



IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

HOME and FAMILY PROTECTOR POLICY

PROPOSAL FORM cum SCHEDULE

NOTE:

- 1. A minimum of 5 (five) Sections are compulsory including Section 1 Part A.
2. The insured premises should not be of kutcha construction.
3. In respect of Sections 1,2,3,4,5,6 & 7 the insurance is on Reinstatement Value basis and Sum Insured should represent value of new property including freight, duties, etc. and cost of erection as applicable. This does not apply to Part A Item 4 of Section 1 & 2 where insurance is on Market Value Basis.
4. In case space is insufficient for describing the items under any Section, please use additional sheets for giving full details

PROPOSER'S DETAILS:

1. Name of the Proposer: [ ] Mr. [ ] Mrs. [ ] Dr. [ ] Prof. [ ] Ms
2. Sex: [ ] Male [ ] Female 3. Marital Status: [ ] Married [ ] Single
4. Annual Family Income \_\_\_\_\_ 5. Are both spouses working [ ] Yes [ ] No
6. Address for Correspondance \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_
State: \_\_\_\_\_ Pin Code \_\_\_\_\_
Tel: (O) \_\_\_\_\_ (R): \_\_\_\_\_ Mobile: \_\_\_\_\_
E-mail : \_\_\_\_\_

7. Address of Premises to be Insured \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_
State: \_\_\_\_\_ Pin Code \_\_\_\_\_

- 8. Occupation Details
9. Name of Financial Institution and Address (if their interest is involved)

DETAILS OF THE HOME TO BE INSURED

10. Year of Construction [ ][ ][ ] 11. Type of Building: [ ] Flat [ ] Independent House
12. Number of Rooms in Home [ ][ ] 13. Built up area of Home (sq. ft.) [ ][ ][ ]
14. Carpet Area of Home (sq. ft.) [ ][ ][ ] 15. Distance of nearest Police Station (Kms) [ ][ ]
16. Security Arrangement : [ ] Exclusive Security Guard [ ] Common Watchman [ ] Alarm System [ ] None
17. Total number of persons staying in Home (You, Family, Domestic employees) [ ][ ]
18. On which floor (s) is your Home situated [ ][ ]
19. Period of Insurance From.....am/pm To.....

SECTION 1 FIRE AND ALLIED PERILS

Table with 3 columns: Part A, CONTENTS, Sum Insured. Rows include General Items, Jewellery and Valuables, Personal Effects of domestic employees, Business goods, Money, and Curios and works of art.

	f) Personal Effects of guest (upto Rs.10,000/-)	Rs.....
	g) Manuscript, plans, drawings etc. (upto Rs.10,000/-)	Rs.....
	h) Any Other Item <u>Description</u> <u>Value</u>	
	i.) .	
	ii.) .	
	iii.) .	
	_____	Rs.....
	<b>TOTAL</b>	Rs.....

NOTE: General Items represent the value of furniture, fixture, fittings, tenant's decorations, clothings, linen, television, video, electronic equipment (if not covered in Section 5 & 6), domestic appliance, household goods and personal effects, toys, books, luggage items, telephone, gas etc. If any single item/piece is more than 10% of Sum Insured on General Item, it should be covered under Any Other Item (Item 2 h) by specifically declaring it.

<b>Part B</b>	<b>BUILDING</b> Including outbuildings, boundary walls, gates/fences, inbuilt fixtures and fittings, swimming pools, garages, terrace, hard court, plinths and foundations	Rs.....
	<b>OPTIONAL EXTENSIONS</b>	
Item 1	Escalation Clause (Specify the % increase) Building <input type="text"/> Contents <input type="text"/>	Rs.....
Item 2	Debris Removal [Limit: 10% of total S.I. under Section 1]	Rs.....
Item 3	Professional Fees [Limit: 7.275% of total S.I. under Section 1]	Rs.....
Item 4	Additional Rent/Loss of Rent	
	a) Loss of Rent	Rs.....
	b) Additional Rent	Rs.....
	Note: Indemnity Period for this Section is 12 months and Sum Insured should be arrived at by multiplying the monthly rent by this Indemnity Period.	
	<b>TOTAL</b>	Rs.....

<b>SECTION 2 BURGLARY AND HOUSEBREAKING</b>		
Item 1	General Items	Rs.....
Item 2	Specifically Declared Items	
	a. Jewellery and Valuables (Please attach a separate list of value and description)	Rs.....
	b. Personal Effects of domestic employees (upto Rs.5,000/-)	Rs.....
	c. Business goods (upto Rs.25,000/-)	Rs.....
	d. Money (upto Rs10,000/-)	Rs.....
	e. Curios and work of art (upto Rs.10,000/-)	Rs.....
	f. Personal Effects of guests (upto Rs.10,000/-)	Rs.....
	g. Manuscript, plans, drawings etc. (upto Rs.10,000/-)	Rs.....
	h. Any Other Item <u>Description</u> <u>Value</u>	
	i) .	
	ii) .	
	iii) .	
	_____	Rs.....
	<b>TOTAL</b>	Rs.....

NOTE: Please see Note under Section 1 above, which is applicable for Section 2 also.

<b>Part B</b>	<b>BUILDING</b> Including outbuildings, boundary walls, gates/fences, inbuilt fixtures and fittings, swimming pools, garages, terrace, hard court, plinths and foundations	Rs.....
	<b>OPTIONAL EXTENSION</b>	
Item 1	Escalation Clause (Specify the % increase) Building <input type="text"/> Contents <input type="text"/>	Rs.....
Item 2	Pet Insurance [Limit:Rs.10,000/-]	Rs.....
Item 3	Trees and Plants[Limit: Rs.20,000/-]	Rs.....
Item 4	Money [Limit: Rs.10,000/-]	Rs.....

Item 5	Documents and Cards [Limit: Rs.20,000/-] Credit Card Number Name of the Issuance Company	Rs.....
TOTAL		Rs.....

SECTION 3		ALL RISK	
	Property Insured		Sum Insured
Item 1	Jewellery (Please attach separate list for each item along with description and value)		Rs.....
Item 2	Other Valuable Effects (watches, clock, furs etc.) <u>Description (Make/Model)</u> <u>Value</u>		
	a) _____		Rs.....
	b) _____		
Item 3	Photographic Equipments and their accessories <u>Description (Make/Model)</u> <u>Value</u>		Rs.....
	a) _____		
	b) _____		Rs.....
Item 4	Musical Instruments and their accessories <u>Description (Make/Model)</u> <u>Value</u>		Rs.....
	a) _____		
	b) _____		Rs.....
Item 5	Sports equipments and their accessories. <u>Description (Make/Model)</u> <u>Value</u>		Rs.....
	a) _____		Rs.....
	b) _____		Rs.....
TOTAL			Rs.....

SECTION 4		FIXED GLASS AND SANITARY FITTINGS	
			Sum Insured
Item 1	Plate Glass - details with dimensions and description of tinted, embossed ornamental or painted items		
	S.No.      Description      Dimensions		
	i) _____		Rs.....
	ii) _____		Rs.....
	iii) _____		Rs.....
	iv) _____		Rs.....
Item 2	Sanitary Fittings - details of items covered		Rs.....
TOTAL			Rs.....

SECTION 5		ELECTRONIC EQUIPMENT		
	S.No.	Description of Item	Year of manufacture	Sum Insured
Item 1	i)			Rs.....
	ii)			Rs.....
	iii)			Rs.....
	iv)			Rs.....
Item 2	Value of Data Carrying Material			Rs.....
TOTAL				Rs.....

Please state whether the Electronic Equipment is maintained under an approved Maintenance Agreement with manufacturer or other concerns approved by manufacturer if the value is more than Rs.1 lac.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>SECTION 6 HOME ENTERTAINMENT EQUIPMENT, PORTABLE COMPUTER ETC. &amp; PEDAL CYCLE</b>				
<b>Part A</b>	HOME ENTERTAINMENT EQUIPMENT (T.V., VIDEO, ETC.)			
	S.No.	Description of item	Year of Manufacture	Sum Insured
	i)			Rs.....
	ii)			Rs.....
	iii)			Rs.....
	iv)			Rs.....
	TOTAL			Rs.....
<b>Part B</b>	PORTABLE COMPUTER, MOBILE PHONES, ELECTRONIC DIARY			
	S.No.	Description of item	Year of Manufacture	Sum Insured
Item 1	i)			Rs.....
	ii)			Rs.....
	iii)			Rs.....
	iv)			Rs.....
Item 2	Value of Data Carrying Material			Rs.....
	TOTAL			Rs.....
Please state whether the Portable Computer is maintained under an approved Maintenance Agreement with manufacturer or other concerns approved by manufacturer if the value is more than Rs.1 lac.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Part C</b>	PEDAL CYCLE			
	S.No.	Make/Model	Frame No.	Year of Manufacture
Item 1	1.			Rs.....
	2.			Rs.....
	TOTAL			Rs.....

<b>SECTION 7 BREAKDOWN OF DOMESTIC APPLIANCES</b>				
	S.No.	Description of item	Year of Manufacture	Sum Insured
	i)			Rs.....
	ii)			Rs.....
	iii)			Rs.....
	iv)			Rs.....
	TOTAL			Rs.....
*Please note that the Appliances should not be more than 7(seven) years old				

<b>SECTION 8 PERSONAL ACCIDENT</b>							
Insured Person Name	Age	Monthly Income	Table of Cover	Nominee Assignee	Medical Extn.		Sum Insured
					Y	N	
i)					<input type="checkbox"/>	<input type="checkbox"/>	Rs.....
ii)					<input type="checkbox"/>	<input type="checkbox"/>	Rs.....
iii)					<input type="checkbox"/>	<input type="checkbox"/>	Rs.....
iv)					<input type="checkbox"/>	<input type="checkbox"/>	Rs.....
v)					<input type="checkbox"/>	<input type="checkbox"/>	Rs.....
vi)					<input type="checkbox"/>	<input type="checkbox"/>	Rs.....

**NOTE:**

1. The age limit of the Insured Persons for the purpose of this Section is 5 to 70 years.
2. Table of Cover can be chosen as either Table B (Death, Loss of Limbs and Permanent Disabilities) or Table C (Death, Loss of Limbs, Permanent and Temporary Disabilities)

<b>SECTION 9      LOAN PAYMENT PROTECTION</b>	
	Sum Insured
Loan Particulars a) Loan for Land <input type="checkbox"/> House <input type="checkbox"/> Vehicle <input type="checkbox"/> Other Consumer Durables <input type="checkbox"/> Any Other (Specify) ..... b) Name of Financial Institution c) Amount of Loan taken                      Rs..... d) Amount of Equated Month Installments      Rs..... e) Total Loan Repayment Term (in Months) <input type="text"/>	Rs.....
<b>NOTE:</b> The Sum Insured should represent the value of 12 E.M.I's or equivalent if loan repayment is other than on monthly basis.	

<b>SECTION 10      BAGGAGE</b>	
	Sum Insured
Limit of loss for any one event and all events during the Policy Period	Rs.....

<b>SECTION 11      LIABILITY INSURANCE</b>					
				Sum Insured	
<b>Part A</b>	PUBLIC LIABILITY Limit of liability for any one accident and all accidents during Policy Period.			Rs.....	
<b>Part B</b>	WORKMEN'S COMPENSATION				
	S. No.	Number of Employees	Nature of Work	Annual Earning	Sum Insured
	i)				Rs.....
	ii)				Rs.....
	iii)				Rs.....
			TOTAL		Rs.....
<b>Part C</b>	TENANT'S LEGAL LIABILITY Limit of liability for any one accident and all accidents during Policy Period			Rs.....	

<b>SECTION 12 INCREASED LIVING EXPENSES</b>	
Limit of indemnity for any one claim and all claims during Policy Period NOTE: Indemnity Period for this Section is 12 months	Sum Insured Rs.....
<b>TOTAL</b>	Rs.....

Is the risk currently insured against any of the insured perils? If so, a) The name of Insurance Company b) Policy Type c) Period	
Has any Company in respect of any insurance cover a) Declined your proposal? b) Cancelled or refused to renew your Policy? c) Accepted your Proposal on special terms and conditions?	
Have you ever claimed upon any Company for loss by any of the insured perils? If so, give details.	

I/We hereby declare that subject to any exceptions and variations disclosed in item below:

1. All reasonable steps to safeguard the property against loss or damage will be taken.
2. All the proofs, evidences and documents required in case of a claim will be provided to the Insurer.
3. I/We have disclosed all the facts which could influence the acceptance of this Proposal or the term(s) to be approved and the above facts, documents, statements shall be the basis of Contract between me/Us and IFFCO-TOKIO general Insurance Co. Ltd.

Date:.....

Place:.....

.....  
Signature of the Proposer

### PROHIBITION OF REBATES

**Section 41 of the Insurance Act 1938 provides as follows:**

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 except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in Company with the provisions of the section shall be punishable with fine which may extend to five hundred rupees.