

**Liberty General Insurance Limited**

Corporate Identity Number: U66000MH2010PLC269656. IRDAI Registration No.150  
 Unit 1501&1502, 15th Floor, Tower 2, One International Center  
 Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,  
 Phone: +91 226700 1313 Fax: +91 226700 1606  
 Website: www.libertyinsurance.in  
 UIN: IRDAN150RP0001V02202324



**Liberty**  
 General Insurance™

**For Office Use Only**

Product Code	Office Address	Office Code	Employee/SM Name	Employee/SM Code
IMD / Agent / Broker Code	IMD / Agent / Broker Name		IMD/Agent/Broker Mobile No	

## LIBERTY HOME SECURE POLICY PROPOSAL FORM

Important:

1. This proposal is for covering Home Building and/or Home Contents against Fire and Allied Perils.
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.

**PROPOSER DETAIL**

Full Name of the Proposer/Organisation (Mr./Ms./Dr./M/S)

Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions

Permanent Address / GST Reg Address or Corporate Office Address:

Address			
		District	
City		State	
Pincode		Country	

Present Address:

Is your present address same as permanent address?

Yes  No 

If no please state your present address along with

Address			
		District	
City		State	
Pincode		Country	

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Nature of Business / Work \_\_\_\_\_

Customer Type:  Individual  Government Co  Public Co  Pvt Co  Partnership Firm/LLP  
 HUF  Trust  Section 8 Co  Cooperative Society  
 Others (Please Specify) \_\_\_\_\_

Whether Proposer /insured is a Non-Profit Organization:  Yes  No

If Yes, please provide Darpan Registration No: \_\_\_\_\_

Business Type:  New Business  Rollover  Renewal  Endorsement  
 Others (Please Specify) \_\_\_\_\_

Proposer DOB (Individual)/ Date of Incorporation: DOB:           DOI:          Nationality:  Indian  Others (Please Specify) \_\_\_\_\_Residential Status:  Resident Indian  Non-Resident Indian  Others (Please Specify) \_\_\_\_\_Gender:  Male  Female  Others (Please Specify) \_\_\_\_\_

Occupation (Source of Funds):  Salaried  Professional  Self Employed  
 Others (Please specify) \_\_\_\_\_

Annual Income:  Less than 5 Lacs  Between 5-10 Lacs  Between 10 - 20 Lacs  20 Lacs & a aboveMy CKYC No(if available)                

I \_\_\_\_\_, hereby grant explicit consent to Liberty General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Liberty General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent

Differently Abled Status \_\_\_\_\_

Type of Impairment \_\_\_\_\_

% of Impairment \_\_\_\_\_

UDID no \_\_\_\_\_

Aadhaar/ Driving License/Election Card/Passport/MNREGA Card No \_\_\_\_\_

Pan No.                Form 60 (If Pan is not available)                GST NO                Mobile Number                E-mail ID                Period of Insurance: From:           to          

Note: For Long term policy, Period shall not exceed 10 years.

Relationship With Insured (If Insured Other than proposer) \_\_\_\_\_

Politically Exposed Person (PEP): Are you or any of the proposed applicants a PEP\* or Family member/ Close relatives/Associates of PEPs\*?  Yes  No

If yes, please give details (Nature of relationship and position held by PEP): \_\_\_\_\_

\*Politically Exposed Persons” (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

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**Nomination Details /Appointee Details**

	Nominee 1	Nominee 2	Nominee 3
Name & Relationship			
DOB	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	%	%	%
Mobile No of Nominee			
Email id of Nominee			
Permanent Address of Nominee			
Present Address of Nominee			
Bank Account Details			
Beneficiary Name			
Bank Name			
Bank Account No			
IFSC Code			
MICR NO			
Branch			

**If the Nominee is minor, Name and Address of Appointee and relationship with Minor.**

Appointee Name if in case of Minor Nominee	
Appointee Relationship if in case of Minor Nominee	

**A. Covers Opted**

1.	Is there any policy in place for the same property? If Yes, please provide the details	Yes/No								
2.	Cover/s required: (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).	<table border="1"> <thead> <tr> <th>Cover</th> <th>Please tick</th> </tr> </thead> <tbody> <tr> <td>Home Building &amp; Home Contents</td> <td></td> </tr> <tr> <td>Home Building Only</td> <td></td> </tr> <tr> <td>Home Contents Only</td> <td></td> </tr> </tbody> </table>	Cover	Please tick	Home Building & Home Contents		Home Building Only		Home Contents Only	
Cover	Please tick									
Home Building & Home Contents										
Home Building Only										
Home Contents Only										

**B. 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?	

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**C. 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:

- 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.

7.	Sum Insured (SI) for Home Building:  Please note the following: (The amount required to construct Your Home Building at the 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 Commencement Date.)	b. SI for additional structures (in ₹):	
		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		
10.	Age of the Building	Less than 5 years	
		5-10 years	
		10-20 years	
		Above 20 years	

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11.	<b>Construction Details</b> <b>Please note the following:</b> (Building(s) having walls and/or roofs of wooden planks/ thatched leaves and/or grass/hay of any kind/bamboo/ plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction.  Construction other than Kutcha Construction is a ‘Pucca Construction’)		
			Construction*
		Walls	Kutcha / Pucca
		Floor	Kutcha / Pucca
		Roof	Kutcha / Pucca
	(*strike out what is not applicable)		

**D. Details of Home Contents**

Please note the following:

- i) Home Contents refer to articles or things in Your Home that are not permanently 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.

12.	If You want to opt out of in-built cover for General Contents as mentioned in (iv) above and want to have higher Sum Insured Or If You have opted for Home Contents Only cover, please provide item wise Sum Insured for General Contents  (Sum Insured represents Cost of Replacement)		
		Items	Sum Insured
		Furniture, Fixtures and Fittings (Home Furnishings)	
		Electrical/Electronic	
		Others	
13.	In case of Basement, If there are contents in it, please provide the Sum Insured		

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

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

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**F. 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)':  (Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.)  (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).	Yes/No  If Yes, please attach list of items and Sum Insured:  Valuation certificate attached? (Yes/No)

**G. Additional and Opt out Covers**

Sl.No	Name of Coverage Opted	Sum insured
1	Earthquake, volcanic eruption, or other convulsions of nature	
2	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami	
3	Flood, Inundation	
4	Lightning	
5	Subsidence of the land, Landslide, Rockslide, Avalanche	
6	Explosion including Explosion of domestic pressure vessels or Implosion	
7	Terrorism damage cover	
8	Burglary And Housebreaking, Robbery, Hold-up & Theft coverages	
9	Non-working due to electrical and mechanical damage of electrical & electronic items like microwave, fridge, air conditioner, air cooler, Television, mixer, washing machine, computer, laptop, mobile phones	

**H. Claims details**

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

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

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**Premium Details**

<b>Amount in Rs</b>		
<b>Instrument Type</b>		
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Online Payment <input type="checkbox"/> Others	
<b>Cheque/EFT No.</b>	<b>Date:</b>	
<b>Name of the Account holder</b>		
<b>Bank Name</b>		<b>Branch:</b>
<b>Bank Account No:</b>		<b>IFSC Code:</b>
<b>Card Details :</b>	Master / Visa / Rupay	
<b>Credit/Debit Card No.</b>		<b>Expiry Date:</b>

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your Source bank account.

I wish :  Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.

**Declaration by Insured**

- I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and Liberty General Insurance Company
- I the undersigned proposer hereby declare and confirm that I have understood the features, terms and conditions of the policy and questions contained in the proposal form. I also understand that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab intio and the premium paid shall be forfeited to the Company.
- 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.
- Liberty General Insurance (LGI/Liberty") will not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of India, the European Union, United Kingdom, United States of America or other applicable jurisdiction
- 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 offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof I understand that the Company has the right to call for documents to establish sources of funds
- I hereby give my/our consent to Liberty General Insurance to collect, use, process, and share my/our personal information for policy servicing, claim settlement quality, and data analysis purpose, which may be carried out by an empaneled third-party vendors
- I/We hereby extend my/our consent to the Company for sharing my/our personal data with Liberty Insurance Group entities/affiliates for the specific purpose of claim settlement quality, data analysis purpose, reinsurance related services (please strike this clause in case you do not wish to disclose the personal data)
- I wish to avail physical policy document    Yes
- **Determination of Beneficial Ownership:**  
 I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

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**For Individual**

Sr.No	Name of Ultimate Beneficial Owner	Percentage (%)*	PAN	Remarks, if any

**For Organization**

Full Name	DOB	Nationality	Address	% Share Holding	PAN	PEP Declaration
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Members/Close Relatives/ Associates to PEP
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Members/Close Relatives/ Associates to PEP

**Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate or disabled**

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Liberty General Insurance Limited to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in \_\_\_\_\_ language, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer:

Name of Witness:

Signature of Proposer:

Signature of Witness:

Date:

Place:

Relationship with Proposer:

Address of Witness:

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**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 or 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 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.

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

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

Signature of the Proposer

Name