

Livestock and Pet Connect Policy – Proposal Form

IMPORTANT GUIDELINES: 1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. 2. This form can be used to apply for Livestock and Pet Connect Policy. 3. It is important to fill all questions. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium.

1. Insured Details

Proposer Name & Address		
Beneficiary/Member Name		
Membership No		
Beneficiary Address:		
	Village Name:	District:
	State:	Pin Code:
Period Of Insurance:	From:	To:

2. Livestock Details

Sr. No	Type Of Livestock	Breed	Age	Color	Height	Tagging Date	Tag No	Market Value	Veterinary Certificate attached	Valuation as per Veterinarian	Value as per loan scheme, if any

* Please enclose Photo of the Proposed Livestock/Animal.

3. Previous/Existing Insurance Details (if any)

Is the Livestock proposed, already insured under or proposed for a Livestock Insurance Policy with Liberty General Insurance Limited or any other Insurance company? If yes, please indicate below the Policy/ Application number(s) (Please mention application number in case of pending proposal)

4. Payment details

Instrument type (Cheque / DD / Others)	Name of the premium payor	Bank details	Date	Amount in Rs

AML Details:

Please provide Permanent Account Number (PAN) if premium amount exceeds IN 1 Lac

☐ We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of our income OR

- ☐ We hereby declare that the premium is paid from the Bank Account of _____ (Company Name) the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

Are You or any of the proposed applicants are Politically Exposed Person?

- ☐ Yes
☐ No

Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e., Heads/Ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials.

5. Declaration & Authorisation

1. "I/We 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/We am/are authorised 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 board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
3. I/We further declare that I/We will notify in writing any change occurring in the Ownership or general health of the Livestock to be Insured 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.
6. I hereby give my consent to receive phone calls, SMS/E mail on the below mentioned registered number/ E mail address from / on behalf of Liberty General Insurance with respect to my insurance policy/regarding servicing of insurance policies/enhancing insurance awareness/ notifying about the status of Claim etc
7. 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).
8. I agree to receive service related information from Liberty General Insurance and its service providers, through electronic and telecom modes including WhatsApp and further understand that no unsolicited information will be sent to me. The information/ data provided by me through this Proposal Form, to Liberty General Insurance and / or Liberty General Insurance authorized personnel / agency shall be stored by Liberty General Insurance, throughout the term of my relationship with Liberty General Insurance and used for the purpose relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by Liberty General Insurance or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold Liberty General Insurance and / or its authorized partners / agency / personnel liable for legal utilization of the submitted information / data.
9. 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 empanelled third-party vendors o Yes / o No
10. I hereby consent to the collection, use and disclosure of my personal information for the assessment of this application and in accordance with Liberty General Insurance Privacy Notice ('Privacy Notice') available at <https://www.libertyinsurance.in/> which I have read, understood and agree to the contents of the Privacy Notice.

Date

Signature of Proposer

How would you want the policy pack to be received?

Electronic/Soft Copy ☐ **Physical/Hard copy** ☐

DECLARATION BY INTERMEDIARY/PROPOSER

I, the intermediary/ proposer hereby declare and confirm that I have explained/understood the features, terms and conditions of the policy and questions contained in the proposal form. I have also explained/understood 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 initio and the premium paid shall be forfeited to the Company.

IMD name:

Proposer name:

IMD Code:

Proposer sign:

IMD Sign*:

*Stamp in case of Company

DECLARATION IN CASE THE PROPOSER IS ILLITERATE OR PROPOSAL FORM IS IN LANGUAGE OTHER THAN UNDERSTOOD BY PROPOSER (To be signed by person who has explained the contents of the proposal form to the Proposer)

I, the declarant/proposer hereby declare and confirm that I have explained/understood the contents of the proposal form in _____ language understood by proposer/me and proposer have affixed his/her signature/thumb impression on the proposal form only after understanding the contents thereof.

Declarant's Name:

Proposer Name:

**Signature:
impression**

Signature/thumb

Section 41 of the Insurance Act 1938 (4 of 1938) '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 prospectus or tables of the insurer'. Violations of Section 41 of the Insurance Act 1938, as amended -Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

6. Acknowledgement

Application No:

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Date:

d	d	m	m	y	y	y	Y
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We acknowledge with thanks the receipt of your application and amount by Cash/Cheque/Demand Draft/Others _____ of the amount of Rs. _____ dated _____ drawn on _____

Signature of the receiver & office Seal:

7. For Office Use Only

Intermediary Name:	Intermediary Code:
Sales Manager Name:	Sales Manager Code: