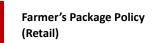


FARMER'S PACKAGE POLICY (RETAIL)

Proposal Form





PROPOSAL FORM

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

1) Agent/Broker Name	
2) Agent/Broker Code	
3) Name of the Proposer	
4) Address of the proposer	
5) Phone Number	
6) Email id	
7) Bank Account No.	
8) Do you wish to cover the interest	
of any financial institution-if yes, give	
the names of all financial institutions.	
and the sections for which required	
9) District in which the risk is located	
10) State in which the risk is located	
11) Pin code of the location of risk	
The state of the leadness of their	
13) Period of Insurance	From
	То
14) Nomination:	Nominee Name:
	Relationship with Insured
	Trade. Sinp mai mourou



COVERAGE PROPOSED (PLEASE FILL IN THE RELEVANT SECTIONS YOU REQUIRE)

SECTION 1

Fire and Allied Perils- Building & Contents

Covers Opted

1.	Is there any policy in place for the same property?	Yes/No)
	If Yes, please provide the details		
2.	(When Home Building <u>and</u> Home 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).		Please

Location of Home Building

3.	Location of Home Building - full postal address with Pin Code.	
		Pin Code:
4	Is it in a multi-storey building or is it a standalone house?	
5	In case of multi-storey building, please provide the floor number of Your house	



6.	Is there a basement to Your house?	

1A. Details of Home Building

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.

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

garage, domestic out-houses used for residence, parking spaces or areas, if any; compound walls, fences, gates, retaining walls, internal roads;

verandah or porch and the like;

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.



Sum Insured (SI) for Home **Building:**

Please note the following:

(The amount required to construct Your Home Building the at policy Commencement Date. This amount is calculated as follows:

a. For residential structure of Your Home including fittings and fixtures:

Carpet area of the structure in square metres X Rate of Cost of Construction at the policy Commencement Date.

The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the policy Commencement Date.

a. SI for residential structure of Your Home including fittings and fixtures (in ₹):



	b. For additional structures: the amount that is based on the prevailing rate of cost of construction at the Policy	b. SI for additional structures (in ₹):		
	Commencement Date.)	Additional Structure	Sum Insured (in ₹)	
8.	Carpet area of structure of Home in square metres			
9.	Rate of Cost of Construction per square metre at the policy Commencement Date			
Othe	r Details			
10.	Age of Home Building	Less than 5 years 5-10 years 10-20 years Above 20 years		
11.	Construction Details Please note the following:		Construction *	
	(Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or	Walls	Kutcha/Pucca	
	grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction.	Floor	Kutcha/Pucca	
	Construction other than Kutcha Construction is a 'Pucca	Roof	Kutcha/Pucca	
	Construction')	(*strike out what is	not applicable)	





Details of Home Contents

Please note the following:

- i) Home Contents refer to articles or things in Your Home that are notpermanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
- 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) **Valuable Contents** of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
- iv) If You have opted for Home Building and Home 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.

1A. If You want to opt out of in-built cover for General Contents as mentioned in (iv)		al
above and want to have higher Sum	, ,	
Insured	Items Sum Insure	ed
Or If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents.	Furniture, Fixtures and Fittings (Home Furnishings) Electrical/Electronic	
(Sum Insured represents Cost of Replacement)	Others	

1B. Sum Insured Details for Stocks

For raw Material – Landed Cost

For Stock in Process – Input Cost

For finished stock - Manufacturing cost of the finished stock or the Contract

Price* of goods sold but not delivered, asapplicable

* Contract Price is in respect only of goods sold but not delivered, for which You are



	responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).		
	1B. Sum Insured for Stocks of grains		
	a) In house or closed-godown located at (Please mention the address)	₹	
	b) Open in fields	₹	
13.	In case of Basement, If there are		
	contents in it, please provide the Sum		
	Insured		

In-Built Covers (Loss of Rent & Rent for Alternative Accommodation)

14.	Cover for (Please Tick)	Loss of Rent:
	Loss of Rent	I. Sum Insured:
_		II. Number of Months:
	Rent for Alternative Accommodation	Rent for Alternative Accommodation:
		I. Sum Insured
		II. Number of Months

Optional Covers (available on payment of additional premium)

15.	Do You require 'Personal Accident Cover' for Yourself and Your spouse?	Yes/No
		If Yes,
		Name & age of Your spouse:
		Your age:



16.	Do You require 'Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)':	Yes/No
	(Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.)	If Yes, please attach list of items and Sum Insured:
	(You have to submit a Valuation Certificate. However, the requirement of valuation certificate is waived if the Sum Insured opted for is upto ₹ 5 Lakh and Individual item value does not exceed ₹ 1 Lakh).	Valuation certificate attached? (Yes/No)

Optional Cover - 1B

Do You want to opt for Declaration Policy? -- Yes/No (strike off what is not applicable). If Yes, give details below

Stock which fluctuate in value to be covered on (monthly) declaration basis Amount (₹):

Additional/Add-on Covers (over and above optional covers available on payment of additional premium)

SI.No	Name of Add-on cover	Sum insured

Claims details

Please specify details of any loss to the proposed Property in last 3 years:

Date of	Cause	Claimed	Settled Amount/please specify if claim is
Loss	of Loss	Amount	outstanding



SECTION 2				
В	urglary & Theft			
What protection is provided to:				
(a) Doors (b) Windows				
NB: Mention any specific precautions you have adopted for safeguarding your Property				
2) Sum to be Insured for contents (The sum insured to be the same as in case of Fire) i) Household goods ii) Stocks iii) Other items	Rs Rs Rs			

Section 3 Agriculture Pump Set

a) Owner of the Pump-:

The pump should be in the name of the farmer or his family members

- b) The location of the pump
- c) If it is secured in lock & Key [Applicable for pumps other than Submersible Pumps only]
- d) Is the pump in good & working condition
- e) The details of the pump-:

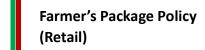
Sr. No.	Type of Pump (Electrical/Diesel)	Submersible/Non- submersible (Y/N)	Manufacturer	Year Of Manufacturing	Reinstatement Value

Section 4 Animal Driven Cart

a) Owner of the Animal Cart-:

The Cart should be in the name of the farmer or his family members

- b) The type of Cart
- c) The type of animal used to draw it
- d) Do you wish to cover the animal also if yes,
 - i) The Type of animal





- ii) The age of the animal
- iii) The sex of the animal
- iv) The market value of the animal
- b) The details of the cart
- i) The type of cart-----Cart/ Tonga
- ii) The body of the cart-----Wooden / Steel
- iii) The year of Manufacture----
- iv) The identification no./ Sr. No. Of the cart
- v) The place where it is kept

	Section 5	
Cattle and	Livestock	Incurance

a) Owner of the cattle-:

(The cattle and Livestock should be in the name of the farmer or his family members)

- b) The address where the cattle is kept
- c) The details of the cattle to be insured(to be furnished in the table below)
- d) Is the cattle in good health?
- e) Please attach the veterinary certificate
- f) The animal tagged by the Veterinary Surgeon?(Y/N)

	Type of	Breed	Sex	Date Of	Market	Tag No.
	Cattle			Birth/Age	Value	L/R Ear
1						
2						
3						

g) Whether PTD is covered? (Y/N)

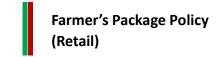
g) whether PTD is covered? (Y/N)								
	Section 6 Personal Accident							
	1 Groomal Addition							
a. Do you want personal accid	lent cover for							
i. Yourself	Yes No							
ii. Family members (who assist	t you in the business)							
Yes No								
iii. Other employees	Yes No C							



iv	Basic						
Co	Wider mprehensive						
b.	Please give t	he following deta e attach separate		sons to be	covered unde	r this section (I	f
	Name of the person	Relationship with the proposer	Nature of functions	Date of Birth	Sum to be insured (Rs)	Any Existing deformity if any	Name of the Nominee
	2) The value	ess of the plant of the complet of the supplier	Bio te plant	ECTION 7 Gas Plant			
	,	of Manufacture					
	5) The capa	acity of the plant					
	Tractor	Insurance incl	uding Trailer	ECTION 8 * & Implementary	nents to be us	sed for Agricu	llture



	Proposer's (Owner's) Full Name: Mr/Mrs							
	Address (Address where vehicle is normally kept and used):							
	Pin Code: Tel. No: Fax No: E-Mail Address:							
		101.110.	r ax rro.	E Mail Addi 666.				
	Occupation / Business:							
	Date of Birth:							
	Year of issuance of first	driving license: an	d its date of expiry	/ to/				
	Type of Cover required :	: Package Policy						
	Period of Insurance:	From	(time &date) To					
1. F	Registration No. and Date	of Registration of	the Vehicle:					
2. F	Registering Authority & Lo	cation:						
3. Y	ear of Manufacture:							
4. E	Engine No:							
5. C	Chassis No. :							
6. N	Make of Vehicle:							
7. T	ype of Body/Model:							
8. F	lorse Power							
9. V	hether use of vehicle is li	mited to own prem	nises?	Yes/No				
10.	Whether the vehicle is us (excluding use for hire Yes/No		e					
11.	Are you entitled to No Cla	nim Bonus?		Yes/No				
If ye	es, please submit proof the	ereof.						
12.	Liability to Third Parties (F	Property Damage)						
	Do you wish to to restrict TPPD Liability limit of Rs.		the statutory	Yes/No				





NB: The policy provides Third Party Property Damage(TPPD) up to Rs. Rs.7.5 lakhs

13. Do you wish to cover Legal Liability to ?

A) Driver (No. of persons Yes/No

B) Other employees (No. of persons......) Yes/No

C) Non-fare paying passengers (No. of persons.......) Yes/No

14. Do you wish to include Personal Accident (P.A.) Cover for paid drivers? Yes/No

If yes, give name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is Rs. 2 lakhs.

14a. Do you use your paid driver for loading/unloading operations, if any? Yes/No

- 15. Do you use the vehicle for social, domestic or pleasure purposes? Yes/No
- 16. Insured's Declared Value (Please fill up the following table :)

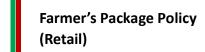
Insured's Declared Value of vehicle	Non - electrical accessories fitted to the vehicle	Electrical & electronic accessories fitted to the vehicle	Trailers	SPECIFIC ATTACHME NTS /Agriculture Implements	Total Value
Rs.	Rs.	Rs.	Rs.	Rs.	Rs.

16 a. Pl. furnish make & identification details of trailer/specific attachments:

Note:

The **Insured's Declared Value (IDV)** of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this insurance and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price of the brand and model as the vehicle proposed for insurance at the commencement of





insurance /renewal, and adjusted for depreciation (as per schedule specified below). The IDV of the Trailers & Agriculture Implements, if any, fitted to the vehicle but not included in the manufacturer's listed selling price of the vehicle is / are also likewise to be fixed.

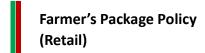
The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss/ Constructive Total Loss (TL/ CTL) claims only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of the IDV.

SCHEDULE OF DEPRECIATION FOR ARRIVING AT IDV

AGE OF THE VEHICLE	% OF DEPRECIATION FOR FIXING IDV
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

Note. IDV of obsolete models of vehicles (i.e. Models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

28	Previous History	
a.	Date of Purchase of the vehicle by the proposer	
b.	Whether the vehicle was New or Second Hand at the time of Pu	urchase
c.	Is the vehicle in good condition?	(Yes/No)
	If "No" please give full details	





e.	Previous Policy Number		
f.	Period of Insurance from/t Type of cover: Liability Only Cover / Package Co		
g. ——	Claims lodged during Year Number Amount (Rs	s.) the preceding	3 years
i. Ha	as any insurance company ever :		
а) declined your proposal		(Yes/No)
) cancelled & refused to renew (if yes, reasons there for)		(Yes/No)
c)	imposed special condition or excess		(Yes/No)
(if	yes, reasons and details thereof)		
Details c	of Hire Purchase / Hypothecation / Lease		
a) Is t	he vehicle proposed for insurance :-		
Under H	lire Purchase	(Yes/No)	
Under L	ease Agreement	(Yes/No)	
Und	der Hypothecation Agreement	(Yes/No)	
h) If vo	es, give name and address of concerned parties		

30.

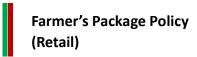


(a) Age

(b) Does the driver suffe hearing or any physi			es/No)
If "Yes" please give	details.		
(c) Has the driver ever any accident or loss under including the	s? If yes, please	give details as	
Driver's Name D	ate of Accident	Circumstances of Accident/ Claim	Loss/Cost Rs.
31. Any other relevant infor	mation		
Premium Payment Details:			
Total Premium Amount (Include	ding GST) – INR $_$		
Payee Name -			
Kindly select :		│	☐ Cash
Cheque /DD/ PO /UTR No.			
Date	IFS		
Amount in Rs.			
Bank Account No.			
Bank Name	Branch		
PAN Number			
Aadhaar Number			
Documents to be attached as	per requirement fo	or fulfillment of KYC No	orms.
GST Registered		Yes/ No	
	GSTIN Numb	er	
	GST State		
ELECTRONIC INSURANCE DET	AILS		
Do you wish to have this Policy cr	edited to an eIA? (Please select anyone)	
□ No I do not boyo on al∆ and d	a nat wiah ta anan	ana - Vaa Cradit thia	Deliev te move Incomence
□ No, I do not have an elA and d account	o not wish to open	one - res, credit this	Policy to my e-msurance
If yes, please share existing e-Ins	urance Account No)	
Please select Insurance Reposito	ry Name (you have	e opened your account	with)
□M/s NSDL Database Manageme	ent Limited □ M/s h	ćarvy Insurance Repos	itory Limited

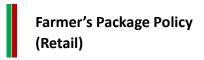
Owner Driver Others





$\square M/s$ Central Insurance Repository Limited \square M/s CAMS Repository Services Limited (Please select any one) Or
☐ I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account (Please submit electronic insurance account opening form (eIA form) along with relevant documents)
My CKYC No. (Central Know Your Customer registry number) is (if available):
Representative Details (only if elA is to be opened for any other person other than Proposer and primary Insured)
First Name
Middle Name
Last Name
Gender
DOB
PAN
Address Line 1
Address Line 2
Address Line 3
Pin code
Telephone Number
Mobile Number
Relationship
Other Relationship
Email Id
UID
Landmark
State
City
Country





Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)

DECLARATION BY INSURED

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 Magma General Insurance Limited

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.





I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

I hereby consent to and authorize Magma General Insurance Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC.

I wish to get all policy related communications on my Whatsapp (other app) number.

Place
Date
Signature of Proposer

AML Guidelines

1. I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

Date: DD/MM/YYYY	Signature of the Proposer:
Are you or any of the property.	posal applicants PEPs* or a close relative/associate of
□YES □NO	
If yes, please share the de	tails of "Politically Exposed Persons"(PEPs):

* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior





government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

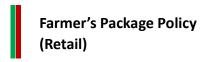
2. Additional Information:		
Nationality: Indian specify	Non-Indian [ोर्f, Non-Indian, please
Country:		
3. Type of Organisation:		
(i) Corporations		
(ii) Trust		
(iii) Government		
(iv) Partnership		
(v) Non-Government Organisatio	ns	
(vi) Co-operatives		
(vii) Society		
(viii) Private Limited Company		
(ix) Public Limited Company		
(x) others, please specify		
4. Source of Funds:		
Business:	Salaried:	Others (please specify)

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental

to availing the insurance from **Magma General Insurance Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.





Place:	Proposer's Signature	
Company stamp		
Date:	Name:	Designation
(DD-MM-YYYY)		

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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.