

ACKO 360 PROTECT
PROPOSAL FORM

NOTE: This form is to be completed by the Group/ Association/ Institution/ Corporate Body. We are under no obligation to accept any proposal for insurance. The liability of the Company does not commence until this proposal is accepted by the Company and premium is received in full.

Please ensure that the information in this form material for assumption of risk is true, accurate and complete in all respects as inaccuracy or non-disclosure of the requested information or other material facts could preclude recovery of any claim under the policy.

Please complete this form in CAPITAL LETTERS. The proposal form is to be submitted in original, copies shall not be accepted.

FOR OFFICE USE

Branch Name: _____	Branch Code: _____
Intermediary Name: _____	Intermediary Code: _____
Business Type: _____	Channel Type: _____

I. PROPOSER (GROUP) DETAILS:

All invoices will be raised to the following address and addressed to the principal contact person specified below.

Proposed Policy Period

From: DD/MM/YYYY

To: DD/MM/YYYY

- Proposer Name: _____
 - Description of the Proposer's Business: _____
 - Principal Contact Person Name: _____
 - Correspondence Address: _____
City: _____ State: _____ Pin Code: _____
 - Telephone Number: _____ Mobile: _____ Office (Optional): _____
E-mail: ID 1 _____ ID 2 _____
 - Pan No. / TAN No. : _____ (Mandatory for premium of INR 50,000 and above if accepted in Cash/Demand Draft, or INR 100,000 and above by Cheque/Credit Card/Debit Card)
 - Customer Goods & Service Tax Identification Number (if any): _____
 - Nature of Group: Employer/employee OR Non-employer/employee
 - Nature of Policy: Named basis OR Unnamed basis
 - Please state whether all eligible Insured Persons/families of the Group / Association / Institution / Corporate Body are proposed for insurance? Yes _____ No _____
 - Please state the total number of Insured Persons to be covered (including families / dependents wherever covered): _____
- Policy to be issued in favor of (List of all the parties who have insurable interest including the financial institutions): _____

II. DETAILS OF PREVIOUS INSURER(S) (IF RENEWAL):

- Are your employees/ Insured Persons at present insured under any similar product? Yes ____
No ____ (If 'Yes' Please provide the details insurer, type of policy with coverage & sum insured - attach additional sheet if required)
- Name of Insurer: _____
- Policy Number: _____
- Expiring terms of cover: _____
- Period of insurance: _____
- Premium paid: _____
- Claim details: (Please attach separate sheet providing complete details of claims with individual claim records)
- Incurred Claims Ratio: _____

III. DETAILS OF INSURED PERSONS

- Note:**
1. This list will be attached to and forming part of the proposal form and policy to be issued.
 2. Separate list should be attached in respect of persons proposed to be covered under each Sum Insured.
 3. All nominations will be in accordance with Section 39 of the Insurance Act 1938.
 4. A Minor should not be declared as nominee.

For unnamed members / Employees:

Coverage Category / Sum Insured Level / Insured Category etc	No of Members / Employees
Category A	
Category B	
Category C	

For Named member / Employees: Fill the Annexure 1

Please attach additional sheets, if space not sufficient to complete details.

IV. BENEFITS:

Category	Nature of Business
Category A	
Category B	
Category C	

Base Benefits:

S. No.	Name of the Benefit	Event Covered (Illness/Injury)	Sum Insured / Sub-Limit	Other Conditions (Provide Details)
1	In-patient Indemnity Benefits			
1.1	In-Patient Hospitalization Cover			
	i. Room Rent			
	ii. ICU/CCU/HDU limit			
1.2	Daily Hospital Cash		Rs_____per day	Min. no of days_ Max. no. of days_
1.3	Day Care Treatment Cover			

1.4	In-Patient Hospitalization Fixed Benefit			Min. days of hospitalization required: _____
1.5	Road Ambulance			
1.6	EMI Protection		EMI amount: Rs Sum Insured:	Max. no. of days/Months _____
1.7	Income Protection Cover		Rs _____ per day	Min. no of days_ Max. no. of days_
1.8	Repatriation of Mortal remains			
1.9	Funeral expenses			
1.10	Missed Bill payment			
2	Personal Accident Category			
2.1	Accidental Death Benefit		Common Death or Disability Sum Insured	
2.2	Permanent Total Disability			
2.3	Permanent Partial Disability			
2.4	Temporary Total Disability			
2.5	Child Education Cover			
3	OPD Benefits			
3.1	Out-Patient Treatment Cover (OPD)			
4	Critical Illness Benefit			Waiting Period: Survival Period:

Optional Benefits (In lieu of additional premium) :

S.no.	Cover Opted (Yes/No)	Name of Section/Cover	Sum Insured	Special conditions
1.		Additional Benefit under Critical Illness Category		Waiting Period: Survival Period:
2.		Key Replacement Cover		
3.		Garage Cash		_____ Days (minimum days vehicle is in garage)
4.		Loss of Income Due to Damage of Vehicle		_____ Days (Vehicle is under repair)
5.		Business Shutdown		_____ Days (Interruption of Business) Waiting Period: _____ Days
6.		Loss of Income		i. Loss of income of insured person: _____no. of months ii. Concurrent loss of income: _____no. of months Declaration of Insured Person is reemployed: Yes/No

7.		Critical Illness Waiting Period		_____ Days
		Critical Illness Survival Period		
Cyber Protection				
8.		Digital Theft of Funds		
9.		Identity Theft		Sub Limit- Rs_____
10.		Fraudulent Charge on Loss of Card		____Timeline Your first reporting the event to Your debit/credit card issuer(s) ____hours (reporting of loss)
11.		ATM Assault and Robbery		____timeline withdrawal of money
12.		Lost Wallet Coverage		
		Home Building and Home Content Cover		
13.		Home Building	As per attached Annexure	
14.		Home Content Cover		
15.		Additional Cover: Cover for Valuable Contents on Agreed Value Basis		
16.		Trip Cancellation		
17.		Loan Repayment to Loan Provider		
		Asset Protection		
18.		Theft And Burglary		Depreciation table (In Annexure)
19.		Robbery		
20.		Damage		
21.		Comprehensive Accidental Damage		
22.		Accidental Screen Only Damage		
23.		Breakdown		
24.		Terrorism Cover		
25.		Temporary Resettlement Expenses Cover		
26.		Personal Liability		
27.		Brokerage Expenses		
28.		Delay In Salary Payment		Minimum no. of days:_____
29.		Rescinding Of Offer Letter		

30.		Breakdown Assistance Services		
31.		Rewards for Healthy Behaviour		

DECLARATION & AUTHORISATION

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
2. I understand that the information provided by me 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.
3. I further declare that I 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.
4. I declare that I 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 whom 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.
5. I authorize the company to share information pertaining to my proposal including the incident/accident details, illness, loss of job or critical illness caused to the insured, medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

I submit that the foregoing information is true to the best of my knowledge, and accept that if found to be untrue in any form, the Company reserves the right to alter/ cancel the coverage available under this Policy.

Note: The liability of the Company does not commence until full premium has been realized by the Company and the acceptance of the proposal has been formally intimated to the insured.

Principle Contact Person Name: _____

Date: _____

Place: _____

Signature of the Proposer: _____

V. SALES PERSON/INSURANCE AGENT/INTERMEDIARY DECLARATION

I, _____ (Full Name) in my capacity as an insurance Agent/ Specified Person of the Corporate Agent/authorized employee of the Broker or authorized Sales Person of the Company, 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 favour 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. / ID (Agent / Corporate Agent / Broker / Sales Person): _____

Date: _____
Place: _____

Signature of Proposer/ Intermediary: _____

VI. PROHIBITION OF REBATES (SECTION 41 OF INSURANCE ACT, 1938, AS AMENDED)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 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 prospectus or tables of the insurers.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to 10 lakh rupees.

Annexure

Home Building and Home Content

COVERS OPTED		
Is there any policy in place for the same property?	Yes/No	
If Yes, please provide the details		
<u>Cover/s required:</u>	Cover	Please Tick
When Home Building and Home Contents are opted for, cover for General Contents of Home for Sum Insured equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh is automatically provided.	Home Building & Home Contents	
	Home Building Only	
	Home Contents Only	
	Additional Cover: Cover for Valuable Contents on Agreed Value Basis	
LOCATION OF HOME BUILDING		
Location of Home Building	Address:	
	Pin Code:	
Is it a multi-storey building or is it a standalone house?		
In case of multi-storey building, please provide the floor number of your house		
Is there a basement to Your house?		
DETAILS OF HOME BUILDING		
Age of Home Building	Less than 5 years	
	5-10 years	
	10-20 years	
	Above 20 years	
Construction Details	Tick whichever is applicable	
<i>Please note the following:</i> <i>(Buildings having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like are treated as Kutcha Construction)</i> <i>Construction other than Kutcha Construction is a 'Pucca Construction'</i>	Walls: Kutcha / Pucca	
	Floor: Kutcha / Pucca	
	Roof: Kutcha / Pucca	
SUM INSURED DETAILS (S.I.)		
Particulars	Sum Insured (₹)	
<u>Residential Structure</u>		
This includes the Residential Structure of your Home including fittings and fixtures	<u>Other Details:</u>	
	Carpet area of structure of Home in square metres:	
	Rate of Cost of Construction per square metre at the policy Commencement Date	

<p><u>Additional Structure</u></p> <p>This includes following structures if they are on the same site, and used as part of your Home Building</p> <ol style="list-style-type: none"> garage, domestic out-houses used for residence, parking spaces or areas, if any; compound walls, fences, gates, retaining walls, internal roads; verandah or porch and the like; septic tanks, bio-gas plants, fixed water storage units or tanks, solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover, any other structure 	<table border="1"> <tr> <th>Additional Structure</th> <th>Sum Insured (in ₹)</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Additional Structure	Sum Insured (in ₹)						
Additional Structure	Sum Insured (in ₹)								
<p><u>General Contents</u></p> <p>This includes furniture, electronic items and goods, antennas, solar panels, water storage asset, kitchen asset, electrical asset (including those fitted on walls), clothing and apparel and items of similar nature.</p>	<table border="1"> <tr> <th>Items</th> <th>Sum Insured (in ₹)</th> </tr> <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> </table>	Items	Sum Insured (in ₹)	Furniture, Fixtures and Fittings (Home Furnishings)		Electrical/Electronic		Others	
Items	Sum Insured (in ₹)								
Furniture, Fixtures and Fittings (Home Furnishings)									
Electrical/Electronic									
Others									
<p>Loss of Rent</p>	<p>Sum Insured (in ₹): Number of Months:</p>								
<p>Rent for Alternative Accommodation</p>	<p>Sum Insured (in ₹): Number of Months:</p>								
<p> </p>	<p> </p>								
<p>AGREED BANK CLAUSE (Rs.)</p>									
<p> </p>	<p>Applicable only if you have mortgaged, hypothecated or created any security you're your Home or any of its Contents in favour of a Bank, and the Bank has an interest in the Policy</p>								
<p> </p>	<p>Name of the Bank</p>								
<p> </p>	<p>Location: _____</p> <p>Date: _____</p> <p style="text-align: right;">Acko General Insurance Limited</p>								

ASSET PROTECTION RELATED COVERS

DEPRECIATION SCHEDULE*

Age of Asset	Option-1	Option-2
	Depreciation Applicable (% of Sum Insured)	Please choose the depreciation within applicable limit (% of Sum Insured)
Upto 3 months	Nil	____% (between 0-40%)
Between 3 months to 6 months	Nil	____% (between 0-40%)
Between 6 months to 9 months	Nil	____% (between 20-60%)
Between 9 months to 12 months	Nil	____% (between 20-60%)
Between 12 months to 24 months	Nil	____% (between 30-70%)
Between 24 months to 36 months	Nil	____% (between 40-80%)
Between 36 months to 48 months	Nil	____% (between 50-90%)
Between 48 months to 60 months	Nil	____% (between 50-90%)
More than 60 months	Nil	____% (between 50-90%)

*Category-wise table will be furnished if there are several Categories / Asset Type selected for Insurance Coverage

SNo	Name of Insured Person	Unique Identification number of Insured Asset	Asset Type	Make of Asset Insured	Model of Asset Insured	New / Old Asset	Coverage Category (if applicable)	Date of Enrolment/Asset Purchase Date	Invoice Value of the Asset	Insurance Start Date	Insurance End Date
1.											
2.											
3.											
4.											
5.											

*Details as required by Acko could be modified based on the data availability and requirement

VII. SALES PERSON/INSURANCE AGENT/INTERMEDIARY DECLARATION

I, _____ (Full Name) in my capacity as an insurance Agent/ Specified Person of the Corporate Agent/authorized employee of the Broker or authorized Sales Person of the Company, 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 favour 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. / ID (Agent / Corporate Agent / Broker / Sales Person): _____

Date: _____
Place: _____

Signature of Proposer/ Intermediary

VIII. PROHIBITION OF REBATES (SECTION 41 OF INSURANCE ACT, 1938, AS AMENDED)

3. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 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 prospectus or tables of the insurers.
4. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to 10 lakh rupees.

Annexure 1:

Sr No	Name of Insured Person	Unique Employee No/Customer Relationship number	Relationship of family with primary Insured	Date of Enrolment/Joining	Age	Gender	Nominee Name & Relationship with Insured Person	Mobile No. & Email ID	Coverage Category	Address of the Insured
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
23.										
24.										
25.										
26.										
27.										
28.										
29.										
30.										
31.										
32.										
33.										
34.										
35.										
36.										
37.										
38.										
39.										
40.										

Note: *This list is indicative and details could be modified according to the Nature of Group/ Policy.