

B. COVERS OPTED

15. Is there any policy in place for the same property? If Yes, please provide the details.

Yes No

16. **Insured Events opted:** Fire is mandatorily covered. Please tick the insured events to be opted out from this Policy -

S No	List of Insured Event(s)	Tick, if insured event is opted out under this policy
1	Explosion or Implosion	<input type="checkbox"/>
2	Lightning	<input type="checkbox"/>
3	Earthquake, volcanic eruption, or other convulsions of nature	<input type="checkbox"/>
4	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado	<input type="checkbox"/>
5	Tsunami, Flood and Inundation	<input type="checkbox"/>
6	Subsidence of the land, Landslide, Rockslide, Avalanche	<input type="checkbox"/>
7	Bush fire, Forest Fire, Jungle Fire	<input type="checkbox"/>
8	Impact damage of any kind	<input type="checkbox"/>
9	Missile testing operations i.e. conducted by the Government of India	<input type="checkbox"/>
10	Riot, Strikes, Malicious Damages	<input type="checkbox"/>
11	Bursting or overflowing of water tanks, apparatus and pipes	<input type="checkbox"/>
12	Leakage from automatic sprinkler installations	<input type="checkbox"/>

17. Cover/s required: For Home owners only

(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	<input type="checkbox"/>
Home Building only	<input type="checkbox"/>
Home Contents only	<input type="checkbox"/>

C. LOCATION OF HOME BUILDING

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

Address:
 Pin Code:

19. Is it in a multi-storey building or is it a standalone house?

20. In case of multi-storey building, please provide the floor number of Your house.

21. 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.

29. In case of Basement, If there are contents in it, please provide the Sum Insured.

F. IN-BUILT COVERS ()

30. Loan Value Cover (To cover your disbursed loan value)

Yes No

G. OPTIONAL COVERS (AVAILABLE ON PAYMENT OF ADDITIONAL PREMIUM)

31.	Do You require 'Personal Accident Cover' for Yourself and Your spouse?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Sum Insured: ₹ _____ (Default cover is ₹ 5 Lakhs) Name & age of Your spouse: _____ Your age: _____				
32.	Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)': (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).	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please attach list of items and Sum Insured: Valuation certificate attached? Yes <input type="checkbox"/> No <input type="checkbox"/>				
33.	Act of Terrorism	Yes <input type="checkbox"/> No <input type="checkbox"/>				
34.	Loss of Rent and/or Rent for Alternative Accommodation Cover for (Please Tick) <table border="1" style="width: 100%;"><tr><td>Loss of rent</td><td></td></tr><tr><td>Rent for alternative accommodation</td><td></td></tr></table>	Loss of rent		Rent for alternative accommodation		Loss of Rent: III. Sum Insured: <input type="text"/> <input type="text"/> IV. Number of Months: <input type="text"/> <input type="text"/> Rent for Alternative Accommodation: III. Sum Insured: <input type="text"/> <input type="text"/> IV. Number of Months: <input type="text"/>
Loss of rent						
Rent for alternative accommodation						
35.	Hardship Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, _____% of material damage claim amount *Minimum 2.5% subject to a maximum of 50%. Please provide in the multiples of 2.5%.				
36.	Accidental Hospitalization of Domestic Staff (Up to 10 Domestic Staff can be covered)	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please share the details I. No. of Domestic Staff: _____ II. Accidental Hospitalization benefit amount per Domestic Staff: Rs. _____ *Minimum Rs 10,000/- and Maximum Rs. 25 Lakh in multiples of Rs. 10,000/- per Domestic Staff. **Cover is applicable to all the Domestic Staff currently employed by the Insured and selection is not allowed.				
37.	Tenants Liability	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Sum Insured _____ (Upto 5% of SI subject to maximum of Rs. 5 crs)				
38.	Accidental Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>				
39.	Dynamo Clause	Yes <input type="checkbox"/> No <input type="checkbox"/>				
40.	Loss Minimization	Yes <input type="checkbox"/> No <input type="checkbox"/>				
41.	Landscaping cost	Yes <input type="checkbox"/> No <input type="checkbox"/>				
42.	Snowfall damage (maximum up to 20% of sum insured of building and contents respectively)	Yes <input type="checkbox"/> No <input type="checkbox"/>				
43.	Repair and Maintenance Cover	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, plan details: _____				

H. CLAIMS 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

OTHER INFORMATION:**FRAUD WARNING:**

This policy shall be voidable at the option of the HDFC ERGO in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Applicant. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

DATA PROTECTION REQUIREMENT:

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance."

ANTI- MONEY LAUNDERING:

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

SHARING OF INFORMATION CLAUSE:

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

I. PREMIUM DETAILS

PREMIUM DETAILS:			
Amount	₹ _____		
GST	₹ _____		
Premium including tax	₹ _____		
Rupees in words	₹ _____		
PAYMENT DETAILS			
Cheque	NEFT <input type="checkbox"/>		
Instrument No		Instrument Date	
Bank Account No			
Account Type	Savings <input type="checkbox"/> Current <input type="checkbox"/> Other. If others, please specify _____		
Branch Name & Address			
IFSC Code		MICR Code	
Bank details for refund of premium in case of cancellation to be considered as above Yes <input type="checkbox"/> No <input type="checkbox"/>			
If No, please provide additional bank details in below provided space:			
Bank Account No			
Account Type	Savings <input type="checkbox"/> Current <input type="checkbox"/> Other. If others, please specify _____		
Branch Name & Address			
IFSC Code		MICR Code	
Nationality	Indian <input type="checkbox"/> Non - Indian <input type="checkbox"/>		
If Non-Indian, please specify Country _____			
Are you a Political Exposed Person or related to Political Exposed Person: Yes/No (appropriate tick) If Yes, give details _____			
Type of Organization	Corporation <input type="checkbox"/> Governments <input type="checkbox"/> Society <input type="checkbox"/> Private Organizations <input type="checkbox"/> International Organization <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Others: _____		
Sources of Fund:	Salary <input type="checkbox"/> Business <input type="checkbox"/> Other _____		

Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, it's mandatory that all payments made to the insured are only through electronic mode.

Note:

1. Please provide a cancelled copy of cheque of your bank account.
2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

If you require physical copy of your policy in future, please visit "Help" section on www.hdfcergo.com or contact our customer care.

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer and full premium has been realized by the company. We are under no obligation to accept any proposal for insurance. The Applicant agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Applicant by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this Policy (Your proposal form will be considered after HDFCERGO General Insurance Company Limited receives premium payment.

Insurance is the subject matter of the solicitation

J. DECLARATION BY INSURED/REPRESENTATIVE (IN CASE PROPOSER IS DISABLED)

I/We, the undersigned, declare and acknowledge:

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- "I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy.
- I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"
- I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof. I understand that the Company has the right to call for documents to establish sources of funds.
- I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.
- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
- I/ We authorize the Company to process my/ our Personal as well as Sensitive information for profiling purposes and to contact me/ us for renewal of my/our policy. I/We also authorise the Company to contact me/us (including overriding my/our registration on NDNC under the extant TRAI Regulations) to promote products and to notify me/us about the services being rendered by the Company.

VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / proposer is illiterate (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator		Signature of the Translator
Place		
Date		

Name of the Insured		Signature of the Insured
Place		
Date		

Date:

Place: _____

Signature of the Proposer

INTERMEDIARY DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Intermediary/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, Including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought here in will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Signature of Intermediary

Date:

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

Place: _____

Time : _____

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.