

**RELIANCE – INBOUND TRAVEL (GROUP) - PROPOSAL FORM (GROUP MASTER POLICY HOLDER)**

- To be filled and signed by Proposer and all fields are mandatory to be filled.
- This Proposal shall be the basis of contract for Policy issuance and the information declared in this form shall be used by the Company as the basis of underwriting the Policy.
- Reliance General Insurance Company Limited (the “Company”) is under no obligation to accept any proposal for insurance. The liability of the Company commences only when this proposal is accepted by the Company and the premium is received. If the Company accepts a proposal for insurance, it shall be subject to Policy Terms and Conditions.

**INTERMEDIARY DETAILS**

Intermediary Name	Code
IMD Branch Name	Code
Employee Code	

**PROPOSER'S DETAILS (MASTER POLICY HOLDER)**

Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
CIN Number (For Corporate Customer)		GSTIN	
Entity Details			
Mobile No.		Email ID	
Alternative Mobile No.		Alternative Email ID	
Permanent Address:			
City		Pinode	
State			
Communication Address:			
City		Pinode	
State			
Business of Proposer			
Annual Turnover			
Business Type (New/Renewal)			
Previous Policy Details, incase of Renewal		Previous Policy Number:	

**MANDATORY BANK DETAILS**

Bank Name:	
Bank Account Number:	

IFSC Code (11-character code appearing on your cheque leaf)	
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<b>POLICY DETAILS (Tick/Fill the required option) (All fields are mandatory)</b>	
Plan Type:	<input type="checkbox"/> Plan A (Single Trip) <input type="checkbox"/> Plan B* (Multi-trip / Single Trip) <i>*The minimum days will start from 90 days</i>
Sum Insured:	<input type="checkbox"/> 10 lakhs <input type="checkbox"/> 25 lakhs <input type="checkbox"/> 50 lakhs <input type="checkbox"/> 75 lakhs <input type="checkbox"/> 1 Crore <input type="checkbox"/> 1.5 Crores
Type of Relationship:	<input type="checkbox"/> Non-Employer-Employee Relationship (NEE) <input type="checkbox"/> Employer-Employee Relationship (EE)
Cover Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Floater** <i>**If floater cover opted, Floater Sum insured shall be applicable only on Medical Cover (If opted)</i>
Policy Period:	From: DD/MM/YYYY To: DD/MM/YYYY
Family Covered:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Definition:	XX

<b>PLEASE FILL THE BELOW DETAILS IN CASE OF EMPLOYER EMPLOYEE SCHEME ONLY</b>	
Total Numbers Insured Persons (i.e. Employees) Covered	XXXXXXXXXXXX
Total Number of Lives Covered	XXXXXXXXXXXX
Proposed Total Sum Insured	XXXXXXXXXXXX

<b>COVERS SELECTION: (TICK THE REQUIRED OPTION) (ALL FIELDS ARE MANDATORY)</b>		
For PLAN A	<b>***MEDICAL COVERS</b>	<b>***ACCIDENTAL COVER - 3.2.2 ACCIDENTAL HOSPITALIZATION EXPENSES</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>***Only one cover can be opted.</i>		
For PLAN B	<b>ACCIDENTAL COVER - 3.2.1 PERSONAL ACCIDENT</b>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
For Both Plans (i.e A & B)	<b>ITINERARY COVER</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, choose the sub-covers as required- (One or more box can be ticked)	<input type="checkbox"/> Trip Cancellation If opted, choose any one option <input type="checkbox"/> Option 1 – Due to listed Perils <input type="checkbox"/> Option-2 Cancellation for any reason <input type="checkbox"/> Trip Delay /Trip Interruption / Hijack Distress Allowance <input type="checkbox"/> Missed Connections <input type="checkbox"/> Total Loss of Checked in Baggage <input type="checkbox"/> Delay of Checked in Baggage <input type="checkbox"/> Bounced Bookings of Airlines and Hotel <input type="checkbox"/> Up-gradation to Business Class <input type="checkbox"/> Lounge Access
	<b>VALUE ADDED AND ASSISTANCE COVER</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, choose the sub-covers as required-  
(One or more box can be ticked)

- Compassionate Visit
- Return of Minor Child
- Loss of Passport/Loss of International Driving License
- Loss of Portable Equipment^
- Emergency Assistance Service (Cash Assistance, Translator, Loss of Passport Assistance, Legal Assistance, Emergency Travel and Accommodation Arrangements)
- Personal Liability
- Fire Cover (Home Contents in India) ^
- Adventure Sports
- Maternity Cover^
- Reduction in Pre-Existing Waiting Period^
- Change in Room Rent Limit^

^These sub-covers are only applicable for PLAN B

**PREVIOUS INSURANCE DETAILS (To be filled in case of rollover /renewal proposal)**

Past 3 year Insurance Details	Name of the Expiring Insurer	Total Lives	Average Sum insured	Total Premium	Total Incurred Claims
Year 1 MM/YYYY to MM/YYYY					
Year 2 MM/YYYY to MM/YYYY					
Year 3 MM/YYYY to MM/YYYY					

**Note:**

1. Please enclose the expiring insurance policy with this proposal form.
2. Provide other relevant details as Annexure.

**DECLARATION & WARRANTY ON BEHALF OF MASTER POLICYHOLDER**

1. I/We hereby declare, on behalf of Master Policyholder, 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/We am/are 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 insurance company and that the policy will come into force only after full payment of the premium chargeable.
3. I/We further declare that I/We 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/We declare and consent to the company seeking medical information from any doctor or hospital who 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 assured / proposer and seeking information from any insurance company to which an application for insurance on the life to be assured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.
5. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and / or claims settlement and with any Governmental and / or Regulatory authority.
6. I hereby authorize Reliance General Insurance Company Limited to collect the information provided by me. The Company may deal with this information for the purposes as detailed under the Company's Privacy Policy [Link to the policy] and the Terms of Use [Link to terms of use] which I acknowledge to have been understood by me and shall be bound by the same. I shall have the right to withdraw such consent at any given time by intimating as such to the Company in writing.
7. I have read & understood the full texts, features, disclosures, terms, conditions & exclusions under the product(s)

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposer

**AGENT / INTERMEDIARY'S DECLARATION**

[Agent / Intermediary confirmed using a tick box provided for recording following consent]

I, (Full Name) \_\_\_\_\_ in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Insurance Web Aggregator/Authorized employee of the Broker/ Reliance General Insurance Company Limited, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between Reliance General Insurance Company Limited and the Proposer, if this Proposal is accepted by Reliance General Insurance Company Limited for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished and furthermore if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by Reliance General Insurance Company Limited as null and void and all premiums paid under the Policy may be forfeited to Reliance Health. The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same. I confirm that to the best of my knowledge all the material facts about the prospect and the insured relevant to insurance underwriting, including any adverse habits or income inconsistency has been disclosed herewith.

Agent / Intermediary Name:	Agent / Intermediary Code:
License No.:	
License Validity	From: DD/MM/YYYY To: DD/MM/YYYY
Date: _____	Signature of Agent / Intermediary _____

[Display 'Confirmed' when ticked]

**GENERAL DECLARATION**

I understand that as per the new AML/CFT Guidelines issued Reliance General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request Reliance General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

**PEP DECLARATION:**

Are you a Politically Exposed Person (PEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please mention the name and relation and the position held by such close relative/family member.	

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to Reliance General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

**Note :**

**"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/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).

**AML Guidelines**

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposer**VERNACULAR DECLARATION (For all Persons Proposed to be Insured)**

The contents of this Proposal form have been read over and fully explained to me in \_\_\_\_\_ language. I further confirm and declare that the contents read over and explained to me have been understood by me.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature/Thumb impression of Proposer**PROHIBITION OF REBATES- SECTION 41 OF THE INSURANCE LAWS (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 or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

**ANNEXURE - I (APPLICABLE FOR EMPLOYER EMPLOYEE SCHEME ONLY)****Insured Details**

Cadre/ Grade/ Sub-group	Name of Insured Persons	Gender	Date of Birth (dd/ mm/yyyy)	Age	Relation- ship with the Policy/ Certificate holder	Employee Id of the Policy/ Certificate holder	DOJ (dd/mm/ yyyy)	Grade/ Desig- nation of Policy/ Certificate holder	Date of addition to Policy	Sum Insured
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX