

EDELWEISS GROUP TOTAL PROTECT POLICY PROPOSAL FORM

1. Please fill this form in BLOCK LETTERS and tick the appropriate box(s), wherever applicable.
2. Please answer all questions completely. The Policy, if issued, will start only after this proposal is accepted and we receive the premium.
3. Not providing us with facts material to the assessment of risk or providing us with misleading information, will lead to the cover under the Policy/certificate so issued being nullified.
4. Kindly contact our offices or intermediaries for any doubts or clarifications with regard to this proposal.
5. Please use original forms only. Photocopies will not be accepted.

Servicing Branch Name: _____ **Servicing Branch Code:** _____

Intermediary Details

Intermediary Name: _____ Intermediary Reference Code: _____
Contact No.: _____ Email ID: _____
Intermediary Sales Person's Name: _____ Intermediary Sales Person's Contact No.: _____
Intermediary Sales Person's code: _____ Source code: _____

Our Third Party Administrator/Assistance Service Provider is at your service. (TPA & ASP details)

Names of TPA and ASP: _____
Addresses of TPA and ASP: _____
Contact No.: _____ TPA and ASP ID: _____

Tell us about who we have to cover! (Proposer details)

Name of Proposer/Financial Institution: _____
Nature of Financial Institution: Regional Rural Banks Rural & Social Sector Group Agri Loan Micro Credit finance group If other than this pls specify _____
Address of Proposer: _____
Business of Proposer: _____ Contact person of proposer: _____
Telephone: _____ Mobile No.: _____ Email ID: _____
Nationality: _____ GSTIN of Proposer: _____
Is it an Employer-Employee relationship? (Yes / No) If No, specify the relationship: _____
Non Employer-Employee: _____
Named Policy / Unnamed Policy: _____ Loan Linked/ Credit Linked Policy: _____
Social Sector: Yes No
PAN: _____ (Copy of PAN card to be provided if (i) premium paid in cash equals or exceeds ₹50,000 or (ii) premium equals or exceeds ₹1,00,000)
Type of Proposer: Individual (having insurable interest in a group of persons) Partnership Firm Company Government Others
Geography: _____
On duty / within Policy duration: _____
Expiring year Policy No. (if applicable): _____
Business type: _____ Business sector: Urban Rural
Relationship between Proposer and Proposed Primary Members: _____
Occupation: _____
No. of Primary Members: _____ No. of Dependents: _____
Total no. of Insured Persons: _____ Annual Income (in INR): _____
Frequency of Instalment Premium Payment mode: Single Half Yearly Quarterly Monthly

Got another insurer covering you? Sharing is caring! (Co-insurance details)

Name of the Insurer	URC No.	Share (in %)	Office Address

The 'muscles and bones' of your Policy: the important details! (Policy details)

Policy Period: _____ Risk start date: Risk end date:
Policy type: Fresh Renewal Rollover No. of years since continuance of a Policy: _____

Got another Policy that's expiring soon? (Expiring year Policy details)

Name of existing Insurer: _____
Premium paid at inception (exclusive of applicable taxes): _____
Premium added during the year (exclusive of applicable taxes): _____
Premium reduced during the year (exclusive of applicable taxes): _____

Final premium (exclusive of applicable taxes): _____

Last Policy's members

How has the premium been charged? (per family or per member basis): _____

No. of Primary Members: _____ No. of Dependents: _____ Total: _____

No. of Members at start of Policy: _____ Added during the Policy period: _____

Removed during the Policy period: _____ Final no. of Members at expiration of Policy: _____

Members to be covered on renewal / new issuance (Age band wise and Sum Insured wise break-up to be provided) _____

Made any claims? Please give us the details. (Claim details)

For claims as of

	Reimbursement		Cashless	
	No. of Claims	Amount (in ₹)	No. of Claims	Amount (in ₹)
Claims paid so far				
Claims outstanding so far				
Total				

Claim paid under Corporate Buffer Facility as on:

Total claims paid during the last two Policy years immediately preceding the expiring year _____

Total claims paid during the last three months of the preceding two years of Policy immediately preceding the expiring year _____

Membership details / Contract

Definition and size of Membership: _____

Are additional children covered?: _____ Floater Sum Insured: _____

Are additional relationships covered? (like brother, sister, etc.): _____ Age limit for Primary Members: _____

Details of coverage / benefit

Whether existing benefits covered under the expiring year Policy to be continued as is or not? – Yes or No

If No, then changes required in the coverage and limit of benefits be mentioned: _____

Please give us the details of the proposed members in Annexure 1

I. Basic covers (select any one from below)		
Sr. No.	Cover	Sum Insured
1	Personal Accident – Death	
2	Permanent Total Disability (PTD)	
3	Permanent Partial Disability (PPD)	
4	Temporary Total Disablement (TTD)	
II Optional covers		
Sr. No	Name of Cover	Sum Insured
1		
2		
III Additional/Optional covers		
1	On Duty Cover Only	
2	Cover In India Only	

Annexure – 1 (format to be used by the Proposer)

Sr. No.	Member Identification No.	Name of Primary Member	Name of Dependent	Relationship	DOB	DOJ	Designation	Gender	SI (in ₹)	Bank A/C No.	IFSC	Bank Name	Branch
1													
2													
3													
4													
5													
6													
7													
8													

Sr. No.	Nominee Name	Relationship With Insured	Nominee's DOB	If Nominee is Minor	
				Appointee Name	Relationship with Insured
1					
2					
3					

Individual member details to be furnished in the format of Annexure – 1.

Is any of the members or dependent a politically exposed person? If yes, please provide details through Annexure – 1.

Declaration & Authorization

- a. I/We hereby declare, on my behalf and on behalf of all person(s) proposed to be insured, that the above statements, answers and/ or particulars given by me/us are true and complete, in all respects, to the best of my/our knowledge and that I/we am/are authorized to propose on behalf of these other persons .
- b. I/We understand that the information provided by me/us will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable .
- c. I/We further declare that I/We will notify, in writing, any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.
- d. I/We declare that I/We consent to the Company seeking medical information from any doctor or hospital, who/ which , at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to which an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- e. I/We authorize the Company to share information pertaining to my/our proposal including the medical records, of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement with any Governmental and/or regulatory authority.

Other Important Declarations :

- a. I/We agree to receive service related information from Edelweiss General Insurance Co. Ltd. and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me/us.
- b. I/We, hereby, further declare, on my behalf and on behalf of all persons proposed to be insured, that I/We have fully understood the product features, including its suitability, the contents of this proposal form and all other connected documents significant and incidental to availing the insurance policy from the Company.
- c. I/We hereby agree that this declaration shall form the basis of the contract between me/ us and Edelweiss General Insurance Company Limited. I/We, hereby, further declare that this proposal form is signed with my own free will/consent and no person has directly and/or indirectly misguided and/or induced me/us to enter into the said insurance Contract
- d. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab initio and the premium paid shall be forfeited to the Company.

Date:

Place: _____

Signature of Proposer/authorized signatory

(Stamp, where the Proposer is a juristic person
(On behalf of all the persons to be insured under the Policy)

Vernacular Declaration

Certification in case the proposer has signed in vernacular (to be witnessed by someone other than agent/employee of the company).

Name of the Proposer:

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:

Signature of the Proposer

Signature of the witness:

Date:

Place: _____

Name of witness:

Declaration By Insurance Agent/ Intermediary

I, _____, in my capacity of an insurance agent/ specified person of the corporate agent/ authorised employee of the broker/ person authorized to solicit on behalf of Edelweiss General Insurance Co. Ltd., do, hereby, declare that I have explained the product features, including its suitability, the contents of this form and the nature of the questions contained in this form, to the proposer, including statement(s), information and response(s) submitted by him/her/them in this form to questions contained herein; and that any details sought will herein form the basis of the contract of insurance between Edelweiss General Insurance Co. Ltd. and the proposer, if this Proposal is accepted by Edelweiss General Insurance Co. Ltd. for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/ response(s) is/ are contained in this form, including addendum(s), affidavit(s), statement(s), submission(s), furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued in his/her/its favour, pursuant to this proposal, may be treated as null and void at the option of Edelweiss General Insurance Co. Ltd. and all premium amounts paid under the Policy may stand forfeited to Edelweiss General Insurance Co. Ltd.

Name of intermediary: _____ Signature: _____
 Place: _____ Date:

D	D	M	M	Y	Y	Y	Y
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 Sp Name: _____ Sp Code: _____
 License No. (Agency/Corporate Agency/Broking/Authorized person): _____

Prohibition of Rebates, as per Section 41 of the Insurance Act, 1938 (as amended from time to time)

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 prospectus 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.

As a go-green initiative, Edelweiss General Insurance Co. Ltd. shall be sending the policy documents to your e-mail address, as provided by you in this Proposal Form.

- I do not want the physical copy of my policy documents.
 I want the physical copy of the policy documents to be sent to my address, as mentioned in this Proposal Form.



ACKNOWLEDGEMENT SLIP

We acknowledge with thanks the receipt of your proposal dated _____ towards Edelweiss Group Total Protect Policy.

We also acknowledge receipt of premium amount by way of cash/ cheque/ demand draft/ others, vide instrument no. _____, for an amount of _____.

Please note that neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion.

If we accept the proposal, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if the appropriate premium amount is not received by us in full and in time, or is not realised or any necessary requirement is not fulfilled.

If we do not accept the proposal, we will inform you within 15 days from the date of receipt of this proposal and refund any payment received from you without interest.

Signature
of the Receiver and Official Seal