

**Bajaj Allianz General Insurance Company Limited**

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

Regd. Office &amp; Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006

UIN: IRDAN113RP0008V01201314

## For Office Use only:

Scrutiny No	Receipt No	Policy No

## For Agent Use Only:

IMD Code	Sub IMD Code	Mobile No.

Emp/ LG Code

**BAJAJ ALLIANZ WEATHER PROTECT INSURANCE: PROPOSAL FORM**

- Please answer all questions in BLOCK letters.
- The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.
- This Proposal will be the basis of any subsequent policy that the Company issues to you. It is therefore essential that you provide all the information in this Proposal FULLY AND ACCURATELY and that you provide the Company with any and all additional information relevant to risk to be insured or its decision as to acceptance of the risk or the terms upon which it should be accepted.

**Proposer and Risk Details**

<b>1.</b>	Name of the Proposer:	
<b>2.</b>	Communication Address with Contact Number:	
<b>3.</b>	Proposer's Trade or Business:	
<b>4.</b>	Type of Activity :	<input type="checkbox"/> Agricultural <input type="checkbox"/> Non-Agricultural
<b>5.</b>	Details of Activity: (In Case of Non-Agricultural)	
<b>6.</b>	Property/Event/Crop to be Insured:	
<b>7.</b>	Details of Individual Proposer / Member Beneficiaries in case of Group Policies: (In case the space is insufficient please provide the details in a attachment which will form part of the Policy Schedule)	

Sr. No	Membership No./Loan Account No.	Name of Individual Proposer/ Member Beneficiaries	Father's Name	Village	Taluka	District	Extent Of Insured Area (In Acres /Hectare)
a)							
b)							
c)							
d)							
e)							

**8. Address and Description of land under crop cultivation / Business Activity/Location of Event:**

Sr. No	Taluka	Village	District	Pin code	State	Revenue Land Record Number Such as Khasra / Survey No./ 7/12 Extract Etc	Extent Of Insured Area	Owned/ Leased
a)								
b)								
c)								
d)								
e)								

**9. Coverage & Sum Insured Details:**

Sr. No.	Coverage/Perils Required	Sum Insured Per Unit/Per Event	Total Sum Insured
a)			
b)			
c)			

d)					
e)					
<b>10.</b>	Pls inform Name and Address of the nearest or Preferred Weather Station which shall be treated as the Reference Weather Station.				
<b>11.</b>	Period of Insurance	From	DD/MM/YYYY	To	DD/MM/YYYY
<b>12.</b>	Name of the financial institution and loan amount (in case of loan)				
<b>13.</b>					
<b>Name of Individual Proposer/ Member Beneficiaries</b>	<b>Has any insurance company declined your weather insurance proposal or refused to renew any of your weather insurance policies?</b>	<b>Reason for declining the Proposal</b>	<b>Previous Insurer and Policy number</b>	<b>Have you suffered any loss or damage due to Weather Deviations in the past?</b>	<b>If yes, please provide the claims history for the preceding three years mentioning details of Policy, Nature of Loss and Amount of Loss.</b>
<b>14.</b>	Any additional information relevant to the policy				

**Declaration:**

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to have an insurance policy as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

Date:

Place:

Signature of the Proposer

**\* Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.**

Date:

Place:

Signature (on behalf of the Proposer)

Name:

\* This is required only where, for any reason, the proposal and other connected papers are not filled by the Proposer.

**INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates**

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKH RUPEES.