GRUH SURAKSHA HOME INSURANCE PLAN
PROPOSAL FORM

Proposal No:

Agent Code: ___Branch Name:_____Branch Code:_____

a) Please i) furnish answers to all questions in this proposal in Capital Letters only), ii) tick in relevant boxes. Please note all details are mandatory
b) This proposal shall form the basis of the insurance policy to be issued by us. Hence you are requested to disclose all facts pertaining to all the persons proposed for insurance with us, without omitting any particulars. Non-compliance of the above may result in the avoidance of the Policy & we shall have no liability to make any payment under the Policy.
c) Wherever space provided in this form is inadequate to fill in all the necessary particulars, kindly attach a separate sheet.
d) The acceptance of this proposal shall be subject to the terms and conditions of this policy
e) Payment of premium prior to commencement of risk is a pre-requisite and hence we will not be liable to make any payment under the Policy if premium is not received by Us in full and in time, or is not realized (in case of cheque payment)
(as applicable)
f) The insurance under this policy does not commence until this Proposal has been accepted by the Company and premium has been paid.

CUSTOMER DETAILS

1. Title ☐ Mr. ☐ Mrs. ☐ Miss ☐ Other _____
(Please Specify)

2. Name of Proposer
_____
First name Middle name
Surname

3. Marital Status Married ☐ Single ☐

4. Gender Male ☐ Female ☐

5. Annual Income (in Rs) ☐ <5 Lakh ☐ 5 Lakh- 10 Lakh ☐ Above 10 Lakh – upto 25 Lakh
☐ Above 25 Lakh – upto 50 Lakh ☐ more 50 Lakhs

6. Address for correspondence

City State

Landmark

Pincode Telephone -

Mobile E-mail

7. Address of Property to be Insured. If same as correspondence address, please tick here. ☐

Else, please fill up details of risk location where property to be insured is kept

City State

Landmark

Pincode Telephone -

Mobile E-mail

8. Date of Birth :

9. PAN No :

10. Profession/Occupation:

Service ☐ Business ☐ Other ☐

11. Period of Insurance (in years)

a. Building: _____ Number of years (Maximum permitted 20 years)

b. Household articles: _____ Number of years (Maximum permitted 5 years)

12. Plan opted for Building:

☐ Bronze

☐ Silver

☐ Gold

☐ Platinum

☐ Diamond

13. Plan Opted for Household Articles:

☐	Bronze				
☐	Silver	with per item limit	☐	without per item limit	☐
☐	Gold	with per item limit	☐	without per item limit	☐
☐	Platinum				
☐	Diamond				

14. If cover for Building required, please furnish details :

a) Construction Details — Please state material used

i) Walls _____

ii) Floor _____

iii) Roof _____

b) Height of Building _____ Meters

c) Age of Building (Max 30 years)

Up to 5 years >5 - 10 years >10-15 years

>15-20 years >20-25 years > 25-30 years

d) Total square feet area as per Registered Sale Deed _____sq feet

e) Cost of construction per square feet*

(*As an illustration standard rates followed basis type of construction have been given which is subject to change based on prevailing market rates)

Normal – Rs.2500/- to Rs.2999/- per square feet
Standard - Rs.3000/- to Rs.3999/- per square feet
Premium – Rs.4000/- to Rs.4999/- per square feet
Luxury – Rs.5000/- per square feet and above

f) Sum insured (Total sq feet X Cost of construction per square feet)

g) Sum Insured of Compound Wall

h) Sum Insured of Landscaping

i) Total Sum Insured (Sum Total of f+g+h)

j) Name of Financier (if applicable)*
Rs._____

Rs._____

Rs._____

UIN: IRDAN102RP0003V02201617

Rs._____ _____

Rs._____

* If the insured property is financed and the financier's name is to be incorporated in the policy, please provide details Yes ☐ No ☐

k) Do you require escalation benefit[#] ([#]tenure discount is not applicable when opted)

"Note: I/We understand and agree that valid Government / Municipally approved plans of the building (having details of the legally approved area of the Building) is an important document for coverage of Risk and failure to submit said document or failure to establish the legality of the document may result in repudiation of claim."

15. Sum Insured (All limits in Rupees) – Please tick the box for which you seek a cover: For Building sum insured please refer to workings specified in section 14i.

Coverage	Please tick if coverage opted	Sum Insured(INR)
Building[1]		
HOUSEHOLD ARTICLES INSURANCE		
Contents[1]		
Appliances		
Jewellery & valuables		
Third Party Liability		
Mobile equipments		
Baggage		
External equipments		
Rent for Alternate Accommodation[2]		
Temporary Resettlement		
Loss of Rent[2]		
Loss of Cash		
Personal Accident for Employees		
Employee Compensation[3]		

1-Either of Building or Contents section mandatory
2- Section can be availed only with cover for building
3-Actual annual wages subject to a minimum of Rs.8000/month
*- Waiver of per item limit under Silver & Gold plans with 10% loading
**- Different Plans can be opted for Building and Household articles (for e.g. Building under Diamond and Household articles under Silver/Gold)

16. If Personal Accident cover for Employees is required, please provide details:

S.No.	Name of employee	Occupation	Sum Insured	Nominee	Nominee Relationship

17. If Employee Compensation cover for Employees is required, please provide details:

S.No.	Name of employee	Occupation	Monthly working days	Annual Wages**

(** Minimum wage as per Gazette Notification – Rs.8000 per month. To be pro-rated if actual number of working days is less)

18. Do you require Terrorism Coverage? Yes ☐ No ☐

19. Declaration:

__I/We hereby declare, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons. I/We undertake that the loadings applicable have been informed and understood by me.

__ I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

__I/We further declare that I/We will notify in writing any change occurring in the property to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

20. Payment Details: Please tick (√) payment option ( )

Cheque /Demand Draft Payment Option: Cheque/DD Number

Cheque/DD Date D D M M Y Y

Bank

Please provide your bank account details to enable us to make a direct refund of premium in to your account, in the event of you opting for policy cancellation. Refund of premium will be as per the applicable short period rates, mentioned in your policy wordings.

Name of Bank _____ Branch _____ City

_____ IFSC Code Account Number

And

Sign Here

X _____ Place: _____ Date: D D M M Y Y Y Y

Signature of Account Holder (Applicant)

UIN: IRDAN102RP0003V02201617

SECTION 41 OF THE INSURANCE ACT, 1938 - PROHIBITION OF REBATES

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 the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
2. If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to Rupees Ten Lakhs.

Royal Sundaram General Insurance Co. Limited
Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai 600097. Registered Office: 21, Patullos Road, Chennai - 600 002.
Royal Sundaram IRDAI Registration No: 102 | CIN: U67200TN2000PLC045611

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