



**PARIVAR SURAKSHA PROSPECTUS CUM PROPOSAL FORM**

**QUESTIONNAIRE (to be filled up by Proposer)**

Please provide complete and accurate information to the questions appearing below. Kindly attach additional sheet(s) if required. Should you need any further clarification, please do not hesitate to contact us.

- (a) HDFC ERGO General Insurance Company Ltd. ("the Company") will not assume risk until the proposal has been accepted by the Company and communication of acceptance has been given to the Proposer in writing by the Company after receipt of full premium by it.
- (b) Non-disclosure of facts material to the assessment of the risk or providing misleading information will nullify the cover under the policy / certificate issued.
- (c) Duly completed Members' proposal form will be a part of this Proposal Form.

1. Name of Proposer :

Key Contact Person : Designation :

Email id :

Address : Tel. no. :

City : State : Fax :

Pin Code :

2. Nature of Business :

3. Products Manufactured / Services Offered :

4. Duration of Policy: Date of Commencement:

5. Number of Members to be covered:

Please also state whether all members of the group are proposed for Insurance: Yes / No



Please enclose list of members to be covered.

6. Do you wish to exclude Maternity Expenses Benefit from the scope of the cover? : Yes/No

7. Has any insurance company:

- Declined to issue / continue a policy to you? : Yes/No
- Imposed any restrictions or special conditions? : Yes/No

- I accept the Terms and Conditions of the insurance policy.
- I authorise the Company to obtain any records or references, be they medical or otherwise, in consideration of this insurance or any potential claims in the future.
- I certify that all the information provided in this proposal and any attachments is true and correct. I understand that all information provided in this proposal and any attachments are material to the Company's decision to provide this insurance, and that insurance will be provided, at the Company's sole discretion, in reliance upon the truth of such information.

THIS POLICY SHALL BE VOIDABLE AT THE OPTION OF THE COMPANY IN THE EVENT OF MIS-REPRESENTATION, MIS-DESCRIPTION OR NON-DISCLOSURE OF ANY MATERIAL PARTICULAR BY THE PROPOSER. ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD THE INSURANCE COMPANY OR OTHER PERSONS, 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 ACT WHICH WILL RENDER THE POLICY VOIDABLE AT THE COMPANY'S SOLE DISCRETION AND RESULT IN A DENIAL OF INSURANCE BENEFITS.

IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT, PROOF OR EXPLANATION IS PRODUCED, OR ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE INSURED, POLICYHOLDER, BENEFICIARY, CLAIMANT OR BY ANYONE ACTING ON THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY DECLARATION IS MADE OR USED IN SUPPORT THEREOF, OR IF LOSS IS OCCASIONED BY OR THROUGH THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE INSURED, POLICYHOLDER, BENEFICIARY, CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED.

**Notice:**

**Section 41 of the Insurance Act: Prohibition of rebates-**

- (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 prospectuses 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 (five hundred rupees).

**PROPOSER'S DECLARATION**

I/We desire to insure with HDFC ERGO General Insurance Company Ltd. in respect of the risk described above and benefits opted and agree that the statements contained in this Proposal Form are to my/our true and accurate representations. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and the Company, and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company.

I/We hereby declare that the contents of the Proposal form and documents have been fully explained to me / us and that I / we have fully understood the significance of the proposed contract.

I/We also agree that if any additions / alterations are carried out after the submission of this Proposal Form to the Company, then the same will be communicated to the Company immediately in writing.

I/We understand the terms of cover of this Insurance and agree that the Insurance would be effective only on acceptance of this application by the Company and the receipt of full premium by the Company in advance.

Name : Signature : \_\_\_\_\_

Designation : Date :

Stamp :

**To be completed by anyone who assists the applicant in completing this proposal form:**

I certify that I have explained the contents of this proposal to the applicant in the language he / she understands and that the applicant fully understands the contents of the proposal. I have recorded the applicant's replies to the questions contained in this proposal as per the information provided by the applicant. I read these replies aloud to the applicant, who fully understands them and confirms that they are accurate.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_ Signature: \_\_\_\_\_



### Member's Proposal Form

#### QUESTIONNAIRE (to be filled up by Proposer's members)

Please provide complete and accurate information to the questions appearing below. Kindly attach additional sheet(s) if required. Should you need any further clarification, please do not hesitate to contact us.

- (a) The Company will not assume risk until the proposal has been accepted by the Company and communication of acceptance has been given to the Proposer by the Company in writing on receipt of full premium by the Company.
- (b) Non-disclosure of facts material to the assessment of the risk or providing misleading information will nullify the cover under the policy / certificate issued.

#### Details of Member:

Complete Name of the Member:	
Membership Number:	
Correspondence Address of the Member:	Village: Taluka: District: State:

Type of Member (Please tick):

Individual

Family: No. of members

#### Details of persons to be insured:

Sr. No.	Names of persons proposed for insurance	Relation	Sex M/F	Date of Birth	Pre-existing disease / disability / illness (if any)	Capital Sum Insured (CSI) Section - I	Sum Insured Section - II	Premium (Rs.)	
								Sec. I	Sec. II
1		Self							
2		Spouse				50% / 100% of CSI			
3		Dependent Child				NA			
4		Dependent Child				NA			
5		Dependent Parent				NA			
6		Dependent Parent				NA			

Total Premium = \_\_\_\_\_

Acceptable Age Group: **18 (Eighteen) Years to 60 (Sixty) Years for Member and Spouse**  
**3 (Three) months to 60 (Sixty) years depending upon member of family**



*Note: If the space found is insufficient to complete the form, please use separate sheet and attach herewith.*

**All pre-existing illness / disablement/ accidental injuries are excluded whether declared or not.**

**Details of Nominee:**

Sr. No.	Name of the Nominee	Address	Relationship with the Member	Percentage share of Claims
1				
2				
3				
4				

THIS POLICY SHALL BE VOIDABLE AT THE OPTION OF THE COMPANY IN THE EVENT OF MIS-REPRESENTATION, MIS-DESCRIPTION OR NON-DISCLOSURE OF ANY MATERIAL PARTICULAR BY THE PROPOSER. ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD THE INSURANCE COMPANY OR OTHER PERSONS, 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 ACT WHICH WILL RENDER THE POLICY VOIDABLE AT THE COMPANY'S SOLE DISCRETION AND RESULT IN A DENIAL OF INSURANCE BENEFITS.

IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT, PROOF OR EXPLANATION IS PRODUCED, OR ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE INSURED, POLICYHOLDER, BENEFICIARY, CLAIMANT OR BY ANYONE ACTING ON THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY DECLARATION IS MADE OR USED IN SUPPORT THEREOF, OR IF LOSS IS OCCASIONED BY OR THROUGH THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE INSURED, POLICYHOLDER, BENEFICIARY, CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED.

**Notice:**

**Section 41 of the Insurance Act: Prohibition of rebates-**

- (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 prospectuses 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 (five hundred rupees).



**PROPOSER'S (MEMBER'S) DECLARATION**

I/We desire to insure with HDFC ERGO General Insurance Company Ltd. in respect of the risk described above and benefits opted and agree that the statements contained in this Proposal Form are to my/our true and accurate representations. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and the Company, and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company.

I/We hereby declare that the contents of the Proposal form and documents have been fully explained to me / us and that I / we have fully understood the significance of the proposed contract. I have read and understood the terms, conditions and exclusions of the PARIVAR SURAKSHA BIMA POLICY and am willing to accept the insurance coverage subject to all terms, conditions and exclusions prescribed in the policy. I/We also agree that if any additions / alterations are carried out after the submission of this Proposal Form to the Company, then the same will be communicated to the Company immediately in writing. I/We hereby declare and warrant that the above statements are true. I agree that this proposal will be the basis of proposal and declaration shall be the basis of contract. I/We understand the terms of cover of this Insurance and agree that the Insurance would be effective only on acceptance of this application by the Company and receipt of full premium by the Company in advance.

**Signature of the Member:**

**Name of the Member:**

Place:

Date:

**This is to certify that the above mentioned member is a valid member under our scheme.**

His membership number is:

Place:

**Authorised Signatory**

Date:

Name of the Organisation & Seal:

**To be completed by anyone who assists the applicant in completing this proposal form:**

I certify that I have explained the contents of this proposal to the applicant in the language he / she understands and that the applicant fully understands the contents of the proposal. I have recorded the applicant's replies to the questions contained in this proposal as per the information provided by the applicant. I read these replies aloud to the applicant, who fully understands them and confirms that they are accurate.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_ Signature: \_\_\_\_\_

**Insurance is the subject matter of the solicitation**