



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* : <input type="text"/> Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status : <input type="checkbox"/> Married <input type="checkbox"/> Single	Producer Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Occupation : _____	Premium : Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Address for communication* : _____ _____ _____	Cash / Cheque : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City: _____ District: _____	Dated : <input type="text"/>
State: _____ Pin Code*: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bank : _____ _____
Tel : (O): _____ (R): _____	Producer's Signature : _____
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

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)	<input type="text"/>
Name of the specified Person and code	_____
Place: _____	Date: _____ Signature of Agent: _____

Tata AIG General Insurance Company Limited

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