

**Important:**

1. This proposal is for covering Home Building and/or Home Contents against Fire and Allied Perils.
2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. The property proposed for insurance is not covered until the proposal is accepted and premium paid.

|                                         |  |
|-----------------------------------------|--|
| Policy Issuing Office Address & Code    |  |
| Intermediary/Agent Name & Code (if any) |  |

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

|                                                                                                                                 |                       |   |   |   |   |   |   |   |   |     |            |   |   |   |   |   |   |   |                                                                                                                    |  |  |          |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------|---|---|---|---|---|---|---|---|-----|------------|---|---|---|---|---|---|---|--------------------------------------------------------------------------------------------------------------------|--|--|----------|--|--|--|--|--|--|--|--|--|--|
| 1. Name of Proposer                                                                                                             |                       |   |   |   |   |   |   |   |   |     |            |   |   |   |   |   |   |   |                                                                                                                    |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 2. Address of Proposer                                                                                                          |                       |   |   |   |   |   |   |   |   |     |            |   |   |   |   |   |   |   |                                                                                                                    |  |  |          |  |  |  |  |  |  |  |  |  |  |
| State                                                                                                                           |                       |   |   |   |   |   |   |   |   |     | City       |   |   |   |   |   |   |   |                                                                                                                    |  |  | Pincode  |  |  |  |  |  |  |  |  |  |  |
| 3. Tel No.                                                                                                                      |                       |   |   |   |   |   |   |   |   |     | Mobile No. |   |   |   |   |   |   |   |                                                                                                                    |  |  | 4. Email |  |  |  |  |  |  |  |  |  |  |
| 5. Policy to be Issued in favour of (list out all the parties who have insurable interest) including the financial institutions |                       |   |   |   |   |   |   |   |   |     |            |   |   |   |   |   |   |   |                                                                                                                    |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 6. Period of Insurance                                                                                                          | From:                 | D | D | M | M | Y | Y | Y | Y | To: | D          | D | M | M | Y | Y | Y | Y | (No of Years in case of long term policy : _____)<br>Note: For Long term policy, Period shall not exceed 10 years. |  |  |          |  |  |  |  |  |  |  |  |  |  |
| 7. Nomination:                                                                                                                  | N O M I N E E N A M E |   |   |   |   |   |   |   |   |     |            |   |   |   |   |   |   |   |                                                                                                                    |  |  |          |  |  |  |  |  |  |  |  |  |  |
| Relationship with the insured:                                                                                                  |                       |   |   |   |   |   |   |   |   |     |            |   |   |   |   |   |   |   |                                                                                                                    |  |  |          |  |  |  |  |  |  |  |  |  |  |

**B. Covers Opted**

8. Is there any policy in place for the same property? ☐ Yes ☐ No If Yes, please provide the details
9. 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).

| Cover                         | Please tick ✓ |
|-------------------------------|---------------|
| Home Building & Home Contents |               |
| Home Building Only            |               |
| Home Contents Only            |               |

**C. Location of Home Building**

10. Location of Home Building - full postal address with Pin Code.

|         |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|--|
| Address |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |  |
| State   |  |  |  |  |  |  |  |  |  |  | City |  |  |  |  |  |  |  |  |  |  | Pincode |  |  |  |  |  |  |  |  |  |  |

11. Is it in a multi-storey building or is it a standalone house?
12. In case of multi-storey building, please provide the floor number of your house
13. Is there a basement to Your house?

**D. 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:

- garage, domestic out-houses used for residence, parking spaces or areas, if any;
- compound walls, fences, gates, retaining walls, internal roads;
- verandah or porch and the like;
- 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.

14. Sum Insured (SI) for Home Building:

Please note the following: (The amount required to construct Your Home Building at the policy Commencement Date. This amount is calculated as follows:

- a. For residential structure of Your Home including fittings and fixtures:  a. SI for residential structure of Your Home including fittings and fixtures (in ₹):

Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date.

The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.

b. For additional structures:

the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)

b. SI for additional structures (in ₹):

| Additional Structure | Sum Insured (in ₹) |
|----------------------|--------------------|
|                      | ₹                  |
|                      | ₹                  |

15. Carpet area of structure of Home in square metres

16. Rate of Cost of Construction per square metre at the policy Commencement Date

Other Details 17. Age of the Building

|                   |  |
|-------------------|--|
| Less than 5 years |  |
| 5-10 years        |  |
| 10-20 years       |  |
| Above 20 years    |  |

E. Details of Home Contents

Please note the following:

- 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.
- ii) General Contents 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.
- iii) Valuable Contents 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.

19. 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 OR

If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents. (Sum Insured represents Cost of Replacement)

Item wise Sum Insured for General Contents (in ₹):

| Items                                               | Sum Insured (in ₹) |
|-----------------------------------------------------|--------------------|
| Furniture, Fixtures and Fittings (Home Furnishings) | ₹                  |
| Electrical/Electronic                               | ₹                  |
| Others                                              | ₹                  |

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

21. Cover for (Please Tick)

☐ Loss of Rent

I. Sum Insured:

II. Number of Months:

☐ Rent for Alternative Accommodation

I. Sum Insured:

II. Number of Months:

G. Optional Covers (available on payment of additional premium)

22. Do You require 'Personal Accident Cover' for Yourself and Your spouse? ☐ Yes ☐ No If Yes,

Name & age of your spouse:

Your age:

23. Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)': ☐ Yes ☐ No please attach list of items and Sum Insured:

Valuation certificate attached? ☐ Yes ☐ No

(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).

H. Additional/Add-on Covers (over and above optional covers available on payment of additional premium)

| Name of Add-on cover | Sum Insured (in ₹) |
|----------------------|--------------------|
|                      | ₹                  |
|                      | ₹                  |
|                      | ₹                  |

I. Premium Details

|                 |  |
|-----------------|--|
| Mode of Payment |  |
| Payment Details |  |
| Amount          |  |

J. 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 |
|--------------|---------------|----------------|-------------------------------------------------------|
|              |               |                |                                                       |
|              |               |                |                                                       |
|              |               |                |                                                       |

K. Declaration by Insured

I/We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and the

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.

Date: 

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

Place: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Signature of 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 PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.



Future Generali India Insurance Company Limited (IRDAI Regn. No. 132), (CIN: U66030MH2006PLC165287).

Regd. and Corp. Office: Unit No. 801 and 802, Tower C, 247 Embassy Park, LBS Marg, Vikhroli (West), Mumbai 400 083. Website: <https://general.futuregenerali.in> | Email: [fgcare@futuregenerali.in](mailto:fgcare@futuregenerali.in) | Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Fax No: 022 4097 6900. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Società Per Azioni and used by Future Generali India Insurance Co. Ltd. under license. Insurance is the subject matter of solicitation. UIN: IRDAN132RP0005V01202021