



Application No.: HFN



WITH YOU ALWAYS

PROPOSAL FORM HOME SECURE - STANDARD FIRE AND SPECIAL PERILS POLICY (RESIDENTIAL PREMISES ONLY)**All mandatory fields marked in bold asterisk***

Note: 1. Acceptance of this proposal is subject to the rules & regulations of All India Fire Tariff. 2. The property proposed for insurance is not covered until the proposal is accepted and premium paid. 3. Applicable only for residential buildings with RCC/RBC/TILES/ACC roof and external walls of Burnt bricks / Stone/Concrete blocks. 4. Failure to disclose facts material to the assessment of the risk or providing misleading information may render the contract void. 5. Terrorism cover can be availed provided policy period is 1 year only.

PROPOSER'S DETAILS		FOR PRODUCER'S USE ONLY
1. Name of the Proposer*:		Branch : _____
2. Date of Birth*: DD MM YY YY Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Single Occupation :		Producer Code : _____ Premium : Rs. _____ Cash / Cheque : _____ Dated : DD MM YY YY Bank : _____ Producer's Signature : _____
3. Address for communication*:		
City: _____ District: _____ State: _____ Pin Code*: _____ Tel : (O): _____ (R): _____ Mobile: _____ E-mail: _____ GSTN/UIN: _____		

DETAILS OF PROPERTY TO BE COVERED:

4. **Address of the property to be covered (Please provide only if this is different from the address for communication)*:**

City: _____ District: _____ State: _____ Pin Code*: _____

5. Name & Address of the Financier / Mortgagee: _____

6. Would you like to delete following covers from the basic cover?

a. Flood, Cyclone group of perils ☐ Yes ☐ No b. Riot, Strike & Malicious Damage ☐ Yes ☐ No

7. **Would you like to cover terrorism (only if Riot, Strike etc. cover is opted)*** ☐ Yes ☐ No

8. Would you like to cover Earthquake (Fire & Shock) : ☐ Yes ☐ No

9. Would you like to opt any other Add-on Covers (give details) : _____

10. Would you like to cover Plinth & Foundation along with your building : ☐ Yes ☐ No

11. **Age of Building*:** ☐ < 5 years ☐ 5-10 years ☐ 10-20 years ☐ 20-30 years ☐ 30-40 years ☐ > 40 years

12. Basis proposed for insurance a. ☐ Market Values Basis b. ☐ Reinvestment Values Basis

13. **Fire safety system*:** ☐ Water sprinklers ☐ Fire extinguishers ☐ Water hydrant ☐ Smoke detectors ☐ Fire alarms ☐ None

14. **Security system*:** ☐ CCTV ☐ Security Guard ☐ Burglar alarm ☐ Emergency alarm ☐ Common Watchman ☐ None

15. Whether you have insured the same property with any other Insurance Company with the same type of coverage (give details): _____

16. Whether Insurance was declined by any other Company or imposed any special conditions (give details): _____

17. **Sum Insured required*:** (For Bldg. please indicate the present day cost of Construction if opted on reinstatement value basis. Land value is not covered)

Sr.No.	Items	Sum Insured	Premium	Sr.No.	Items	Sum Insured	Premium
1.	Building			4.	Plinth & Foundation		
2.	Contents			5.	Others		
3.	Add-on Cover			6.	Total		

18. **Method of Calculation:** A. with increase Sum Insured ☐ B. with Long term discount ☐

URN/HOME/2017-18/HP02

Standard Fire and Special Perils UIN: IRDAN108P0004V01200607

Declaration:

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer : _____

Name & Signature of agent/intermediary: _____ Code: _____

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer: _____

Name & Signature of agent/intermediary : _____

Agent Declaration:

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/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 herein 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.

License No. (Intermediary/Corporate Agent/Broker/Relationship Officer)

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Name of the specified Person and code _____

Place: _____ Date: _____ Signature of Agent: _____

Tata AIG General Insurance Company Limited

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