

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113 Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006 UIN: IRDAN113RP0004V01202324

| For | Office | Use on | lγ: |
|-----|--------|--------|-----|
|     |        |        |     |

| Scrutiny<br>No | Receipt<br>No | Policy<br>Issuing<br>Office | Policy No |
|----------------|---------------|-----------------------------|-----------|
|                |               |                             |           |

| For . | Agent | Use | Only | : |
|-------|-------|-----|------|---|
|-------|-------|-----|------|---|

|          | - · · · · · ·   |               |              |
|----------|-----------------|---------------|--------------|
| IMD Code | Sub IMD<br>Code | Mobile<br>No. | Emp/ LG Code |
|          |                 |               |              |

# **FLEXI HOME SHIELD**

## PROPOSAL FORM

### **Important Instructions**

- 1. This proposal is for covering Home Building and/or Home Contents against group of perils as opted.
- 2. Read the Prospectus/Key Features Document/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
- 3. The property proposed for insurance is not covered until the proposal is accepted and premium paid.
- 4. This proposal for insurance will be the basis of any subsequent insurance policy that Bajaj Allianz General Insurance Company Ltd ["Company"] issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us. The Liability of the Company does not commence until this Proposal has been accepted by the Company and premium has been paid.

| Policy Issuing Office Address & Code    |  |
|---|--|
| Intermediary/Agent Name & Code (if any) |  |

# I. APPLICABLE WHERE COVER IS OPTED ON INDIVIDUAL BASIS

# **Proposer Details** I.A. Details about Proposer and Policy Period Name of Insured 1. Address of Proposer 2. 3. Mobile No. 4. **Email** PAN / TAN / GST / AADHAR Number 5. Contact person details, if not an individual 6. a. Name b. Designation Policy to be issued in favour of (list out all the parties 7. who have insurable interest) including the financial institutions Policy Period From To 8. (No of Years in case of long term policy: \_\_\_ Note: For Long term policy, Period shall not exceed 30 years for individual units.

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|         | Nomination:  | Nominee Name:   |
|---------|--|---|
| 9.      |  | Relationship with the insured:  |
| 10.     | Details of other active Policies of Bajaj Allianz<br>General Insurance (if any)  |   |
| 11.     | Are You Co-Operative Housing Society (CHSL)  | Yes / No  |
| 12.     | Is there any Commercial Space such as Shop, Club House, Restaurant, Café, Food Joints, Clinic, Hospital, School, Mall, Gymnasium, Common Spaces and Offices in Co-Operative Housing Society (CHSL), If Yes please provide details: | Yes   |
| I.B. Co | overs and Insured Events Opted   |   |
| 13.     | Cover/s required:  a. When Home Building and General Contents are  | Cover Option Cover Applicability Opted  |
|         | 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 [Rupees Ten Lakh] is automatically provided).                              | Home Building & General Contents  Home Building Only  Flat/ Apartment / Individual House  |
|         | b. Common Content can only be opted along with Home Building cover for Co-Operative Housing Society (CHSL).  | General Contents Only Home Building Only Common Contents  Co-Operative Housing Society (CHSL)   |
| 14.     | Choose from the listed Group of Insured Events   | Group 1 : Yes No Sub Limit%   |
|         |  | Group 2 : Yes ☐ No ☐ Sub Limit%         Group 3 : Yes ☐ No ☐ Sub Limit%         Group 4 : Yes ☐ No ☐ Sub Limit%         Group 5 : Yes ☐ No ☐ Sub Limit% |
| 15.     | Please mention % of waiver for Underinsurance to be opted  | %   |
| 16.     | Do you want to opt for Franchise?  | Yes / No /  |
|         | If yes, Please mention % of Sum Insured to be opted as Franchise limit   | %   |
| 17.     | Others ( please specify)   |   |

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| 18.   | Is there any policy in place for the same property?   | Yes/No   |   |  |  |
|-------|---|--|---|--|--|
| 19.   | If Yes, please provide the details  |  |   |  |  |
| 10.14 | ocation of Home Building  |  |   |  |  |
| 20.   | Location of Home Building - full postal address with  |  |   |  |  |
|       | Pin Code.   |  |   |  |  |
|       |   | Pin Code:  |   |  |  |
|       |   |  |   |  |  |
|       |   |  |   |  |  |
| 21.   | Is it in a multi-storey building or is it a standalone house?   |  |   |  |  |
| 22.   | In case of multi-storey building, please provide the floor number of Your house   |  |   |  |  |
| 23.   | Is there a basement to Your house?  |  |   |  |  |
|       |   |  |   |  |  |
|       | etails of Home Building   |  |   |  |  |
| 24.   | Please note:  | wit bering on england o                                    | twentime and a warf basement (if any)                                       |  |  |
|       | Home Building is a building consisting of a residential u<br>and fixtures and fittings permanently attached to the flo<br>other permanent fittings etc.               | or, walls or roof, like fixed                              | d sanitary fittings, electrical wiring and                                  |  |  |
|       | In case of Co-Operative Housing Society (CHSL), con<br>Shop, Club House, Restaurant, Café, Food Joints, Cli<br>and Offices will also be covered with Home Building in | nic, Hospital, School, Mal                                 | vithin society premises, such as<br>II, Gymnasium, Common Spaces            |  |  |
|       | It also includes 'additional structures' if they are on the   | same site, are used as pa                                  | art of Your Home Building:  |  |  |
|       | a. garage, domestic out-houses used for   | residence, parking spaces                                  | s or areas, if any;   |  |  |
|       | b. compound walls, fences, gates, retainii  | ng walls, internal roads;                                  |   |  |  |
|       | c. verandah or porch and the like;  |  |   |  |  |
|       | <ul> <li>d. Septic tanks, bio-gas plants, fixed wa<br/>conditioning systems, central heating s<br/>any other structure.</li> </ul>                                    | ter storage units or tanks<br>systems and the like, if not | s, solar panels, wind turbines and air tincluded in General Contents Cover, |  |  |
| 25.   | Age of Home Building  | Less than 5 years  |   |  |  |
|       |   | 5-10 years   |   |  |  |
|       |   | 10-20 years  |   |  |  |
|       |   | Above 20 years   |   |  |  |
|       |   |  |   |  |  |
| 26.   | Construction Details  |  | Construction*   |  |  |
|       | Please note the following:  | Walls  | Construction*  Kutcha / Pucca   |  |  |
|       | (5.11.1)  | Floor  | Kutcha / Pucca  |  |  |
|       | (Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any   | Roof   | Kutcha / Pucca  |  |  |
|       | kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin   |  |   |  |  |
|       | and the like are treated as Kutcha Construction.<br>Construction other than Kutcha Construction is a<br>'Pucca Construction')   | (*strike out what is not applicable)                       |   |  |  |

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|         | UIN: IRDAN113RP0004V01202324                                     |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|
| 27.     | Indicate whether AMC( Annual Maintenance contract)               | Yes /No /  |  |  |  |  |  |  |
|         | is in force :  | If Yes please specify for below:                           |  |  |  |  |  |  |
|         |  | Fire Safety Equipment                                      |  |  |  |  |  |  |
|         |  | Other Equipment and Machinery                              |  |  |  |  |  |  |
| 28.     | Distance between the risk to be covered and nearest Fire Brigade |  |  |  |  |  |  |  |
| I.E. De | etails of Contents   |  |  |  |  |  |  |  |
| 29.     | a. General Contents  |  |  |  |  |  |  |  |
|         | i Congral Contants refer to articles or things in Vo             | our Home that are not normanantly attached or fixed to the |  |  |  |  |  |  |

- i. General Contents refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home.
- ii. General Contents are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
- iii. If You have opted for Home Building and General Contents cover, the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakhs (Rupees Ten Lakh) are automatically covered.

## **b. Common Contents**

- i. General Contents refer to contents owned by the Co-Operative Housing Society (CHSL) stored, installed or lying within the common premises of the Co-Operative Housing Society (CHSL) and are of non-commercial use.
- ii. Common Contents are contents usual in common spaces of Co-Operative Housing Society (CHSL) open for common use i.e., furniture and fittings, television sets, solar panels, telephones, electronic items, antennas, water storage equipment, air conditioners, solar panels, wind turbines, central heating systems, gensets, lifts and other similar items.
- iii. Cover for Common Contents can be opted only when cover for Home Building Cover is opted.

## I.F. Sum Insured

Indicate Sum Insured on the following basis:

| Name of                | Basis of Sum Insured  |
|------------------------|---|
| Cover                  |   |
| Home Building<br>Cover | <ul> <li>a. For Home Building other than Co-Operative Housing Society (CHSL) <ul> <li>Reinstatement Value</li> <li>Market Value</li> <li>Agreed Value (Not applicable to Independent Buildings under sole ownership. Applicable only for Apartments in Multi Ownership Building)</li> </ul> </li> <li>b. For Home Building – Co-Operative Housing Society Limited (CHSL) <ul> <li>Reinstatement Value</li> <li>Market Value</li> </ul> </li> <li>c. Restoration of Sum Insured: The insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured (unless restoration of Sum Insured is not specifically restricted by us). This means that after We have paid for any loss, the Policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate Premium for the unexpired Policy Period from the date of loss. We can also deduct this Premium from the net claim that We must pay You.</li> </ul> |

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|          | Notwithstanding the above, the Sum Insured shall stand reduced by the amount of loss in case You,   |
|----------|---|
|          | immediately on occurrence of the loss, exercise Your option not to restore the Sum Insured.   |
| General  | General Contents other than Co-Operative Housing Society Limited (CHSL)   |
| Contents | a. Basis of Sum Insured   |
| Cover    | -Reinstatement Value  |
| Covei    | -Market Value   |
|          | <ul> <li>b. The Sum Insured for the General Contents Cover is shown in the Policy Schedule and will be the maximum amount payable in the event the General Contents are destroyed/lost completely.</li> <li>c. The Policy/Group Policy has a built-in cover for the General Contents equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh (Rupees Ten Lakh) provided You have opted for both Home Building and General Contents cover. If You choose to have a higher Sum Insured for General Contents, You have to declare the Sum Insured in the Proposal Form and pay additional Premium.</li> <li>d. If You have purchased only General Contents Cover, You have to declare the Sum Insured for the General Contents in the Proposal Form.</li> <li>e. The Sum Insured You have chosen for General Contents must be enough to cover the cost of Replacement of the General Contents.</li> <li>f. If You want to cover the Valuable Contents in Your Home Building, You must separately opt for the Optional Cover.</li> <li>g. Restoration of Sum Insured: The insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the Policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate Premium for the unexpired Policy Period from the date of loss. We can also deduct this Premium from the net claim that We must pay You.</li> <li>Notwithstanding the above, the Sum Insured shall stand reduced by the amount of loss in case You, immediately on occurrence of the loss, exercise Your option not to restore the Sum Insured.</li> </ul> |
| Common   | Common Contents – Co-Operative Housing Society Limited (CHSL)   |
| Contents | a. Basis of Sum Insured   |
|          | -Reinstatement Value  |
|          | -Market Value   |
|          | b. The Sum Insured for the Common Contents Cover is shown in the Policy Schedule and will be the maximum amount payable in the event the Common Contents are destroyed/lost completely.   |
|          | c. The Sum Insured You have chosen for Common Contents must be enough to cover the cost of Replacement of the Common Contents.  |
|          | d. Restoration of Sum Insured: The insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the Policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate Premium for the unexpired Policy Period from the date of loss. We can also deduct this Premium from the net claim that We must pay You. Notwithstanding the above, the Sum Insured shall stand reduced by the amount of loss in case You, immediately on occurrence of the loss, exercise Your option not to restore the Sum Insured.  |

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| 30. | Sum Insured Details – Co-Operative Housing Society Limited (CHSL) |             |  |                      |                                    |             |                          |                    |                                      |  |
|-----|---|-------------|--|----------------------|------------------------------------|-------------|--------------------------|--------------------|--------------------------------------|--|
|     | Building -<br>Basis of Sum<br>Insured                             |             | Resident   | ial Structure<br>(I) | (11)                               |             |                          |                    | Total<br>(I+II)                      |  |
|     |   | Descrip     | tion   | Sum Insured (in ₹)   |                                    | Description |                          | Sum Insured (in ₹) |                                      |  |
|     | Reinstatement<br>Value  |             |  |                      |                                    |             |                          |                    |                                      |  |
|     | Market Value  |             |  |                      |                                    |             |                          |                    |                                      |  |
|     | Agreed Value  |             |  |                      |                                    |             |                          |                    |                                      |  |
|     | * General<br>Contents -<br>Basis of Sum<br>Insured                | and Fitting | Furniture, Fixtures<br>and Fittings (Home<br>Furnishings)<br>(I) |                      | Electrical /<br>Electronic<br>(II) |             | Other Items<br>(III)     |                    | Contents kept in<br>Basement<br>(IV) |  |
|     |   | Description | Sum<br>Insured<br>(in ₹)   | Description          | Sum<br>Insured<br>(in ₹)           | Description | Sum<br>Insured<br>(in ₹) | Description        | Sum<br>Insured<br>(in ₹)             |  |
|     | Reinstatement<br>Value  |             |  |                      |                                    |             |                          |                    |                                      |  |
|     | Market Value  |             |  |                      |                                    |             |                          |                    |                                      |  |

If You want to opt for a cover for General Contents for Sum Insured of Your choice other than as mentioned in I.E (29) (a) (iii) above

If You have opted for General Contents Only cover, Please provide item wise Sum Insured in the table above

| Sum Insured Details – Co-Operative Housing Society Limited (CHSL) |   |                          |                                    |                          |                            |                          |                                      |                          |                            |  |  |  |  |
|---|---|--------------------------|------------------------------------|--------------------------|----------------------------|--------------------------|--------------------------------------|--------------------------|----------------------------|--|--|--|--|
| Building –<br>Basis of Sum<br>Insured                             | Residential Structure (I)                                 |                          | Commercial Spaces (II)             |                          | Additional Structure (III) |                          |                                      |                          | Total<br>(I+II+III)        |  |  |  |  |
|   | Description   | Sum<br>Insured<br>(in ₹) | Description                        | Sum<br>Insured<br>(in ₹) | Description                |                          | Description Sum Insured (in ₹)       |                          |                            |  |  |  |  |
| Reinstatement<br>Value  |   |                          |                                    |                          |                            |                          |                                      |                          |                            |  |  |  |  |
| Market Value  |   |                          |                                    |                          |                            |                          |                                      |                          |                            |  |  |  |  |
| Common<br>Contents -<br>Basis of Sum<br>Insured                   | Furniture, Fixtures<br>and Fittings (Home<br>Furnishings) |                          | Electrical /<br>Electronic<br>(II) |                          | Other Items<br>(III)       |                          | Contents kept in<br>Basement<br>(IV) |                          | Total<br>(I+II+<br>III+IV) |  |  |  |  |
|   | Description   | Sum<br>Insured<br>(in ₹) | Description                        | Sum<br>Insured<br>(in ₹) | Description                | Sum<br>Insured<br>(in ₹) | Description                          | Sum<br>Insured<br>(in ₹) |                            |  |  |  |  |
| Reinstatement<br>Value  |   |                          |                                    |                          |                            |                          |                                      |                          |                            |  |  |  |  |
| Market Value  |   |                          |                                    |                          |                            |                          |                                      |                          |                            |  |  |  |  |

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# I.G. Optional Cover

| S.No. | Optional Covers  | Details  |
|-------|--|--|
| I.G.1 | Cover for Valuable Contents on Agreed Value Basis  | Yes No No  |
|       | Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios, utensils of precious metals and items of similar nature.  | Sum Insured  |
|       | For Valuable Contents, a value may be agreed upon by You and Us based on a valuation certificate submitted by You and accepted by Us. However, We shall waive the requirement of valuation certificate if the Sum Insured opted for is up to ₹ 5 Lakh (Rupees Five Lakh) and Individual item value does not exceed ₹ 1 Lakh (Rupees One Lakh) unless specifically revised and specified in Policy Schedule/Certificate of Insurance. | Valuation Certificate attached – Yes / No  |
| I.G.2 | Personal Accident Cover  | Yes No No  |
|       |  | Sum Insured  |
|       |  | Name and age of your Spouse  |
|       |  | Your Age   |
|       |  | Nominee Name and Relation  |
|       |  |  |
| I.G.3 | Accidental Damage  | Your Home Building   |
|       |  | General Contents   |
|       |  | *Valuable Contents   |
|       |  | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate  |
|       |  | Usually is there movement of Contents within the premises on regular basis –   |
|       |  | ☐ Yes ☐ No   |
| I.G.4 | Electrical/ Electronic Appliances Clause (Applicable only for Group 1)   | ☐ Yes ☐ No   |
|       |  | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate  |
|       |  | Is there a valid Annual Maintenance Contract (AMC) in place for items proposed to be covered under this Add-On – Yes/ No |
| I.G.5 | EMI Protection Cover   | Yes No No  |
| I.G.6 | Snow Damage Cover  | Your Home Building   |

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|                       |  | *General Contents   |
|-----------------------|--|---|
|                       |  | i) Roof Type Slanting   |
|                       |  | Non Slanting  |
|                       |  | ii) Drainage system of Roof  Yes  |
|                       |  | □ No  |
|                       |  | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate     |
| I.G.7 Waiver of Imp   | rovement/ Involuntary Betterment   | ☐Yes ☐ No   |
| I.G.8 Deliberate Da   | mage Cover   | Yes No No   |
| I.G.9 Incidental Cos  | ets  | Yes No No   |
|                       |  | % of Claim amount   |
| I.G.10 Immediate Re   | pairs  | Yes No No   |
|                       |  | % of each and every loss.   |
| I.G.11 Growing Plant  | s, Crops and Trees, Landscaping  | Yes No No   |
|                       |  | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate     |
| I.G.12 Escalation Cla | use  | Yes No No   |
| Owned by Ins          | ge due to Vehicle, Animal or Aircraft Belonging to or<br>ured or their Employee while acting in Course Of<br>Can be opted only where Group 1 is opted) | Yes No No   |
| I.G.14 Protection and | d Preservation of Property   | Yes No No   |
|                       |  | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate     |
| I.G.15 Dewatering Ex  | rpenses  | ☐Yes ☐ No   |
|                       |  | If yes,% of each and every loss not exceeding Amount (₹): in the aggregate. |
| I.G.16 Adequacy of S  | Sum Insured  | Yes No  |
|                       |  | Amount (₹):   |

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| I.G.17 | Cover for (Please Tick)                                    | Loss of Rent:  |  |  |  |
|--------|--|--|--|--|--|
|        | Loss of Rent  Rent for Alternative                         | I. Sum Insured: Amount (₹):<br>II. Number of Months:   |  |  |  |
|        | Accommodation  | Rent for Alternative Accommodation:  |  |  |  |
|        |  | I. Sum Insured : Amount (₹):<br>II. Number of Months   |  |  |  |
| I.G.18 | Additions, Alterations Or Extensions                       | Yes No No  |  |  |  |
|        |  | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate  |  |  |  |
| I.G.19 | Cover For Specific Contents                                | Money: Amount (₹):   |  |  |  |
|        |  | Deeds, manuscripts and business books, plans, drawings, securities, obligations or documents of any kind : Amount (₹): |  |  |  |
|        |  | Computer programmes, information and data : Amount (₹):  |  |  |  |
|        |  | Employees', Directors', visitors' personal effects of every description: Amount (₹)                                    |  |  |  |
| I.G.20 | Costs For Removal Of Debris (Excluding External Debris)    | Yes No   |  |  |  |
|        |  | If yes ,% of loss and not exceeding Amount (₹): in the aggregate   |  |  |  |
| I.G.21 | Costs For Removal Of Foreign/External Debris               | Yes No No  |  |  |  |
|        |  | If yes ,% of loss and not exceeding Amount (₹): in the aggregate   |  |  |  |
| I.G.22 | Costs Compelled By Municipal Regulations / Local Authority | Yes No C   |  |  |  |
|        | Clause   | If yes ,% of loss and not exceeding Amount (₹): in the aggregate   |  |  |  |
| I.G.23 | Expediting Costs And Expenses For Loss Minimization        | Yes No   |  |  |  |
|        |  | If yes ,% of loss and not exceeding Amount (₹): in the aggregate   |  |  |  |
| I.G.24 | Pair And Set/Consequential Reduction In Value              | Yes No C   |  |  |  |
| I.G.25 | Fire Extinguishing / Fighting Expenses                     | Yes No No  |  |  |  |

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|        |   | Amount (₹): in the aggregate  |
|--------|---|---|
| I.G.26 | Waiver of Subrogation   | Yes No  |
| I.G.27 | Seventy-Two Hours Clause(Only applicable for Group 2 and/or Group 3 of Clause B Optional Insured Events is Opted) | Yes □ No □  |
| I.G.28 | Broad Water Damage Clause:  | Yes No No   |
| I.G.29 | Damage to Building (Occasioned by Theft)  | Yes I No I  |
|        |   | Amount (₹): in the aggregate of Sum Insured.                            |
| I.G.30 | Mould & Fungi Endorsement   | Yes No No   |
|        |   | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate |
|        |   | Deductibles:%   |
| I.G.31 | Sprinkler Up-Gradation Cost   | Yes □ No □  |
|        |   | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate |
| I.G.32 | Undamaged Foundations   | Yes □ No □  |
|        |   | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate |
| I.G.33 | Destruction of Sound Property   | Yes No No   |
|        |   | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate |
| I.G.34 | Leakage of Firefighting Equipment   | Yes □ No □  |
|        |   | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate |
| I.G.35 | Removal of Debris Costs – Tenants Contents  | If yes ,% of loss and not exceeding Amount (₹): in the aggregate        |
| I.G.36 | Professional Fees   | Yes □ No □  |
|        |   | If yes ,% of loss and not exceeding Amount (₹): in the aggregate        |
| I.G.37 | Property under Care Custody and Control   | Yes □ No □  |

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# Bajaj Allianz General Insurance Company Limited Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

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UIN: IRDAN113RP0004V01202324

| I.G.38 Voluntary Deductible Clause  Yes No If yes, _% of Sum insured and not exceeding Amount (₹): _ in the aggregate  I.G.39 Tenants Liability  Yes No Dog/Cat/Any Other  If any other, Please specify type of animal   |        |   |              |               |   |
|--|--------|---|--------------|---------------|---|
| exceeding Amount (₹): in the aggregate   | I.G.38 | Voluntary Deductible Clause                     |              |               | Yes No No                                   |
| Sum Insured  I.G.40 Pet Insurance Yes □ No □ Dog/Cat/Any Other  If any other, Please specify type of animal Breed Unique Identification mark  Unique Identification mark  Persons to be covered Sum Insured  I.G.42 Keys & Locks Replacement Cover Yes □ No □  If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate  I.G.43 Emergency Assistance Services (Cannot be opted by CHSL)  Emergency Assistance Services includes labor cost incurred towards the listed Emergency Assistance Services as per plan opted  Description Plan 1 Plan 2 Electrician Services (A) Yes Yes Plumbing Services (B) Yes Yes Carpentry Services (C) Yes Yes                             |        |   |              |               |   |
| I.G.40 Pet Insurance  Yes □ No □ Dog/Cat/Any Other  If any other, Please specify type of animal Breed Unique Identification mark Unique Identification mark  I.G.41 Accidental Hospitalisation Cover  Yes □ No □ Persons to be covered Sum Insured  If yes , _% of Sum insured and not exceeding Amount (₹): _ in the aggregate  I.G.43 Emergency Assistance Services (Cannot be opted by CHSL) Emergency Assistance Services includes labor cost incurred towards the listed Emergency Assistance Services as per plan opted  Description Plan 1 Plan 2 Electrician Services (A) Yes Yes Plumbing Services (B) Yes Yes Carpentry Services (C) Yes Yes                                     | I.G.39 | Tenants Liability                               |              |               | Yes No C                                    |
| Dog/Cat/Any Other  If any other, Please specify type of animal  Breed  Unique Identification mark  Unique Identification mark  Persons to be covered  Sum Insured  I.G.42 Keys & Locks Replacement Cover  If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate  I.G.43 Emergency Assistance Services (Cannot be opted by CHSL)  Emergency Assistance Services includes labor cost incurred towards the listed Emergency Assistance Services as per plan opted  Description Plan 1 Plan 2  Electrician Services (A) Yes Yes Plumbing Services (B) Yes Yes Carpentry Services (C)  Poscription Plan 1 Plan 2  Electrician Services (B) Yes Yes Yes Carpentry Services (C) |        |   |              |               | Sum Insured                                 |
| If any other, Please specify type of animal  Breed Unique Identification mark  Persons to be covered Sum Insured  I.G.42 Keys & Locks Replacement Cover  Yes No □  Persons to be covered Sum Insured  If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate    I.G.43 Emergency Assistance Services includes labor cost incurred towards the listed Emergency Assistance Services as per plan opted    Description   Plan 1   Plan 2   | I.G.40 | Pet Insurance                                   |              |               | Yes No C                                    |
| Breed Unique Identification mark   |        |   |              |               | Dog/Cat/Any Other                           |
| Unique Identification mark  I.G.41 Accidental Hospitalisation Cover  Yes □ No □  Persons to be covered  Sum Insured  Sum Insured  If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate  I.G.43 Emergency Assistance Services (Cannot be opted by CHSL)  Emergency Assistance Services includes labor cost incurred towards the listed Emergency Assistance Services as per plan opted  Description Plan 1 Plan 2  Electrician Services (A) Yes Yes  Plumbing Services (B) Yes Yes  Carpentry Services (C) Yes Yes   |        |   |              |               | If any other, Please specify type of animal |
| I.G.41 Accidental Hospitalisation Cover    Yes □ No □  |        |   |              |               | Breed                                       |
| Persons to be covered  Sum Insured  I.G.42 Keys & Locks Replacement Cover    Yes   |        |   |              |               | Unique Identification mark                  |
| Sum Insured  I.G.42 Keys & Locks Replacement Cover    Yes  | I.G.41 | Accidental Hospitalisation Cover                |              |               | Yes No C                                    |
| I.G.42 Keys & Locks Replacement Cover    Yes   |        |   |              |               | Persons to be covered                       |
| If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate  I.G.43 Emergency Assistance Services (Cannot be opted by CHSL)  Emergency Assistance Services includes labor cost incurred towards the listed Emergency Assistance Services as per plan opted    Description  |        |   |              |               | Sum Insured                                 |
| I.G.43 Emergency Assistance Services (Cannot be opted by CHSL)  Emergency Assistance Services includes labor cost incurred towards the listed Emergency Assistance Services as per plan opted  Description Plan 1 Plan 2  Electrician Services (A) Yes Yes Plumbing Services (B) Yes Yes Carpentry Services (C) Yes Yes  | I.G.42 | Keys & Locks Replacement Cover                  |              |               | Yes No C                                    |
| Emergency Assistance Services includes labor cost incurred towards the listed Emergency Assistance Services as per plan opted    Description   |        |   |              |               |   |
| towards the listed Emergency Assistance Services as per plan opted    Description  | I.G.43 | Emergency Assistance Services (Cannot be        | e opted by   | CHSL)         | Yes No C                                    |
| towards the listed Emergency Assistance Services as per plan opted    Description   Plan 1   Plan 2     Electrician Services (A)   Yes   Yes     Plumbing Services (B)   Yes   Yes     Carpentry Services (C)   Yes   Yes  |        | <br>  Emergency Assistance Services includes la | abor cost in | curred        | Plan 1 $\square$                            |
| Description Plan 1 Plan 2 Electrician Services (A) Yes Yes Plumbing Services (B) Yes Yes Carpentry Services (C) Yes Yes  |        | towards the listed Emergency Assistance S       | Plan 2       |               |   |
| Electrician Services (A)  Plumbing Services (B)  Carpentry Services (C)  Yes  Yes  Yes  Yes  Yes   |        | opted   |              |               |   |
| Plumbing Services (B) Yes Yes Carpentry Services (C) Yes Yes   |        | Description                                     | Plan 1       | Plan 2        |   |
| Carpentry Services (C) Yes Yes   |        | Electrician Services (A)                        | Yes          | Yes           |   |
|  |        |   | Yes          | Yes           |   |
| Total Service Visits (A+B+C) 2 3   |        |   |              | $\overline{}$ |   |
|  |        | Total Service Visits (A+B+C)                    | 2            | 3             |   |

\* Applicable only if opted under the Policy

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| ms details  |  |   |  |   |
|---|--|---|--|---|
| Whether Insurance was declined by any other Company (Give details)                  |  |   |  |   |
|   | Year   | Premium   | Claim  |   |
|   |  | ₹   | ₹  |   |
| Premium / Claim details for the past 36 months excluding the expiring policy period |  | ₹   | ₹  |   |
|   |  | ₹   | ₹  |   |
|   |  | ₹   | ₹  |   |
|   |  | ₹   | ₹  |   |
|   | TOTAL  | ₹   | ₹  |   |
| nium Details  |  |   |  |   |
| of Payment  |  |   |  |   |
| ent Details   |  |   |  |   |
| nt ( in ₹)  |  |   |  |   |
|   | -  |   |  | -   |
|   | Whether Insurance was declined by any other Company (Give details)  Premium / Claim details for the past 36 months excluding the expiring policy period  nium Details of Payment ent Details int ( in ₹)  Indly proceed to declaration part provided at the expiring policy period | Whether Insurance was declined by any other Company (Give details)  Premium / Claim details for the past 36 months excluding the expiring policy period  TOTAL  inium Details  of Payment ent Details  int ( in ₹)  indly proceed to declaration part provided at the end of the Prop | Whether Insurance was declined by any other Company (Give details)  Premium / Claim details for the past 36 months excluding the expiring policy period  ₹  TOTAL  TOTAL | Whether Insurance was declined by any other Company (Give details)  Premium / Claim details for the past 36 months excluding the expiring policy period  Promator |

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# Bajaj Allianz General Insurance Company Limited Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113
Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006
UIN: IRDAN113RP0004V01202324

# II. APPLICABLE ONLY WHERE COVER IS OPTED ON GROUP

|     | Proposer Details   |   |  |  |  |  |
|-----|--|---|--|--|--|--|
|     | Petails about Proposer and Policy Period   |   |  |  |  |  |
| 1.  | Name of Group Manager  |   |  |  |  |  |
| 2.  | Address of Proposer  |   |  |  |  |  |
| 3.  | Mobile No.   |   |  |  |  |  |
| 4.  | Email  |   |  |  |  |  |
| 5.  | PAN / TAN / GST / AADHAR Number  |   |  |  |  |  |
|     | Contact person details, if not an individual   |   |  |  |  |  |
| 6.  | a. Name  |   |  |  |  |  |
|     | b. Designation   |   |  |  |  |  |
| 7.  | Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions                       |   |  |  |  |  |
|     | Policy Period  | From  |  |  |  |  |
|     |  | То  |  |  |  |  |
| 8.  |  | (No of Years in case of long term policy:)                    |  |  |  |  |
|     |  | Note: For Long term policy, Period shall not exceed 30 years. |  |  |  |  |
|     | Nomination:  | Nominee Name:   |  |  |  |  |
| 9.  |  | Relationship with the insured:                                |  |  |  |  |
| 10. | Please mention detail of the Group/ Association/<br>Institution/ Corporate Body whose members are<br>being covered under the Policy?               |   |  |  |  |  |
| 11. | Is the group being formed with the sole purpose of obtaining Insurance?  | Yes/No  |  |  |  |  |
| 12. | If answer to Question 11 is "No" please mention<br>the relationship between the members and the<br>group manager for services other than Insurance |   |  |  |  |  |
| 13. | Please state whether all members of the Group/<br>Association/ Institution/ Corporate Body are<br>proposed for Insurance?                          |   |  |  |  |  |
| 14. | If answer to Question 13 is "Yes" kindly specify who shall bear the premium?   | Group Manager   |  |  |  |  |

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|   |   |  |    |  | ι      | JIN: IRDAN1                          | 13RP00             | 004V012 | 02324        |                                     |           |                       |  |  |
|---|---|--|----|--|--------|--------------------------------------|--------------------|---------|--------------|-------------------------------------|-----------|-----------------------|--|--|
| 15.   | Please mention the total number of persons to be covered initially                |  |    |  |        | •                                    |                    |         |              |                                     |           |                       |  |  |
| 16.   | Please mention the expected no of persons to be covered during the policy period? |  |    |  |        | ;                                    |                    |         |              |                                     |           |                       |  |  |
| Are You Co-Operative Housing Society (CHSL)   |   |  |    |  | Ye     | es 🗆                                 | /No [              |         |              |                                     |           |                       |  |  |
| Is there any Commercial Space such as Shop, Club House, Restaurant, Café, Food Joints, Clinic, Hospital, School, Mall, Gymnasium, Common Spaces and Offices in Co-Operative Housing Society (CHSL), If Yes please provide details:  |   |  |    |  |        | С,                                   | es 🗀               | /No [   | rcial Spa    | ce:                                 |           |                       |  |  |
| Of Home   Home   Floor  |   |  |    |  |        | ******Option<br>Cover                |                    |         |              |                                     |           |                       |  |  |
|   |   |  |    |  |        |                                      |                    |         |              |                                     | 8         |                       |  |  |
|   |   |  | ė. |  | 5      |                                      |                    |         |              |                                     | F0        | 5                     |  |  |
| Covers Required  19. Cover/s required:  a. When Home Building and General 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 [Rupees Ten Lakh] is automatically provided).  b. Common Content can only be opted along with Home Building cover for Co-Operative Housing Society (CHSL). |   |  |    |  | for I  | Cover                                |                    | Op      | over<br>oted |                                     | Applica   | ability               |  |  |
|   |   |  |    |  | 10   I | Home Bu<br>Only<br>General (<br>Only | uilding<br>Content |         |              |                                     | Individua | artment /<br>al House |  |  |
|   |   |  |    |  |        | Home Building Only Common Contents   |                    |         |              | Co-Operative Housing Society (CHSL) |           |                       |  |  |

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UIN: IRDAN113RP0004V01202324

### \*\*Other Risk Details

| 20. | Is there any policy in place for the same property?  | Yes/No |         |       |  |
|-----|--|--------|---------|-------|--|
| 21. | If Yes, please provide the details   |        |         |       |  |
| 22. | Whether Insurance was declined by any other Company (Give details)   |        |         |       |  |
| 23. |  | Year   | Premium | Claim |  |
|     |  |        | ₹       | ₹     |  |
|     | Description / Obside that the faculty country of the country of th |        | ₹       | ₹     |  |
|     | Premium / Claim details for the past 36 months excluding the expiring policy period  |        | ₹       | ₹     |  |
|     |  |        | ₹       | ₹     |  |
|     |  |        | ₹       | ₹     |  |
|     |  | TOTAL  | ₹       | ₹     |  |

| ***Details    | of H | oma | Ruil | dina |
|---------------|------|-----|------|------|
| ······Details | OT H | ome | Bull | aine |

| 24. | Please | note: |
|-----|--------|-------|
|     |        |       |

**Your Home Building** is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings etc.

In case of Co-Operative Housing Society (CHSL) where multiple CHSL are covered as Insured Beneficiary by Group Manager, commercial space situated within society premises, such as Shop, Club House, Restaurant, Café, Food Joints, Clinic, Hospital, School, Mall, Gymnasium, Common Spaces and Offices will also be covered with Home Building in this Policy.

It also includes 'additional structures' if they are on the same site, are used as part of Your Home Building:

- a. garage, domestic out-houses used for residence, parking spaces or areas, if any;
- b. compound walls, fences, gates, retaining walls, internal roads;
- c. verandah or porch and the like;
- d. 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.

|     | arry strict structurer |                   |
|-----|------------------------|-------------------|
| 25. | Age of Home Building   | Less than 5 years |
|     |                        | 5-10 years        |
|     |                        | 10-20 years       |
|     |                        | Above 20 years    |
|     |                        |                   |

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| 26. | Construction Details   |                             |                |
|-----|--|-----------------------------|----------------|
|     | Please note the following:   |                             | Construction*  |
|     |  | Walls                       | Kutcha / Pucca |
|     | (Building(s) having walls and/or roofs of wooden   | Floor                       | Kutcha / Pucca |
|     | planks/thatched leaves and/or grass/hay of any   | Roof                        | Kutcha / Pucca |
|     | kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction. | (*strike out what is not ap | oplicable)     |
|     | Construction other than Kutcha Construction is a 'Pucca Construction')                               |                             |                |
| 27. | Is it in a multi-storey building or is it a standalone house?  |                             |                |
| 28. | In case of multi-storey building, please provide the floor number of Your house                      |                             |                |
| 29. | Is there a basement to Your house?   |                             |                |
| 30. | Indicate whether AMC( Annual Maintenance contract)   | Yes                         |                |
|     | is in force :  | If Yes please specify for   | below:         |
|     |  | ☐ Fire Safety Equipm        | nent           |
|     |  | Other Equipment a           | and Machinery  |
| 31. | Distance between the risk to be covered and nearest Fire Brigade                                     |                             |                |

### \*\*\*\*Details of Contents

- a. General Contents In cases where CHSL is acting as a Group Manager and Individual Dwellings in CHSL are covered under the Certificate of Insurance as Insured Beneficiary
  - i. General Contents refer to articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home.
  - ii. General Contents are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennas, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
  - iii. If You have opted for Home Building and General Contents cover, the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakhs (Rupees Ten Lakh) are automatically covered.
  - b. Common Contents In cases where multiple CHSL are covered as Insured Beneficiary by Group Manager
    - i. General Contents refer to contents owned by the Co-Operative Housing Society (CHSL) stored, installed or lying within the common premises of the Co-Operative Housing Society (CHSL) and are of non-commercial use.
  - ii. Common Contents are contents usual in common spaces of Co-Operative Housing Society (CHSL) open for common use i.e., furniture and fittings, television sets, solar panels, telephones, electronic items, antennas, water storage equipment, air conditioners, solar panels, wind turbines, central heating systems, gensets, lifts and other similar items.

iii. Cover for Common Contents can be opted only when cover for Home Building Cover is opted.

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Indicate Sum Insured on the following basis:

| Name of                      | Basis of Sum Insured  |
|------------------------------|---|
| Cover                        |   |
| Home Building<br>Cover       | <ul> <li>a. For Home Building - In cases where CHSL is acting as a Group Manager and Individual Dwellings in CHSL are covered under the Certificate of Insurance as Insured Beneficiary Reinstatement Value <ul> <li>Market Value</li> <li>Agreed Value (Not applicable to Independent Buildings under sole ownership. Applicable only for Apartments in Multi Ownership Building)</li> </ul> </li> <li>b. For Home Building – In cases where multiple CHSL are covered as Insured Beneficiary by Group Manager <ul> <li>Reinstatement Value</li> <li>Market Value</li> </ul> </li> <li>c. Restoration of Sum Insured: The insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured (unless restoration of Sum Insured is not specifically restricted by us). This means that after We have paid for any loss, the Policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate Premium for the unexpired Policy Period from the date of loss. We can also deduct this Premium from the net claim that We must pay You.</li> <li>Notwithstanding the above, the Sum Insured shall stand reduced by the amount of loss in case You,</li> </ul> |
|                              | immediately on occurrence of the loss, exercise Your option not to restore the Sum Insured.   |
| General<br>Contents<br>Cover | <ul> <li>General Contents</li> <li>a. Basis of Sum Insured</li></ul>  |
| Common<br>Contents           | Common Contents  e. Basis of Sum Insured -Reinstatement Value -Market Value  f. The Sum Insured for the Common Contents Cover is shown in the Policy Schedule and will be the maximum amount payable in the event the Common Contents are destroyed/lost  |

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completely.

- g. The Sum Insured You have chosen for Common Contents must be enough to cover the cost of Replacement of the Common Contents.
- h. Restoration of Sum Insured: The insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the Policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate Premium for the unexpired Policy Period from the date of loss. We can also deduct this Premium from the net claim that We must pay You.

Notwithstanding the above, the Sum Insured shall stand reduced by the amount of loss in case You, immediately on occurrence of the loss, exercise Your option not to restore the Sum Insured.

# \*\*\*\*\*Sum Insured

| 33. | Sum Insured Details – Co-Operative Housing Society Limited (CHSL) |   |                          |                             |                           |             |                          |                              |                          |                            |
|-----|---|---|--------------------------|-----------------------------|---------------------------|-------------|--------------------------|------------------------------|--------------------------|----------------------------|
|     | Building -<br>Basis of Sum<br>Insured                             | Residential Structure (I)                       |                          |                             | Additional Structure (II) |             |                          |                              | Total<br>(I+II)          |                            |
|     |   | Descrip   | tion                     | Sum Insure                  | d (in ₹)                  | Descrip     | tion                     | Sum Insure                   | d (in ₹)                 |                            |
|     | Reinstatement<br>Value  |   |                          |                             |                           |             |                          |                              |                          |                            |
|     | Market Value  |   |                          |                             |                           |             |                          |                              |                          |                            |
|     | Agreed Value  |   |                          |                             |                           |             |                          |                              |                          |                            |
|     | * General<br>Contents -<br>Basis of Sum<br>Insured                | Furniture, F<br>and Fittings<br>Furnishi<br>(I) | s (Home                  | Electric<br>Electro<br>(II) |                           | Other I     |                          | Contents k<br>Basemo<br>(IV) | -                        | Total<br>(I+II+<br>III+IV) |
|     |   | Description                                     | Sum<br>Insured<br>(in ₹) | Description                 | Sum<br>Insured<br>(in ₹)  | Description | Sum<br>Insured<br>(in ₹) | Description                  | Sum<br>Insured<br>(in ₹) |                            |
|     | Reinstatement<br>Value  |   |                          |                             |                           |             |                          |                              |                          |                            |
|     | Market Value  |   |                          |                             |                           |             |                          |                              |                          |                            |

<sup>\*</sup> If You want to opt for a cover for General Contents for Sum Insured of Your choice other than as mentioned in I.E (29) (a) (iii) above

Or

If You have opted for General Contents Only cover,

Please provide item wise Sum Insured in the table above

|                                       | Sum Insured Details – Co-Operative Housing Society Limited (CHSL) |                          |                        |                          |                            |                    |                     |
|---------------------------------------|---|--------------------------|------------------------|--------------------------|----------------------------|--------------------|---------------------|
| Building –<br>Basis of Sum<br>Insured | Residential Structure (I)   |                          | Commercial Spaces (II) |                          | Additional Structure (III) |                    | Total<br>(I+II+III) |
|                                       | Description   | Sum<br>Insured<br>(in ₹) | Description            | Sum<br>Insured<br>(in ₹) | Description                | Sum Insured (in ₹) |                     |
| Reinstatement<br>Value                |   |                          |                        |                          |                            |                    |                     |
| Market Value                          |   |                          |                        |                          |                            |                    |                     |

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| Common<br>Contents -<br>Basis of Sum<br>Insured | Contents - and Fittings (Home asis of Sum Furnishings)  Electrical / Electronic |                          | onic        | Other Items<br>(III)     |             | Contents kept in<br>Basement<br>(IV) |             | Total<br>(I+II+<br>III+IV) |  |
|---|---|--------------------------|-------------|--------------------------|-------------|--------------------------------------|-------------|----------------------------|--|
|   | Description   | Sum<br>Insured<br>(in ₹) | Description | Sum<br>Insured<br>(in ₹) | Description | Sum<br>Insured<br>(in ₹)             | Description | Sum<br>Insured<br>(in ₹)   |  |
| Reinstatement<br>Value                          |   |                          |             |                          |             |                                      |             |                            |  |
| Market Value                                    |   |                          |             |                          |             |                                      |             |                            |  |

\*\*\*\*\*\*Ontional Cover

| S.No. | Optional Covers  | Details  |
|-------|--|--|
| 1     | Cover for Valuable Contents on Agreed Value Basis  | Yes No C   |
|       | Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios, utensils of precious metals and items of similar nature.  | Sum Insured  |
|       | For Valuable Contents, a value may be agreed upon by You and Us based on a valuation certificate submitted by You and accepted by Us. However, We shall waive the requirement of valuation certificate if the Sum Insured opted for is up to ₹ 5 Lakh (Rupees Five Lakh) and Individual item value does not exceed ₹ 1 Lakh (Rupees One Lakh) unless specifically revised and specified in Policy Schedule/Certificate of Insurance. | Valuation Certificate attached – Yes / No                                    |
| 2     | Personal Accident Cover  | Yes No C   |
|       |  | Sum Insured  |
|       |  | Name and age of your Spouse  |
|       |  | Your Age   |
|       |  | Nominee Name and Relation  |
|       |  |  |
| 3     | Accidental Damage  | ☐ Your Home Building   |
|       |  | General Contents   |
|       |  | ☐ Valuable Contents  |
|       |  | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate      |
|       |  | Usually is there movement of Contents within the premises on regular basis – |
|       |  | ☐ Yes ☐ No   |

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| 4  | Electrical/ Electronic Appliances Clause (Applicable only for Group 1)  | If yes No  If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate  Is there a valid Annual Maintenance Contract (AMC) in place for items proposed to be covered under this Add-On – Yes/ No |
|----|---|--|
| 5  | EMI Protection Cover  | Yes No   |
| 6  | Snow Damage Cover   | ☐ Your Home Building ☐ General Contents i) Roof Type ☐ Slanting  |
|    |   | ii) Drainage system of Roof  Yes  No  If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate  |
| 7  | Waiver of Improvement/ Involuntary Betterment   | ☐Yes ☐ No  |
| 8  | Deliberate Damage Cover   | Yes No No  |
| 9  | Incidental Costs  | Yes No No  |
| 10 | Immediate Repairs   | Yes No No  |
| 11 | Growing Plants, Crops and Trees, Landscaping  | Yes □ No □  If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate  |
| 12 | Escalation Clause   | Yes No   |
| 13 | Impact Damage due to Vehicle, Animal or Aircraft Belonging to or Owned by Insured or their Employee while acting in Course Of Employment (Can be opted only where Group 1 is opted) | Yes No No  |
| 14 | Protection and Preservation of Property   | Yes □ No □  If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate  |

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| 15 | Dewatering Expenses   | <pre> Yes No     If yes,% of each and every loss not exceeding Amount (₹): in the aggregate.</pre>   |
|----|---|--|
| 16 | Adequacy of Sum Insured   | ☐ Yes ☐ No Amount (₹):   |
| 17 | Cover for (Please Tick)  Loss of Rent  Rent for Alternative Accommodation | Loss of Rent:  I. Sum Insured: Amount (₹):  II. Number of Months:  Rent for Alternative Accommodation:  I. Sum Insured : Amount (₹):  II. Number of Months   |
| 18 | Additions, Alterations Or Extensions                                      | Yes □ No □  If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate  |
| 19 | Cover For Specific Contents   | Money: Amount (₹):  Deeds, manuscripts and business books, plans, drawings, securities, obligations or documents of any kind : Amount (₹):  Computer programmes, information and data : Amount (₹):  Employees', Directors', visitors' personal effects of every description: Amount (₹) |
| 20 | Costs For Removal Of Debris (Excluding External Debris)                   | Yes □ No □  If yes ,% of loss and not exceeding Amount (₹): in the aggregate   |
| 21 | Costs For Removal Of Foreign/External Debris                              | Yes □ No □  If yes ,% of loss and not exceeding Amount (₹): in the aggregate   |
| 22 | Costs Compelled By Municipal Regulations / Local Authority Clause         | Yes □ No □  If yes ,% of loss and not exceeding  Amount (₹): in the aggregate  |

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| 23  | Expediting Costs And Expenses For Loss Minimization         | Yes LINO LI   |
|-----|---|---|
|     |   | If yes ,% of loss and not exceeding                                     |
|     |   | Amount (₹): in the aggregate  |
|     | Pair And Set/Consequential Reduction In Value               | Yes No No   |
| 24  | Fail And Self Consequential Reduction in Value              | res Lino Li   |
| 25  | Fire Extinguishing / Fighting Expenses                      | Yes No  |
|     |   | If yes ,% of loss and not exceeding                                     |
|     |   | Amount (₹): in the aggregate  |
| 26  | Waiver of Subrogation                                       | Yes 🗆 No 🗀  |
| 20  | •   |   |
| 27  | Seventy-Two Hours Clause(Only applicable for Group 2 and/or | Yes No No   |
|     | Group 3 of Clause B Optional Insured Events is Opted)       |   |
| 28  | Broad Water Damage Clause:                                  | Yes □ No □  |
| 29  | Damage to Building (Occasioned by Theft)                    | Yes I No I  |
|     | , ,   |   |
|     |   | Amount (₹): in the aggregate of Sum Insured.                            |
|     |   | madred.   |
| 30  | Mould & Fungi Endorsement                                   | Yes No No   |
|     |   | If yes ,% of Sum insured and not  |
|     |   | exceeding Amount (₹): in the aggregate                                  |
|     |   | Deductibles:%   |
|     |   |   |
| 31  | Sprinkler Up-Gradation Cost                                 | Yes No No   |
|     |   | If yes ,% of Sum insured and not  |
|     |   | exceeding Amount (₹): in the aggregate                                  |
| 32  | Undamaged Foundations                                       | Yes No C  |
|     |   | If we are 0/ of Come income depend not                                  |
|     |   | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate |
|     |   |   |
| 33  | Destruction of Sound Property                               | Yes No No   |
|     |   | If yes ,% of Sum insured and not  |
|     |   | exceeding Amount (₹): in the aggregate                                  |
| 34  | Leakage of Firefighting Equipment                           | Yes No C  |
| 0-4 |   |   |
|     |   | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate |
|     |   | CACCCUING AMOUNT (x) III the aggregate                                  |

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| 35 | Removal of Debris Costs – Tenants Contents  | If yes ,% of loss and not exceeding  Amount (₹): in the aggregate             |
|----|---|---|
| 36 | Professional Fees   | Yes □ No □  If yes ,% of loss and not exceeding  Amount (₹): in the aggregate |
| 37 | Property under Care Custody and Control   | Yes No C  |
| 38 | Voluntary Deductible Clause   | Yes No C  |
|    |   | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate       |
| 39 | Tenants Liability   | Yes No No   |
|    |   | Sum Insured   |
| 40 | Pet Insurance   | Yes No C  |
|    |   | Sum Insured   |
|    |   | Dog/Cat/Any Other   |
|    |   | If any other, Please specify type of animal                                   |
|    |   | Breed   |
|    |   | Unique Identification mark  |
| 41 | Accidental Hospitalisation Cover  | Yes No No   |
|    |   | Persons to be covered   |
|    |   | Sum Insured   |
| 42 | Keys & Locks Replacement Cover  | Yes No No   |
|    |   | If yes ,% of Sum insured and not exceeding Amount (₹): in the aggregate       |
| 43 | Emergency Assistance Services (Cannot be opted by CHSL and                        | Yes No No   |
|    | in cases where multiple CHSL are covered as Insured Beneficiary by Group Manager) |   |
|    | Emergency Assistance Services includes labor cost incurred                        | Plan 1 🗀  |
|    | towards the listed Emergency Assistance Services as per plan opted                | Plan 2  |
|    | 1   | 1   |

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# **Bajaj Allianz General Insurance Company Limited**

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113 Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006 UIN: IRDAN113RP0004V01202324

| Plan 1 | Plan 2     |
|--------|------------|
| Yes    | Yes        |
| Yes    | Yes        |
| Yes    | Yes        |
| 2      | 3          |
|        | Yes<br>Yes |

# **II.C. Premium Details**

| Mode of Payment |  |
|-----------------|--|
| Payment Details |  |
| Amount ( in ₹)  |  |

# III. Declaration:

- 1. 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.
- 2. 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.
- 3. I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.
- 4. I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.
- 5. I/We agree for AML (Anti Money Laundering) Declaration applicable as selected from below:

|    | 3,  |  |  |  |  |
|----|---|--|--|--|--|
| 1. | AML DECLARATION FOR RETAIL POLICIES/INDIVIDUAL CUSTOMERS:   |  |  |  |  |
|    | Please Select   |  |  |  |  |
|    | <ol> <li>Declaration for Politically Exposed Person (PEP) to be added in proposal form:         Are you or any of the proposal applicants a PEP* or a close relative of PEP*?     </li> </ol>           |  |  |  |  |
|    | If yes, please share the details  |  |  |  |  |
|    | "Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior |  |  |  |  |

2. Consent/Declaration to be added in proposal and claim for CKYC no.:

party officials, etc."

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government/juridical /military officers, senior executives of state-owned corporations, important political



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I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or National Securities Depository Limited Portal for the purpose of undertaking KYC verification.

# 3. Consent/Declaration to be added in proposal for Premium paid from own funds:

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

| 2. <u>AML</u>                          | DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER:  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Please Select                          |  |  |  |  |  |  |  |
| 1.                                     | Declaration for PEP to be added in proposal form:  Are you or any of the proposal applicants a PEP* or a close relative of PEP*?   |  |  |  |  |  |  |
|  | If yes, please share the details   |  |  |  |  |  |  |
|  | "Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc."                       |  |  |  |  |  |  |
| 2.                                     | Consent/Declaration to be added in proposal and claim for CKYC no.:  I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC. |  |  |  |  |  |  |
| 3.                                     | Consent/Declaration to be added in proposal for Premium paid from own funds:  I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.   |  |  |  |  |  |  |
| 3. AML DECLARATION FOR GROUP POLICIES: |  |  |  |  |  |  |  |
|  | Please Select  |  |  |  |  |  |  |
| 1.                                     | Declaration for PEP to be added in proposal form:  Are you or any of the proposal applicants a PEP* or a close relative of PEP*?   |  |  |  |  |  |  |
|  | If yes, please share the details   |  |  |  |  |  |  |
|  | "Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc."                       |  |  |  |  |  |  |

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UIN: IRDAN113RP0004V01202324

# 2. Consent/Declaration to be added in proposal:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

I/we hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with the Company as and when required.

## 3. Consent/Declaration to be added in claim for CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry for the purpose of undertaking KYC

# 4. AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER AND GROUP POLICIES:

|  | Please | Select |
|--|--------|--------|
|--|--------|--------|

# 1. Consent/Declaration to be added in proposal:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

I/we hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with the Company as and when required.

## 2. Consent/Declaration to be added in claim for CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

## 5. AML DECLARATION FOR ENROLMENT FORM (GROUP):

## 1. Declaration for PEP to be added in proposal form:

Are you or any of the proposal applicants a PEP\* or a close relative of PEP\*?

| ΙŤ | ves, | please | snare | the details |  |
|----|------|--------|-------|-------------|--|
|    | ,    | •      |       |             |  |

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc."

## 2. Consent/Declaration to be added in proposal:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or National Security Depository Limited portal or through any other modes for the purpose of undertaking KYC.

# 3. Consent/Declaration to be added in proposal for Premium paid from own funds:

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

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UIN: IRDAN113RP0004V01202324

| Date: The place: | Signature of Proposer<br>Name:         |
|------------------|--|
|                  | *O'                                    |
| Date:            | *Signature (on behalf of the Proposer) |
| Place:           | Name:                                  |

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

## **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 LAKHS RUPEES.

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