSP PAN (if applicable)  
\_\_\_\_\_

### PROPOSER DETAILS

Name of the Proposer \_\_\_\_\_

Present Address of the Proposer \_\_\_\_\_

Permanent Address of the Proposer \_\_\_\_\_

CKYC No (if available) \_\_\_\_\_

(If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form)

Pin Code \_\_\_\_\_

Contact No. \_\_\_\_\_

Email Id \_\_\_\_\_

Proposer's Nationality \_\_\_\_\_

Policy Period From \_\_\_\_\_ to \_\_\_\_\_

**RISK DETAILS\***

1. Description Of Pump Set:  Centrifugal  Submersible

Sr. no	Number, Make, Year of Manufacture, Electrical or Diesel, Solar, Capacity	Sum Insured in (Rs.)
<b>Total Sum Insured</b>		

(Note: Please ensure that the value in respect of the Pump Set is the replacement value of the Pump Set at the commencement date of the Policy Period, being the cost or replacing that Pump Set with an equivalent pump set of the same kind and capacity.)

**Optional Covers**

Sr. No.	Description	Sum Insured in (Rs.)
1.	Sabotage and Terrorism Cover Endorsement (Material Damage Only)	
2.	Earthquake	
3.	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood And Inundation	

2. Is the Pump Set in working condition?  YES  NO

3. Is the Pump set solely used for Irrigational Purposes?  YES  NO

4. Risk Location

5. List Insurable Interest, including Financial Institution, with details of ownership/interest

**PREVIOUS INSURER AND CLAIM DETAILS\***

Product Name	Policy Number	Name of Insurer	Policy Period	Premium Paid (₹)	No. of claims	Claim Amount (₹)
<b>Any other information please specify:</b>						
<b>Has any company Declined/Cancelled/ Refused to renew/ Accept on special terms in the past? If Yes, please give the details: .....</b>						
<b>OTHER RELEVANT INFORMATION*</b>						

### PAYMENT 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/-

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 blacklist.

### 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: ( <i>if left blank, will be construed as being same as Present Address</i> )	
<b>Bank Account Details of Nominee</b>	
Name of Account holder	
Bank Name & Branch	
Bank Account Number	
IFS Code	

<b>Authorized person details (in case nominee is a minor)</b>	
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### ANTI MONEY LAUNDRING

GCICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, 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.

### DECLARATIONS

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  
 Jeweller/s  Non-Governmental Organization  Film Actor/s  Producer/s

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>.

**Proposer’s Signature:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, 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**

**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: \_\_\_\_\_

## 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.

**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:** [gccicare@generalicentral.com](mailto:gccicare@generalicentral.com) | **Toll-free Phone:** 1800 220 233 / 1860 500 3333 / 022 6783 7800