

PROPOSAL FORM FOR HOME INSURANCE POLICY

GUIDELINES FOR COMPLETION OF THE FORM : SEE OVERLEAF

MY PERSONAL DETAILS

Proposer's Name (please leave a space after each part of name)

Mr. /Ms. /Dr.:

Proposer Mailing Address*:

Room No./Block No./House No.:

Building Name/Wing/Plot/Sector No./Floor No.:

Road No./Street Name:

Land Mark: City/Town:

State: Pin code: Sex: M ☐ F ☐

DOB of Proposer: / / Marital Status: Married ☐ Unmarried ☐

Telephone Number (with STD Code) *Mobile Number:

Fax Number: E-mail address

GSTIN Number:

** Kindly provide the details to enable us to serve you better

Name of Family Doctor:

Telephone Number (with STD Code) *Mobile Number:

MY EMPLOYEE DETAILS

Occupation

☐ Salaried Professional ☐ Self Employed Professional ☐ Self Employed Business ☐ Retired ☐ House Wife ☐ Student

If entity, Type of entity: partnership firm/company/others if others (please specify) :

Annual income (In Rupees) :

Do you file income tax return? ☐ Yes ☐ No

Do you own a bank account? ☐ Yes ☐ No

INSURED PROPERTY DETAILS

Property Address (If different from Residence address)

City: State: Pincode:

Property Details

Age of Building(in yrs) Hypothecation/Mortgage/Financers Details(structure)

Hypothecation/Mortgage/Financers Details(content)

i) Built-up area of flat/house (in square feet) (A) :

Cost of construction (in Rs./square feet) (B)* :

Home Structure (A X B) : ₹

Insurance tenure for building: ☐ 1 yrs ☐ 3 yrs ☐ 5 yrs ☐ 10 yrs ☐ 15 yrs ☐ 20 yrs

ii) Durables/functional equipment value:

Furniture & fixtures:

Clothing, utensils and miscellaneous items:

Jewellery and Precious Stones Value:

(Maximum value of Jewellery covered will be 25% of total contents or ₹ 5 lakh, whichever is lower)

Home contents sum insured: ₹

Insurance tenure for contents: ☐ 1 yrs ☐ 3 yrs ☐ 5 yrs

iii) Personal Accident sum insured:

Insurance tenure for Personal Accident : ☐ 1 yrs ☐ 3 yrs

Nominee Name:

MODE OF PAYMENT

Cheque/DD No. Dated: / / Drawn on:

Please provide all required information fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. Insurance is a contract of utmost good faith requiring 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. If you think any fact is material, please disclose it. Please use additional sheets wherever space is not sufficient to fill up the details. Kindly contact the Company's Offices for any doubts or clarifications on the Proposal Form.

*The Recommended cost of construction per sq. ft. is between ₹ 600 and ₹ 1200, based on the quality of construction and design of the building.

For your convenience the guidelines are explained in simple language below:

☐ Kindly feel free to contact the company's offices for any doubts or clarifications on the proposal form.

Cover	Maximum Liability
A. Building - Fire & Special Perils and Earthquake	₹ 2 Crore
B. Contents - Fire & Special Perils and Earthquake	₹ 50 Lacs
C. Contents - Burglary	₹ 50 Lacs
D. Personal Accident	₹ 5 Lacs

DECLARATION

Subject to realization of cheque if the amount collected is less than the premium quoted or revised as per changes in Sum proposed for insurance or scope of cover desired by the Proposer, it is hereby agreed that the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the policy shall be finalized accordingly.

Proposer's Signature: _____

Name: _____

- 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 a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakh rupees.

Mailing Address: Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.
Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.
Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com
Toll Free No.: 1800 2666 • Chargeable No.: +91 92236 22666
Insurance is the subject matter of solicitation. **IRDA Reg. No. 115. CIN: U67200MH2000PLC129408. Misc 13.**

Lead Generation 2 (Code): —

Lead Related By							
i. Q. 1	<input type="checkbox"/> RBD (GTMY + Rich Life)	<input type="checkbox"/> I & S Private Banking	<input type="checkbox"/> I & S Agent Branch	<input type="checkbox"/> HH Phbk	<input type="checkbox"/> SAC Phbk-PBG	<input type="checkbox"/> TASC Phbk-RR0	<input type="checkbox"/> ADM Wealth Management
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