

**Kshema Home Insurance Policy**

**Proposal Form**

**INTERMEDIARY DETAILS**

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

**PROPOSER DETAILS**

Name of Proposer:  Address of Premises Proposed for Insurance:

Contact Details:  Email:

PAN No:  Occupation / Business Activity:

**Period of Insurance:**

From:         Time: 00:01 Hrs.

To:         Time: Midnight 23:59:59 Hrs.

Bank Details:

(in case premium equal or more than one lakh)

Policy-Term:  \*Upto 25 year

**RISK DETAILS**

Details of insured property	Please tick in the space below	
Home Buildings, Home Contents.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Boundary wall	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Basement storage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Others (please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Fire Protection devices installed	<input type="checkbox"/>	Portable Extinguishers
	<input type="checkbox"/>	Small bore hose reels
	<input type="checkbox"/>	Trailer Pumps/Fire engines

Details of insured property	Please tick the correct answer in the box below
Fire Protection devices installed	<input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fixed Water Spray System <input type="checkbox"/> Foam System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Gas Flooding System <input type="checkbox"/> Others, please specify below.
Construction details:  Walls	Kutcha <input type="checkbox"/> Pucca <input type="checkbox"/>
Floor	Kutcha <input type="checkbox"/> Pucca <input type="checkbox"/>
Roof	Kutcha <input type="checkbox"/> Pucca <input type="checkbox"/>
Number of Floors	
Age of the Building	Less than 5 Years 5 - 10 Years 10 - 20 Years Above 20 Years

Distance between the risk to be covered and nearest Fire Brigade:

Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details):

Whether Insurance was declined by any other Company (Give details):

Sum Insured Basis:

**Add-On Covers:**

Lightning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explosion/Implosion:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aircraft Damage:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Riot, Strike, Malicious Damage:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Impact Damage:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Subsidence and Landslide including Rockslide:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bursting and/or overflowing of Water Tanks, Apparatus and Pipes:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Missile testing operations:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Leakage from Automatic Sprinkler Installations:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bush fire:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss of Rent and Additional Expense of Rent for Alternative Accommodation If Yes, Mention the Sum-Insured:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Valuable Contents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Earthquake	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Costs for removal of debris	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Professional fees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Burglary If Yes, Mention the Burglary Sum-Insured:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Description of Home Building	Rs.	Home contents	Rs.
Buildings including plinth, basement, and additional Contents structures	Rs.	Furniture & Fixtures, Fittings and other Equipment	Rs.
Total	Rs.		

Previous Policy Details

Previous Policy Number:  Previous Period of Insurance:

Previous claim details:

Policy to be issued in favour of (List out all the parties who have insurable interest) including the financial institutions:

Sum Insured and Other details of Insured Property

(Indicate Sum Insured on the following basis):

For Building, Furniture, Fixture and Fittings and other contents: Reinstatement Value or Market value as opted by the Insured.

I. Premium Details

Mode of payment:  Payment details:  Amount:

Do you require a hard copy of the policy, or is a digital version sufficient?

Physical Copy  Digital Only  Both

**DECLARATIONS AND WARRANTY**

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us, and Kshema General Insurance and I/We agree to accept a policy, subject to the conditions prescribed by Kshema General Insurance and to pay premium on the amount estimated above at the end of each policy period. I /We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

I hereby declare that the mobile number and email ID mentioned in the proposal form are registered in my name. Therefore, I hereby authorize Kshema General Insurance Limited to send any communication during the policy period, including but not limited to claim-related information, payment confirmations, and claim repudiations, to my mobile number .....and email ID .....

"I hereby consent to the collection, use, and disclosure of my personal information by Kshema General Insurance Limited for the purposes of providing insurance services, including underwriting, claims processing, and customer service. I understand that my personal information may be shared with third-party service providers in relation to the insurance services and to meet the statutory & regulatory compliances. I acknowledge that I have the right to access, correct, or delete my personal information at any time by contacting at customer.support@kshema.co. This consent is valid for the duration as specified in the Insurance Regulatory and Development Authority of India (Maintenance of Information by the Regulated Entities and Sharing of Information by the Authority) Regulations 2025 and any other applicable law"

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.

I/we hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephone / email / web-inputs means or other means, as updated from time to time within group entities.

Date: \_\_\_\_\_ Proposer's Signature: \_\_\_\_\_

Note: The liability of the Company does not commence until the proposal has been accepted by the Company and the full premium paid.

**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 punishable with fine which may extend to ten lakhs rupees.

**Disclaimer:** In the event of any question relating to interpretation of the insurance coverage, the policy document will prevail.