

DIGIT HOME PACKAGE POLICY
PROPOSAL FORM
UIN: IRDAN158RPMS0008V01202526

- a. This proposal will be the basis of the insurance policy that we issue. You must disclose all facts relevant to all property (ies) proposed to be insured that may affect the Company's decision to issue a policy or its terms. Non-compliance may result in avoidance of the policy.
- b. Liability of the Company does not commence until the Proposal has been accepted and the Premium Paid.
- c. If there is insufficient space for you to provide information, whether as requested or otherwise, please attach a separate sheet duly signed or affixed with thumb impression.
- d. If you are in doubt, you can get in touch with your agent/intermediary or call us at 1800-258-5956 or e-mail at hello@godigit.com.

***For Partner Use Only:**

Partner Code	Partner Name
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Proposer Details	
Proposer Name	
Address of the Proposer	
Pin Code	
Mobile no	
Email Id	
PAN / Aadhar Number / GST	
Please give name and location details of Co-Operative Housing Society (CHS) (in case Policy is issued to CHS)	
Contact details and designation (in case Policy is issued to CHS)	
Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions	

POLICY PERIOD

Period of Insurance	From To	DDMMYYYY DDMMYYYY (Number of Years in case of Long-Term Policy: _____)
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COVERAGE DETAILS

All questions should be answered with respect to each Cover. Put a Tick (v) Mark for the sections which you want to opt for.

Note: You can opt for any one section or combination of any sections from the below list of sections. Section 10 – Money In Transit and Section 11 – Fidelity Guarantee can be opted only by CHS.

Put a Tick (v) Mark	Section No.	Section Name	Sum Insured*	Any specific details applicable
	1	Building and Contents Cover		
	2	Burglary Cover		
	3	All Risk Cover		
	4	Asset Care		
	5	Personal Liability Cover		
	6	Baggage Cover		
	7	Marine Transit Cover		
	8	Finshield Cover		
	9	Pet Insurance		
	10	Money In Transit		
	11	Fidelity Guarantee		

*Complete details of Sum insured under Sub-section will be mentioned in the details provided in the respective opted sections

1.	Location of Home Building premises to be covered (along with pin code)	
2.	Is it in a Multi-storey building or is it a standalone house	
3.	In case of multi-storey building, please provide the floor number of Your house	
4.	Is the Premises under CCTV surveillance?	_____ Yes / _____ No

		If Yes, please confirm: The number of CCTV in the Premises _____
5.	What are the Fire-fighting measures taken in the premises?	
6.	How often is maintenance of the property done?	
7.	Is there 24 Hours Security in the Premises?	_____ Yes / _____ No If yes, please confirm: Number of Security Guards in the Premises _____ How trained are Security Guards _____

SECTION 1.
BUILDING AND CONTENTS COVER

A. Coverage Details

S.no.	Section Name	Opted	Sum Insured
1.	B.1 Property Damage Cover	<Yes/ No>	
2.	B.2 Terrorism	<Yes/ No>	

Perils opted under Property Damage Cover (Applicable only if specific perils are opted)

Tick (v) Mark for perils you want to opt	Perils	Any specific details
	i. Fire	
	ii. Explosion/Implosion	
	iii. Lightning	
	iv. Earthquake, volcanic eruption, or other convulsions of nature	
	v. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami	
	vi. Flood, and Inundation	
	vii. Subsidence and Landslide, including Rockslide, Avalanche	
	viii. Bush Fire, Forest fire, Jungle fire	
	ix. Impact Damage	
	x. Missile Testing operations	
	xi. Riot, Strike and Malicious Damage	
	xii. Bursting and/or overflowing of Water Tanks, Apparatus and Pipes	
	xiii. Leakage from Automatic Sprinkler Installations	
	xiv. Theft within 7 days from the occurrence of Insured Peril mentioned above	

3.	Cover/s required:	Please tick (v) to select	Area (Sq ft/ Sq Mt)	Rate	Sum Insured (₹) = (Area (Sq ft/ Sq Mt) x rate)	Basis of Sum Insured	Any other specific Details
	Home Building Only	<input type="checkbox"/>				<input type="checkbox"/> Reinstatement Value <input type="checkbox"/> Market Value <input type="checkbox"/> Agreed Value	
	Cover/s required:	Please tick (v) to select	Details of contents			Sum Insured (₹)	Any other specific Details
	Home Contents	<input type="checkbox"/>					
	General /Common Contents - CHS	<input type="checkbox"/>					

B. Home Building Details

1.	Sum Insured (SI) for Building: Please note the following: (The amount required to construct Your Building at the policy Commencement Date. This amount is calculated as follows: a. For residential structure of Your building including fittings and fixtures:	a. SI for residential structure of Your Home including fittings and fixtures (in ₹):
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	<p>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.</p> <p>b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy Commencement Date.)</p>	<p>b. SI for additional structures (in ₹):</p> <table border="1"> <thead> <tr> <th>Additional Structure</th> <th>Sum Insured (in Rs)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Additional Structure	Sum Insured (in Rs)				
Additional Structure	Sum Insured (in Rs)							
2.	Carpet area of structure of Home in square metres							
3.	Rate of Cost of Construction per square metre at the policy Commencement Date							
4.	Age of Home Building	Age: _____						
5.	Construction Details	_____						

C. Content Details

6.	Please provide item wise Sum Insured for General Contents.	<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										
7.	Is there a basement to Your house?	<p>___ Yes/ ___ No</p> <p>If there are contents in the Basement, please provide details of the same _____</p>								

D. In-Built Covers

8.	<table border="1"> <thead> <tr> <th>Please tick (√) to select</th> <th>Name of the In-Built Covers</th> <th>Any other specific details</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>i. Architect, surveyor, consulting engineer fees</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>ii. Costs of removing debris from the site</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>iii. Loss of Rent and Rent for Alternative Accommodation (Not applicable to CHS)</td> <td> Loss of Rent: Sum Insured: _____ Number of Months: _____ Rent for Alternative Accommodation: Sum Insured: _____ Number of Months: _____ </td> </tr> </tbody> </table>	Please tick (√) to select	Name of the In-Built Covers	Any other specific details	<input type="checkbox"/>	i. Architect, surveyor, consulting engineer fees		<input type="checkbox"/>	ii. Costs of removing debris from the site		<input type="checkbox"/>	iii. Loss of Rent and Rent for Alternative Accommodation (Not applicable to CHS)	Loss of Rent: Sum Insured: _____ Number of Months: _____ Rent for Alternative Accommodation: Sum Insured: _____ Number of Months: _____
Please tick (√) to select	Name of the In-Built Covers	Any other specific details											
<input type="checkbox"/>	i. Architect, surveyor, consulting engineer fees												
<input type="checkbox"/>	ii. Costs of removing debris from the site												
<input type="checkbox"/>	iii. Loss of Rent and Rent for Alternative Accommodation (Not applicable to CHS)	Loss of Rent: Sum Insured: _____ Number of Months: _____ Rent for Alternative Accommodation: Sum Insured: _____ Number of Months: _____											

E. Additional Covers (available on payment of additional premium)

9.	<p>a. 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.)</p> <p>(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).</p>	<p>Please tick (√) to select</p> <p><input type="checkbox"/></p>	<p>If yes, please attach list of items and Sum Insured:</p> <p>Valuation Certificate attached?</p>
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10.	<p>b. Personal Accident Cover:</p> <p>Do You want to opt for 'Personal Accident Cover' for Yourself / Your Family Members? Please tick (√) to select <input type="checkbox"/></p> <p>If yes, Please provide details of persons to be covered:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Relationship with the proposer</th> <th>Nominee details</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Note: Sum Insured under Personal Accident Cover is INR 5,00,000 (Five Lakh Rupees) per person.</p>	Name	Age	Relationship with the proposer	Nominee details												
Name	Age	Relationship with the proposer	Nominee details														

F. Standard Special Clause

11.	Agreed Bank Clause	Please tick (√) to opt <input type="checkbox"/>
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12.	Automatic increase in the Sum Insured Please note: If this is not opted, then only Long Term Discount will be provided on this section applicable.	Please tick (v) to opt <input type="checkbox"/>
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G. Endorsements Under This Policy (over and above Additional covers available on payment of additional premium)

Sl.No	Name of the Endorsements	Please tick (v) to select	Sum Insured (₹)	Any other specific details
1.	Additional Living Expenses	<input type="checkbox"/>		
2.	Tenant Liability Insurance	<input type="checkbox"/>		
3.	Accidental Damage	<input type="checkbox"/>		
4.	Minor Acquisitions	<input type="checkbox"/>		
5.	Incidental Costs	<input type="checkbox"/>		
6.	Fire Extinguishing/Fighting Expenses and Sprinkler up grading costs	<input type="checkbox"/>		
7.	Involuntary Betterment	<input type="checkbox"/>		
8.	Multiple Insured Clause	<input type="checkbox"/>		

SECTION 2 BURGLARY

a.	Brief Description of the Contents/Property being Proposed for Insurance: (Example: Household Contents, Stocks and other similar valuable items within the Insured Premises)	
b.	Sum Insured Basis Opted: (You have an option to opt for any one Sum Insured Basis) (Note: Condition of Average will not be applicable for Sum Insured opted On First Loss Basis in terms of Absolute Amount)	Market Value Basis <input type="checkbox"/> Reinstatement Value Basis <input type="checkbox"/> First Loss Basis <input type="checkbox"/>
c.	1. Total Sum Insured of the Property Proposed for Insurance: INR: _____ _____ % of the Total Sum Insured INR	
	2a. In Case Sum Insured is Opted on First Loss Basis, please specify the First Loss Sum Insured as a % of the Total Sum Insured / Total Value at Risk OR 2b. First Loss Basis in terms of Absolute Amount	OR INR: _____

Sum Insured Bifurcation

1.	Item Contents (Furniture, Fixtures, Fittings, Utensils & Appliances and items of similar nature)	Item	Sum Insured
3.	Sum Insured Limit required for changing damaged locks at the entry and/or exit points to the Premises proposed for Insurance and at internal entry and/or exit points.	INR: _____	
4.	Sum Insured Limit required against damage to Safe and/or Strong room within the Premises proposed for Insurance.	INR: _____	
5.	Do you wish to opt for a voluntary deductible? If Yes, what percentage of Sum Insured. (Note: You can opt for any percentage between 0% and 10%)	_____ % of Total Sum Insured Each and Every Loss	
6.	Whether the Building/Structure is of Class A Construction. (Class A Construction means where the Building has Roof made up of RCC and Wall are Buildup of Brick with RCC Frame).	<input type="checkbox"/> Yes / <input type="checkbox"/> No If No, please specify the Nature of Construction i.e. the Material used for: _____	
7.	Please provide the details of the Security System in the Premises:	I. Are there any Burglar Alarms in the Premises?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
8.	How many keys are there to the safe (s) and with whom are they kept? Can the safe(s) be opened by single key or by a combination of two or more keys?		

Endorsements Opted

Sr. No	Endorsement Name	Please tick (v) to select	Limits (INR)	Any other specific details
1	**Injury during Burglary / Housebreaking for CHS If Yes, do you want to Cover Employee's on Named or Unnamed Basis	<input type="checkbox"/> If opted, please tick on Named or Unnamed basis <input type="checkbox"/> Named Basis <input type="checkbox"/> Unnamed Basis	Any One Person: INR _____ Aggregate Limit Per Event: INR _____	
2	**Loss of Money for CHS	<input type="checkbox"/>	INR _____	
3	**Clearing up Expenses	<input type="checkbox"/>	INR _____	
4	**Temporary Property Protection	<input type="checkbox"/>	INR _____	
5	**Theft Extension	<input type="checkbox"/>	INR _____	
6	**Riot, Strike, Malicious Damage Cover	<input type="checkbox"/>	INR _____	
7	Floater Clause	<input type="checkbox"/>	INR _____	
8	Escalation Clause (Maximum 25% of the Sum Insured)	<input type="checkbox"/>	Escalation Percentage Opted: ____% of the Total Section Sum Insured	
9	**Purchase Protection Extension	<input type="checkbox"/>	Limit Any One Event: INR _____ Aggregate Limit for all Events: INR _____	
10	Waiver of Underinsurance Limit: Please specify the % of waiver limit required: Note: 1. Maximum Waiver of Underinsurance Limit is up to 20% 2. This cover is applicable only for Sum Insured Opted on Market Value or Reinstatement Value Basis or First Loss Basis as a Percentage of Actual Value at Risk)	<input type="checkbox"/>	____%	
11	Key and Lock Protect	<input type="checkbox"/>	Sum Insured: INR _____ Maximum number of claims requested during policy period: _____	

Note – Aggregate Limit under the Endorsement marked with “” shall not exceed the Total Burglary Sum Insured.

SECTION 03
ALL RISK INSURANCE

DETAILS OF PROPERTY TO BE INSURED

Sr. No.	Full Description of Property to be Insured (Make, Model, Weight, etc. Mfg/ Year, Portable/ Fixed)	Age of the Property to be Insured	Serial No./ Identification Number/IMEI Number	Invoice Number and Date	Loss or Damage to Property Insured	
					Sum Insured Basis (Market value/ Reinstatement/Agreed)	Sum Insured (INR)
1						
2						
3						

Sr. No	Section II – Third Party Liability	
1.	Is this Third-Party Liability Cover required?	____ Yes / ____ No If yes, kindly mention: Any One Accident Limit: Any One Year Limit:
2.	Territorial Limit	(Worldwide/ Within India/ Within Specific Premises) Note: If within specific premises, please provide complete address

RISK DETAILS (Please attach separate sheet for multiple property information)

Sr. No	Particulars	Details
1.	Was the property purchased in the last 12 months? If yes, please attach the invoice copy.	___Yes/ ___No
2.	Would you like to opt for Terrorism Damage Cover Endorsement (Material Damage Only)	___Yes/ ___No
3.	Do you wish to opt for waiver of underinsurance? If yes, please state the %	___Yes/ ___No ____%
4.	Do you like to opt for Deductible? If Yes, Please provide a percentage between 0% to 10%	___Yes/ ___No ____%
5.	Has the proposed property sustained any damages in the past or any third-party liability claim? If Yes please provide the below details	___Yes/ ___No

ENDORSEMENTS AVAILABLE UNDER THIS SECTION: ALL RISK INSURANCE

SL. No	Name of the Endorsements	Please tick (✓) to select	If opted Yes, please provide the below details	Any other specific details
1.	Newly Acquired Items:		Sum Insured: _____ or % of section sum insured: _____	
2.	Care, Custody & Control		Sum Insured: _____ or % of section sum insured: _____	
3.	Death of an Artist:		Sum Insured: _____ or % of section sum insured: _____ Professional Valuation and Date: ___/___/___	
4.	Market Appreciation:		Sum Insured: _____ or % of section sum insured: _____ Last Professional Valuation Date: (Must be within last 24 months): ___/___/_____	

**SECTION 4
ASSET CARE POLICY**

ASSET DETAILS

Asset Sr. No.	Asset Description & Make Model	Asset Serial No./ Identification Number/IMEI Number	Invoice Number and Date	Asset Sum Insured (INR)	Coverages Opted#				
					Cover 4.A (Theft)	Cover 4. B (Accidental Damage)	Cover 4.C (Liquid Damage)	Cover 4.D (Mechanical & Electrical Breakdown)	Cover 4. E (Accidental Loss Cover)
1	Appliances								
2	Electronic Equipment								
3	Portable Electric equipment								
4	Jewellery								
5	Work of Art (Painting)								
6	Collectibles								

Note:

- Please attach mandatorily the invoice Copy/latest valuation report for jewellery, works of arts, curios, paintings and similar items
Coverage Table below

Risk Coverage Details

Asset Sr. No	Partial Loss deductible					Total Loss deductible					Limit of Liability					Limit on No of claims
	Cover 4. A	Cover 4. B	Cover 4.C	Cover 4. D	Cover 4. E	Cover 4. A	Cover 4.B	Cover 4.C	Cover 4.D	Cover 4.E	Cover 4. A	Cover 4. B	Cover 4.C	Cover 4. D	Cover 4. E	
1																
2																
3																
4																

**SECTION 7
MARINE TRANSIT**

Details

- i. Total Sum Insured for Home Contents in Transit (INR) _____
- ii. Deductible in INR _____

Other Details

Do you require an extension beyond 10 days at the new residence? No Yes, If Yes You agree to notify within 10 days and pay any additional premium.

**SECTION 8
DIGIT FINSHIELD INSURANCE POLICY**

Coverage Details: -

Sr. No	Sections	Please tick (✓) to select	Sum Insured Limits (INR) AOA / AOY	Any other specific details
8.A	CARD COVER	<input type="checkbox"/>		
	8.A.1 Lost Card Liability	<input type="checkbox"/>		
	8.A.2 Online Transaction Cover	<input type="checkbox"/>		
	8.A.3 Card Liability due to unauthorized / fraudulent usage on account of including but not limited to Skimming / Phishing/ Counterfeit / Payment made on mirror sites	<input type="checkbox"/>		
	8.A.4 ATM assault and robbery	<input type="checkbox"/>		
	8.A.5 ATM Fraud Cover	<input type="checkbox"/>		
8.B	OTHER ELECTRONIC TRANSACTION COVER	<input type="checkbox"/>		
8.C	DIGITAL WALLET COVER	<input type="checkbox"/>		
8.D	IDENTITY THEFT	<input type="checkbox"/>		
8.E	PURCHASE PROTECTION	<input type="checkbox"/>		Please mention Number of Days from item Purchase date upto which coverage will be provided: _____ days
8.F	PRICE PROTECTION	<input type="checkbox"/>		I. Please mention Number of Days from item Purchase date upto which coverage will be provided: _____ days II. Please mention from the where the item has purchased from: a. E – Commerce Platform: ___ b. Platform ___ c. Physical Stores _____
8.G	WALLET PROTECTION (Lost Wallet Coverage)	<input type="checkbox"/>		

Pre- Reporting Period		Post- Reporting Period	
Name of Section (s)	Pre- Reporting Period (in no. of hours)	Name of Section (s)	Post- Reporting Period (in no. of hours)
c. Geographic Limits			
Coverage Geographic Limit			
Any specific requirement, in case worldwide cover is opted			
d. Total Limit of Liability		Any One Year (Limit of Liability) (INR)	Any One Accident Limit (INR)

**SECTION-09
PET INSURANCE
DETAILS OF PET TO BE INSURED**

Sr. No.	Name of Pet	Animal	Age of Pet (in months)	Breed of Pet	Sum Insured	Micro Chip Number (if available)	Distinguishing Features / Marks / Colour
<u>1</u>							
<u>2</u>							

Maximum number of vet consultations covered under this Cover: _____

Please attach separate sheet for multiple pet information

SECTION-10

MONEY IN TRANSIT (Applicable only to CHS)

Sr.no	Description	Transit Between (Provide complete address of the bank and Point in Transit)		Estimated Highest amount of Money in Transit at any one time (Limit of Indemnity) (INR)	Estimated Annual amount of Money in Transit (Limit of Indemnity) (INR)	Voluntary Deductible (Please mention the % from the range of 0% to 10% for each of the below Covers)
		To	From			
a.	Money in Transit			INR: _____	INR: _____	
b.	Any Additional Details					

Risk Details

For Money in Transit, please provide the below details (Applicable only to CHS)

What is the maximum distance over which the money will be conveyed?	
What is the Frequency of transit (number of trips)	
Type of Vehicle used for transit	
Is the money Carried/handled by an authorized employee?	__Yes / __No
Does any Armed personnel accompany the employee while carrying money?	
How are money usually carried	

SECTION-11

FIDELITY GUARANTEE INSURANCE

a.	Basis on which Fidelity Guarantee Cover is required:	<input type="checkbox"/> Named/Designation Non-Floater Basis <input type="checkbox"/> Named/ Designation Floater Basis <input type="checkbox"/> Unnamed Floater Basis			
b. If on Named Non-Floater Basis , please provide the following information in respect of all the employees in respect of whom insurance cover is sought:					
Employee Name	Designation	Monthly Salary	Number of Years In Service	Amount of Cash/Stock held by the Employee (INR)	Amount of Guarantee (INR)
c. If on Named Floater Basis , please provide the following information in respect of all the employees in respect of whom insurance cover is sought:					
Employee Name	Designation	Monthly Salary	Number of Years In Service	Amount of Cash/Stock held by the Employee (INR)	Amount of Guarantee (INR)
					a) Total Amount of Guarantee: _____

					b) Per Accident Limit: _____ _____
					c) Per Person Limit : _____ _____
d. If on Unnamed Floater Basis , please provide the following information:					
Total Number of Employees	Average Tenure of Employees	Total Amount of Guarantee (INR)	Per Accident Limit (INR)	Per Person Limit (INR)	
e. Any Additional Details					

NOMINEE DETAILS

Name of Nominee	Mobile number of Nominee	E-mail Id of Nominee	Present Address of the Nominee	Permanent Address of Nominee (Not required, if same as present address)	Relationship of Nominee with Insured Person	Details of authorized person (If Nominee is minor)	Percentage of claim amount	Details of Bank Account of Nominee
								i. Bank a/c no. _____ ii. IFSC code _____ iii. Branch _____ iv. Bank Name _____
								i. Bank a/c no. _____ ii. IFSC code _____ iii. Branch _____ iv. Bank Name _____
								i. Bank a/c no. _____ ii. IFSC code _____ iii. Branch _____ iv. Bank Name _____

Is there any other policy with similar coverages?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Section for which the similar coverage is provided: _____
If Yes, Please provide the policy details along with the Insurer Name, Policy no. and Sum Insured		

Claims details (Please specify details of any loss in last 3 years):

Date of Loss	Cause of Loss	Claimed Amount	Section Name under which claim has been occurred	Settled Amount/please specify if claim is outstanding

CUSTOMER BANK DETAILS

Bank Account No.	Branch	IFSC Code	Bank Name

***PREMIUM PAYMENT DETAILS**

Cheque No./NEFT Ref No	Bank Name	Date	Amount (Including applicable taxes)

DECLARATION APPLICABLE TO ALL SECTIONS

- I/We, hereby declare that the statements and particulars given in this Proposal form are complete, true and accurate and I/We agree that the Insurance company will not be liable under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect /misleading /Fraudulent in any respect on any matter to the grant of a cover or submission of claim in future.
- I/We hereby agree to receive all monies due from the Company by way of refund of premium, claims etc. into my/our bank account / payment mode as specified in the instrument / electronic transaction tendered towards insurance premium and such electronic transfer will constitute full and final discharge of Company's obligation.
- I/We hereby declare that all statutory provisions relating to my / our business proposed for insurance are complied with.
- I/We further declare that I/we will notify in writing any change in the below details occurring after the proposal has been submitted but before communication of the risk acceptance by the Company and during the Risk Period:
 - Any material change in the facts and matters stated in this Proposal, and/or
 - Any Change in the duties or terms of service of Employees from those described in this Proposal, and/or
 - Any Change in the precautions and checks for ensuring the accuracy of the Insured's accounts and stocks from those described in this Proposal.
- I/We authorize the Company to share information pertaining to my proposal for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.
- I/We hereby agree and undertake that I/we are agreeable not to receive the hard copy of the Policy and related documents. In case you specifically require hard copy, please mention. _____

Date:

Signature of the Proposer

Place:

Declaration from Person filling the form in case proposer is unable to sign or signs in vernacular:

I hereby certify that the contents of the proposal form and/or any other documents used towards solicitation have been fully explained to the Proposer and that he/ she/they have fully understood the said contents. I hereby confirm that the responses have been recorded to the best of my ability.

Date:

Place:

Signature (on behalf of the Proposer)

Name & Relationship with Proposer:

*** Indicates optional fields****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 FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

Go Digit General Insurance Ltd, A Company incorporated under Indian Companies Act, 2013 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Reg No. 158, Corporate Identification Number L66010PN2016PLC167410, Reg. Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: www.godigit.com

ANNEXURE I

S.no.	Details of Insured Person and Cards
1.	
2.	
3.	
4.	
5.	