

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

Proposal Form Unique Reference Number: BAGIC/ Travel/ Group/ 001
UIN - BAJTIOP17006V011617

For Office Use Only:

Table with 3 columns: Scrutiny No, Receipt No, Policy No

For Agent Use Only

Table with 4 columns: IMD Code, Sub IMD Code, IMD Name, Mobile No

GROUP BUSINESS TRAVELERS INSURANCE POLICY- PROPOSALFORM

Please answer all questions in BLOCK letters.

- I. This proposal will be the basis for issuing the Group Business Travelers Insurance Policy...
II. If there is insufficient space for you to provide information...
III. If we accept a proposal for this insurance...
IV. The Liability of the Company does not commence until this Proposal has been accepted...

1. Name of the Proposer/Insured

[Grid for Name of the Proposer/Insured]

[Grid for Name of the Proposer/Insured]

2. Gender: Male / Female / Others

3. Date of Birth:

[Grid for Date of Birth]

4. Address

[Grid for Address]

[Grid for Address]

5. Phone No: _____

6. Email: _____

7. Description of the Proposer/Insured's Business

[Grid for Description of the Proposer/Insured's Business]

8. Do you have any existing policy of same type with other insurance company? YES NO

If Yes, Please provide policy details _____

9. Please mention detail of the Group/ Association/ Institution/ Corporate Body whose members are being covered under the Policy? _____

10. Policy Period : From Date: ___/___/_____ To Date: ___/___/_____

11. Please mention the approximate number of man-days to be utilized during one year? _____
 [1 Man-day= 1 Person X 1 Day]
12. Total number of employees expected to be covered under the policy _____
13. Average number of Travel days for each employee _____
14. If pre-policy check up to be conducted of employee travelling (Yes/No) _____
15. List of Countries expected to be travelled _____

Cover Details

16. Base Covers

Sr. No.	Base Covers	Sum Insured	Deductible/ Co Payment Opted Please tick (✓)
1.	Personal Accident		Nil
2.	Accidental Death & Disability (Common Carrier)		Nil
3.	Hijack Cover		Nil
4.	Trip Delay		<input type="checkbox"/> 8 Hours <input type="checkbox"/> 12 Hours
5.	Delay of Checked Baggage		<input type="checkbox"/> 8 Hours <input type="checkbox"/> 12 Hours
6.	Loss of Checked Baggage		Nil
7.	Trip Cancellation		Nil
8.	Trip Curtailment		Nil
9.	Loss of Passport		\$25
10.	Missed Connection		Nil
11.	Emergency Cash Assistance		Nil

17. Optional Covers

Optional Cover No.	Please tick (✓) optional cover want to opt	Optional Covers	Sum Insured	Deductible / Co Payment/ Waiting Period
1.	<input type="checkbox"/>	Medical Expenses, Medical Evacuation and Repatriation		<input type="checkbox"/> \$ 25 <input type="checkbox"/> \$ 50 <input type="checkbox"/> \$ 100
2.	<input type="checkbox"/>	Emergency Dental Expenses		<input type="checkbox"/> \$ 50 <input type="checkbox"/> \$ 100
3.	<input type="checkbox"/>	Hospitalization Daily Allowance		Nil
4.	<input type="checkbox"/>	Personal Liability		10% of Claim Amount
5.	<input type="checkbox"/>	Difference in Airfare due to early or delayed return		Nil
6.	<input type="checkbox"/>	Loss of Personal belongings		10% of Claim Amount
7.	<input type="checkbox"/>	Loss of Laptop/Tablet		10% of Claim Amount or \$ 50
8.	<input type="checkbox"/>	Compassionate Visit		Nil
9.	<input type="checkbox"/>	Replacement and Rearrangement of Staff		10%

10.	<input type="checkbox"/>	Bail Bond Insurance		Nil
11.	<input type="checkbox"/>	Home Burglary, theft and Robbery Insurance		Nil
12.	<input type="checkbox"/>	Pre-Existing Illness Cover		Waiting Period <input type="checkbox"/> 0 days <input type="checkbox"/> 7 days <input type="checkbox"/> 30 days
13.	<input type="checkbox"/>	Personal Accident cover in India		Nil

18. Have you provided complete details of members in Annexure I? Yes No

19. Payment Details _____

Declaration

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Proposed Policy Period: From ___/___/_____ TO ___/___/_____

Date: ___/___/_____

Signature of the Proposer: _____

Place: _____

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 default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.