





## 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.

7.	<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="842 1639 1476 1818"> <thead> <tr> <th data-bbox="842 1639 1161 1720">Additional Structure</th> <th data-bbox="1168 1639 1476 1720">Sum Insured (in ₹):</th> </tr> </thead> <tbody> <tr> <td data-bbox="842 1729 1161 1774"></td> <td data-bbox="1168 1729 1476 1774"></td> </tr> <tr> <td data-bbox="842 1783 1161 1818"></td> <td data-bbox="1168 1783 1476 1818"></td> </tr> </tbody> </table>		Additional Structure	Sum Insured (in ₹):				
Additional Structure	Sum Insured (in ₹):								
8.	<p><b>Carpet area of structure of Home in square metres</b></p>								
9.	<p><b>Rate of Cost of Construction per square metre at the policy Commencement Date</b></p>								

Other Details			
10.	Age of Home Building	Less than 5 Years	
		5-10 Years	
		10-20 Years	
		Above 20 Years	
11.	<b>Construction Details</b> <b>Please note the following:</b>  <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>  Construction other than Kutcha Construction is a 'Pucca Construction')		
			Construction*
		Walls	Kutcha/Pucca
		Floor	Kutcha/Pucca
		Roof	Kutcha/Pucca
		(*strike out what is not applicable)	

#### 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. 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>										
12.	<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"> <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										

<b>13.</b>	In case of Basement, If there are contents in it, please provide the Sum Insured	
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**In-Built Covers (Loss of Rent & Rent for Alternative Accommodation)**

<b>14.</b>	Cover for (Please Tick)	Loss of Rent:			
	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Loss of Rent</td> <td style="width: 30%;"></td> </tr> <tr> <td>Rent for Alternative Accommodation</td> <td></td> </tr> </table>	Loss of Rent		Rent for Alternative Accommodation	
Loss of Rent					
Rent for Alternative Accommodation					

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

<b>15.</b>	Do You require 'Personal Accident Cover' for Yourself and Your spouse?	Yes/No  If Yes,  Name & age of Your spouse:  Your age:
<b>16.</b>	Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)':  <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>	Yes/No  If Yes, please attach list of items and Sum Insured:  Valuation certificate attached? (Yes/No)

### Claim 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

### Cover 2: Robbery and Burglary

a) Buildings: Sum Insured: Rs. 5000/- each and every claim and in the aggregate for all claims in the Policy Period.

b) Contents in Farmhouse

(Note: The Sum Insured should be the same as that provided above under Contents 1: Contents)

	Description	Sub-limit of Sum Insured, if any
	(x)	
	(x)	
Total Sum Insured		

c) Deductible: 5% of the Sum Insured subject to a minimum of Rs. 500/- and maximum of Rs. 10,000/- for each and every claim

### Cover 3: Farm Produce

a) Farm Business:

b) Farm Produce:

	Details of farm produce & Storage location	Sub-limit of Sum Insured, if any
	(x)	
	(x)	
Total Sum Insured		

(Note:

- i. Please ensure that the value in respect of the Farm produce is the replacement value of the Farm Produce at the commencement date of the Policy Period, being the cost or replacing the Farm produce with equivalent farm produce of the same kind.
- ii. Any Farm produce (solid or liquid) that is, in the reasonable opinion of the Company, whole or part, easily combustible shall be covered only upto 1% of the total sum insured above).

c) Deductible: The lesser of Rs. 25,000/- or 5% of the Sum Insured for each and every claim.

**Cover 4: Agricultural Pump set**

a) Pump Set

	Number, Make, Year of Manufacturer, Electrical or Diesel, Capacity	Value	Sub-limit of Sum Insured, if any
Total Sum Insured			

(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 of replacing that Pump Set with an equivalent pump set of the same kind and capacity)

Is the Pump Set in working condition? Yes/No

b) Deductible: First Rs. 100 of each and every claim.

**Cover 5: Poultry**

a) Poultry

- i. Is the poultry on the Farm owned by you? Yes/No .
- ii. Is it located within your Farm: Yes/No

(Note: Cover is available only if both answers above are “Yes”)

	Type of Poultry	Average Age	Number	Value	Sub-limit of Sum Insured, if any
	(Broiler)				
	(Layer)				
Total Sum Insured					

(Note:

- i. Please ensure that the value in respect of the poultry is the replacement value as at the commencement date of the Policy Period, being the cost of replacing the poultry with poultry of the same type, breed, age, and health.

- ii. The number of poultry should be a minimum of 1000 if bank financed or a minimum of 5000 otherwise.
- iii. If there is bank finance, please give details as below:

Name of Bank	Branch	Date of finance taking	Remarks

- iv. Is certificate from a qualified veterinarian practitioner enclosed regarding the good health of the poultry: Yes/No
- v. Are proper and daily records maintained on the treatment, de-breaking, daily stock position, feed consumption, egg production undertaken for the poultry and are certificates being issued for the same by a qualified veterinary practitioner?
- b) Deductible: 20% of each and every claim
- c) Mortality rates:

Broiler	Mortality rate
1 day old to 8 weeks	5% of population in each batch

Layers	Mortality rate
1 day old to 8 weeks	5% of population in each batch
9 <sup>th</sup> week to 20 weeks	3% of population in each batch
21 <sup>st</sup> week to 72 weeks	1% of population in each batch

### **Cover 6: Cart Protection & Liability**

a) Cart

i. Sum Insured:

(Note: Please ensure that the insured value of the Cart is its replacement value at the commencement date of the Policy period, being the cost or replacing that Cart with an equivalent cart of the same kind and capacity)

ii. Deductible: Rs. 500 of each and every claim

b) Death/PTD of the animal attached to the Cart

i. Sum Insured

(Note: Please ensure that the value of the animal is its replacement value as at the commencement date of the Policy Period, being the cost of replacing the animal with an animal of the same type, breed, age and health)

ii. Deductible: Rs. 100 of each and every claim except in the case of a total loss caused directly and solely by fire.

- c) Death/PTD of authorized driver of the Cart
- i. Sum Insured: (not exceeding Rs. 10,000/-) each and every claim and in the aggregate for all claims in any one Policy period.
  - ii. Deductible: NIL
- d) Third Party Liability
- i. Limit of Indemnity: (not exceeding Rs. 10,000/- ) each and every claim, but not exceeding in aggregate Rs. 25,000/- in any one Policy Period.
  - ii. Deductible: Rs. 500 of each and every claim on third party property damage only  
Details of cart, like type of animal used number of animals used wheel type, App. Size, make up of wooden, metal, etc or other details:

### Cover 7: Tractors

- a) Sum Insured

	Reg. No.	Eng. No.	Number, Make, Year of Manufacturer, Diesel or Petrol	Value	Sub-limit of Sum Insured, if any
Total Sum Insured					

(Note: Please ensure that the value of the Tractor is the replacement value of the Tractor at the commencement date of the Policy Period, being the cost of replacing that Tractor with an equivalent tractor of the same kind and capacity)

- b) Deductible: As per the Motor Policy attached

### Cover 8: Pedal Cycle

- a) Pedal Cycle

	Number, Make, Model and Year of Manufacturer	Value	Sub-limit of Sum Insured, if any
Total Sum Insured			

(Note: Please ensure that the value of the Pedal Cycle is its replacement value at the commencement date of the Policy Period, being the cost of replacing that Pedal cycle with an equivalent pedal cycle of the same kind and capacity)

b) Third Party Liability

Limit of Indemnity: (Not in excess of Rs. 5,000) each and every claim and in the aggregate for all claims in any one Policy Period

c) Deductible Rs. 100 of each and every claim

**Cover 9: Personal Accident**

a)

Sr. No.	Named Insured	Age	Relationship with the Insured	Name of Nominee	Sum Insured	Existing disability, if any
Total Sum insured						

b) Deductible: (Nil) each and every claim

**Cover 10: Baggage**

(Note: Please note that Valuables are not covered under the Policy)

a) Sum Insured:

b) Places for travel India/Worldwide (delete whichever not applicable) in respect of Cover 10 (No cover is available for travel to any place in respect of which the Government of India has imposed trade, travel or other such restrictions)

c) Deductible: 5% of claim amount subject to minimum Rs. 250/- of each and every claim)

12. Over the preceding 5-year period, have you (or any person proposed to be insured under the policy for which this proposal form is completed):

a. Made any claim under any insurance policy in respect of any of the Insurance covers now proposed?

b. Had any claim under any insurance policy declined or refused in whole or in part?

c. Had any insurance been cancelled, or accepted on special terms or conditions or rates?

13. Address for notifications of claims:

14. Special conditions or endorsements if any:

### 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 black list.

#### 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): \_\_\_\_\_

## 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 has 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 authorized 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)*

**Declaration for NCB (No claim Bonus)**

I/We hereby declare that the rate for NCB claimed by me/us is correct and the NO claim has arisen in the expiring policy period (Copy of policy enclosed).  
I/We further undertake that if this declaration is found incorrect, all benefits under the Policy in respect of Section I of the motor policy will stand forfeited.

Place \_\_\_\_\_

Date DD / MM/ YYYY

Proposer’s Signature \_\_\_\_\_

**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 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 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