

9. Please mention the total number of persons to be covered initially: _____
10. Please mention the expected no of persons to be covered during the policy period? _____
11. Cover required in Switch Mode during Cover Period? Yes No
12. Please specify, percentage of group members proposed to be insured under the Policy, with age above 60
- a) Up to 10%
- b) 11% to 25%
- c) Greater than 25%
13. Please specify, percentage of group members proposed to be insured under the Policy, having antivirus enabled devices:
- a) Up to 30%
- b) 31% to 70%
- c) Greater than 70%
14. Please specify, percentage of group members proposed to be insured under the Policy, using multi-factor authentication:
- a) Up to 30%
- b) 31% to 70%
- c) Greater than 70%
15. Please specify frequency of use of Public Wi-Fi by members of the group, proposed to be insured under the Policy.
- a) Less than 5%
- b) 5% to 15%
- c) Greater than 15%
16. Please specify percentage of group members using only devices owned by self or family members for doing financial transactions.
- a) Up to 50%
- b) 51% to 75%
- c) Greater than 75%
17. Please specify average time spent on the internet by members of the group proposed to be insured under the Policy.
- a) Less than 1 hour
- b) 1-2 hours
- c) 2-4 hours
- d) 4-6 hours
- e) Above 6 hours
18. Please provide below details for each Insured Beneficiary to be covered under the policy. (Please attach extra sheet for details of multiple Insured Beneficiaries)

Sr.No	Insured Beneficiary Name	Contact Details	Unique Id. (PAN/AADHAR/CUST ID./Loan Account No. etc.)	Cover Opted	Cover Period*	Extension Opted

Note: * Please specify Switch Period under Cover Period if cover opted in Switch Mode.

- The duration of the Switch Period can be 1/5th or 1/3rd or 1/2 of the total Cover Period.
- If cover is opted under both Part (I) and (II) of "SCOPE OF COVER", identical Cover Period to be offered for both covers
- Please specify Sum Insured under extension (wherever applicable)
- Please attach a separate sheet to provide all requisite information

19. Additional Information _____

20. Has any company/Insurer in respect of Insurance

Declined your Proposal?

Yes No

Cancelled or refused to renew your policy?

Yes No

Accepted your proposal on special terms and conditions?

Yes No

21. Past Claim Experience (please specify no of claims and aggregate claim amount) _____

Declaration

I/We hereby declare on behalf of proposer and on behalf of all persons proposed to be insured that the above statements, declaration, warranties and or particulars given by me are true and complete in all respects to the best of my knowledge and belief. I/We am/are authorized to propose on behalf of these other persons. I understand that the information provided by me will form the basis for of the insurance policy and is subject to the Board approved underwriting policy of the Company. I/we have understood that the statements and particulars given in this proposal form and this declaration shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Bajaj Allianz General Insurance Company Ltd [Company] and the Insured Beneficiary/Group Member and that, if it is found that any of the statements or particulars in this proposal form or other documents are incorrect, untrue, suppressed any information or provided misleading/false information in any respect on any material/ immaterial facts/particulars, to the grant of a cover or otherwise, the Company shall have no liability under the insurance contract or the policy document thereunder, apart from Company's right to cancel my/our policy and the premium paid by me/us shall be forfeited by the Company. I/we also do hereby agree and undertake to immediately inform the Company any changes in this proposal form/documents/ risk proposed for insurance after the submission of this proposal form. I/we do hereby agree to accept the Standard Terms and Conditions and form of the policy issued by Company in such cases. I/We hereby authorize company that all Standard Terms & Conditions of policy can be displayed in the website of company that enables access by me/us if I/We want to know the terms and conditions of policy displayed on website.

This proposal form is also deemed to be proposal form for renewal of cover, from time to time. I/we also agree that the contract of Insurance will be effective only upon Company conveying its acceptance of this proposal, and Company actually receiving or realising [in case of payment by cheque/DD/PO] of prescribed full premium amount, failing which Company's risk is void ab initio.

The salient features of the policy, terms and conditions of this proposal have been explained to me/us in vernacular language, and I/We agree to the same. (Please tick in case same is agreed).

Date:

Signature of the Proposer

Place:

**** 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.

Name of the Intermediary/Officer of the Company:

Code Number/Employee Number:

Place and Date:

Signature of Intermediary/Officer of the Company

****This is required only where, for any reason, the Proposal Form and other connected papers are not filled by the Prospect/Proposer.

INSURANCE ACT 1938 SECTION 41- Prohibition or Rebates

No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or 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 rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to ten lakh rupees.
