



LIC
 LIC (Established by the Life Insurance Corporation Act, 1956)
 BANGALORE DIVISION-II

PHOTO
 OF
 PROPOSER

Form No. 360 (Rev. 2003)
 380 / 3251

OFFICE USE ONLY

BOC	Date	Amount
Inward No./Date		Initials
Is licence in force ?		Initials

(Established by the Life Insurance Corporation Act, 1956)
 BANGALORE DIVISION-II

PROPOSAL FOR INSURANCE ON ANOTHER LIFE

(To be used where deferral period is 10 years or more under CDA/CAP Plan)
 Branch Office _____ Date of Registration _____ Proposal Nos _____

Agent's Name _____ Licence No _____ Date of Expiry of Licence _____ Agent's & D.O.'s Code Nos _____

(All answers to be filled in legibly. Answers must be given in words. Strokes of pen or dots or dashes will not be accepted as replies)

1. Full name of the Proposer (IN BLOCK LETTERS) _____
 Short name of the Proposer _____ Date of Birth _____ Age _____ Year _____ Nationality _____
 Address which will be incorporated in the policy and to which notices will be sent _____

Permanent Residential Address _____

Present Occupation _____ Length of Service _____ Relationship to the life to be Assured _____
 Income Per Annum _____ Qualification _____
 If proposer is Female/Husband's Name _____ Age _____ Whether Employed/Business _____

2. Full name of the life to be assured (IN BLOCK LETTERS) _____
 Short name of the life to be assured _____ Sex _____ Nationality _____
 Full name of the father of the life to be assured _____

3. Table and term of Assurance	Sum to be Assured Rs.	Mode of Payment	Amount of Deposit Rs.	If Policy is to be dated back, Indicate such date
4. Date of birth of the life to be assured	Age last Birthday _____ Years	Nature of Age Proof _____	PA Code _____	Place of Birth of L.A. _____

5. What is the object of this assurance? _____
 6. Is any other Proposal on the life of the life to be assured now being made to or is any other proposal or an application for revival of a policy, on his/her life under consideration in this or any other office of the Corporation? If so, which is the office and what is the amount? _____

7. State below details of all previous policies of the life to be assured.

Name of the Div. Office of the Corp. or of any other Insurer	Policy Number	Sum Assured	Plan of Assurance	Year of issue of Policy	Whether accepted as proposed at ordinary rates	Whether in force, for the full sum assured	If not, give due date of last premium paid and mode of payment

N.B. Corporation does not entertain any fresh proposal for insurance where any previous policy has lapsed or has been converted into a paid up policy within the last 3 years

8A. Has a proposal on the life of the life to be assured or an application for revival of a policy on his life made to this or any other office of the Corporation or to any other Insurer ever been: (a) Withdrawn or dropped? (b) deferred or declined? (c) accepted with an extra premium or lien? (d) accepted on terms otherwise than those proposed?
 If yes, state proposal/policy No. _____ Name of Office and year _____

8B. Have you during past one year returned any policy of the Corporation as the same was not acceptable to you? _____

9. Family History of the Life to be Assured	LIVING		DEAD		10. Give below the particulars of all the assurance in full force on the lives of parents, brothers and sisters of the life to be assured.		
	Age	State of Health	Age	Cause of Death			
Father							
Mother							
Brothers							
Living No. _____							
Dead No. _____							
Sisters							
Living No. _____							
Dead No. _____							

11. Has any of the relations of the life to be assured living or dead suffered from any hereditary or infectious disease like diabetes, insanity, epilepsy, gout, asthma, tuberculosis, cancer, leprosy etc.	_____
12. Has the life to be assured come in contact during the last three years, with any person suffering from tuberculosis, leprosy or any other infectious disease? If so, give details.	_____
13. (a) Is the life to be assured now in good health and free from any disease? (b) Is the life to be assured of good constitution? (c) Has the life to be assured any bodily defect or deformity? If so, give details. (d) Has the life to be assured had (i) Small Pox or (ii) Successful Vaccination and if so (iii) when?	(a) _____ (b) _____ (c) _____ (d) _____ (i) _____ (ii) _____ (iii) _____
14. (a) Has the life to be assured suffered from any illness or disease? If so, give details. (b) Has the life to be assured ever had any operation, accident or injury? If so, give details. (c) Has the life to be assured ever had an Electrocardiogram X-Ray or Screening, Blood, Urine or Stool Examination? If so, give details. (d) Has the life to be assured ever been in any hospital, asylum or Sanitorium for check-up, observation, treatment or any operation? If so, give details.	(a) _____ (b) _____ (c) _____ (d) _____
15. (a) Is the life to be assured a student? If so, in which standard? (b) Do you wish to secure the Premium Waiver benefit in case of your death before the commencement of risk? (c) Do you wish to have Term Rider Benefit?	(a) _____ (b) _____ (c) _____
16. Do you agree to the condition that the policy if issued on basis of this proposal will automatically vest in the life to be assured on the deferred date?	_____
17. Have you understood fully the terms and conditions of the plan you propose to take.	_____

DECLARATION

_____ (Name of the Proposer), do hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true, and complete in every particular and that I have not withheld any information and I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the corporation.

And I further agree that after the date of submission of the proposal but before the issue of First Premium Receipt any change in the general health of life to be assured or that of any member of his family occurs I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this assurance invalid and moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at _____ on the _____ day of 200_____

Signature of witness _____

Occupation and Address _____

Signature or thumb impression of the Proposer

If in this form the answers to the questions and/or Signature of the Proposer are in vernacular then he should declare in his own handwriting above his signature that all questions were explained to him and that replies were given after fully and properly understanding the same.

(1) This declaration should be made by the person filling in the form:
Address of the declarant _____

(1) I hereby declare that I have explained the above questions to the proposer and I have truthfully recorded the answers given by the Proposer.

Signature _____

In case the Proposer is Illiterate :

(2) The Thumb impression of the proposer should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him.

(2) I hereby declare that I have explained the contents of the proposal form to the proposer in _____ (language) and that I have read out to Proposer the answers to the questions dictated by the Proposer and that the Proposer has affixed his thumb impression to the proposal form after fully understanding the contents thereof.

Address of the declarant _____

Signature _____

DECLARATION
I certify that the contents of the form & documents have been fully explained to me by (Name, Designation, Occupation) Mr./Mrs. _____ and I have fully understood the significance of the proposed contract.
Signature or Thumb impression of the person whose life is proposed to be assured _____

N.B.: "Rebate in premium shall be allowed only in accordance with details given in the prospectus of table of premium rates as the case may be in the relevant document and that an offer or acceptance of any other rebates shall be an offence under Section 41 of the Act."

SUMMARY OF SECTION 45 OF INSURANCE ACT, 1938

No Policy of Life Insurance shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy holder and that the policy holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Note : "Material" shall mean and include all important, essential and relevant information in the context of underwriting the risk to be covered by the Corporation.

INSURANCE ACT 1938, UNDER SECTION 41

- (1) 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 of 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 rebates as may be allowed in accordance with the published prospectuses or tables of the insurer, provided that acceptance by an insurance agent of a commission in connection with a policy of Life Insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer.
- (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

PROPOSAL CLAUSE No. 10A

F.No. 3293 (a)

Re. : Proposal on the Life of my son / daughter

With reference to the proposal for Rs..... on the life of my son / daughter, I hereby agree and undertake that if under the policy that may be issued any payment is received by me by way of loan (if admissible), surrender, cash option, or for any other reasons whatsoever, before the policy has vested in the life assured, I shall utilise the moneys thereby received for the benefit of the minor or his/her estate.

Signature of the witness

Signature of the Proposer

Name :

Occupation :

Address :

ADDENDUM TO PROPOSAL FORM

PROPOSAL No.

Fvg. SRI/SMT.

Please provide the following information to help us to serve you better :

1. Whether the terms & conditions of the proposed plan have been explained to you by the Agent ? : YES / NO

2. Bank Account details :

(a) Type of Account : Saving / Current

(b) Your Account No. [Grid]

(c) 9 Digit MICR [Grid]

(d) Name & Address of your Bank :

[Grid for Name & Address of your Bank]

(Attach a photocopy of cancelled cheque with the form.)

3. Your Telephone Nos. (with STD Code) :

(a) Office : [Grid]

(b) Residence : [Grid]

(c) E-mail : [Grid]

4. Signature Box :

[Signature Box]

Full Name of L.A. :



Established by the Life Insurance Corporation Act, 1956

BANGALORE DIVISION-II

AGENT'S CONFIDENTIAL REPORT / MORAL HAZARD REPORT

Agent's Name & Address and Particulars of Club Membership :

Licence No. :

Date of Expiry of Licence :

Form No. 380 / 3251

Agency Code :	
Dev. Officer's Code :	
Branch Code :	
Proposal No. :	

Name of Proposer & Age	Name		Age	
Name of Life Proposed & Age	Name		Age	
Sum Proposed				
Occupation & Nature of Duties				
1. (a) Since how long do you know the life proposed?	(a) _____			
(b) Are you related to him/her? If so, give details.	(b) _____			
(c) What is the educational qualification of the life proposed?	(c) _____			
2. (i) Give details of annual Income from :	Proposer	Life Proposed	Remarks	
(a) Employment Rs.				
(b) Business/Profession Rs.				
(c) HUF Rs.				
(d) Other sources (specify details) Rs.				
Total Rs.				
(ii) What proof of income is verified by you in respect of income stated above?				
(a) Whether it is salary sheet or certificate issued by the employer?	(a) _____			
(b) Whether it is certificate issued by the C.A.? What is the permanent A/c. No. allotted by I.T. authorities?	(b) _____			
(c) Whether copies of income tax returns verified? What is PAN? Are you personally satisfied with the financial standing of the Proposer/Life assured and justify the current proposal?	(c) _____			
3. (a) What is the general state of health of the life proposed?	(a) _____			
(b) Does he/she have any physical deformity, impaired sight or hearing, physical impairment or Mental retardation?	(b) _____			
(c) Do you have any knowledge of his/her having suffered from any illness or injury, or undergone any operation, hospitalisation or medical investigation?	(c) _____			
4. (a) Did you discuss with Proposer(Life proposed) the status of the previous policies?	(a) _____			
(b) Are you satisfied that no policy has lapsed within the last three years?	(b) _____			
5. Are you aware of any proposal (or revival of any policy) of the life proposed having been deferred, declined, dropped or accepted at terms other than those proposed? If yes, give details.				
6. Are you aware of anything in the occupation, financial or social position of the Life proposed, his/her personal habits or any other circumstance which are likely to add to the risk?				
7. Under Non-Medical case only, give :	(a) _____			
(a) Marks of Identification				
(b) Exact Physical measurements :	(b) Height in cms.	Weight in kgs.	Abdomen in cms.	Chest in cms. On Expiration
(i) Girth of Adbomen over Naval level	Measurements in cms. On Inspiration			
(ii) Girth of chest at Nipple level	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Have you explained fully the terms and conditions of the plan to the proposer?				
I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.				

Dated at _____ on the day _____ of _____ 200_____
(Place)

Signature of the Agent _____

To be completed by the Dev. Officer

I am satisfied with the identity of the party, and, on the basis of my independent enquiries, I hereby declare that the foregoing statements are true and correct.

Dated at _____ on the _____ Day of _____ 200_____
(Place)

Name & Designation/Standing (No. of Years) _____ Signature _____

To be completed by the ABM(S) / BM / Sr. BM / Chief Manager

I am satisfied with the identity of the party, and, on the basis of my independent enquiries, I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated at _____ on the _____ Day of _____ 200_____
(Place)

Name and Designation _____ Signature _____



Form No. N.B./294

ADDENDUM TO PROPOSAL FOR ASSURANCE ON THE LIVES OF MINORS AND NON-EARNING MAJOR LIVES

Name of Life to be Assured _____ Proposal No. _____
 Name of the Proposer/Parent _____ Sum Proposed _____

1. If the life to be assured is attending School / College, please give :
- (i) Name & Address of the School / College he / she attends :
 - (ii) Class in which he / she is studying : _____
 - (iii) If studying in college, his/her subjects of study : (e.g. Chemical/Mechanical/Electrical Engineering, Mining, etc., And whether training in hazardous processes) _____

2. Full particulars of Insurance Policies in force on the date of proposal issued by any Existing Business Unit or Corporation on the lives of other members of the family :

Members of the L.A.'s Family	Name of the Servicing Branch	Policy No.	Sum Assured	Plan of Assurance	Due Date of last Premium Paid	Total Prem. paid/payable during the year
Indicate Father, Mother, Brother, Sister, etc.						
			Total / Premium (per year)			

3. Please state whether the premium under the resulting Policy would be financed from HUF Funds or Individual income. (If paid through HUF funds, please submit the relevant addendum.)

I hereby declare that the above statements are true in every particulars and agree that they shall form part of the basis of the contract of Assurance between me and the Life Insurance Corporation of India.

I also agree to pay the Premium under the Policy, if and when issued, till the life assured starts earning herself / himself.

I am aware that the Policy to be issued on the basis of the above proposal given by me will automatically vest in the life to be assured :

- (i) On the deferred date in terms of special provisions incorporated in the Policy.
- (ii) On his/her attaining the age of majority as provided for in the policy, and I agree to it.

Place :

Date :

Signature of Proposer
(Father / Mother)

***N.B. :** If the proposer signs in any other language or affixes his / her thumb impression, usual vernacular declaration and / or illiteracy declaration must be obtained over his / her signature / thumb impression as the case may be.

TO BE COMPLETED BY BM / ABM(S) / DO / Agent authorised to give MHR

Name of Life to be Assured.....

Name of the Proposer / Parent.....

Full particulars about the Social, Cultural and Educational background of the proposer and his family :

(a) Health and habits	
(b) Particulars of the business and employment Monthly income from : (i) Employment (ii) Business / Profession (iii) Agriculture (iv) Other Sources : (Sources to be specified)	Rs. _____ Rs. _____ Rs. _____ Rs. _____
(c) Financial indebtedness	
(d) Standard of education and outlook	
(e) If the other insurable members of the family are not adequately covered, reasons thereof	
(f) Details of Sources from which the informations given against the above questions have been gathered.	

I hereby declare that the above information is true in every respect and affirm that no moral hazard is involved in this case.

Place :

Date :

Name :

Code No. :

**Signature of
Sr. / Branch Manager / ABM (S) /
DO / Agent**

I authorise my Agent / Development Officer Shri / Smt. / Kum.
..... to collect my policy bond bearing No. Name
of the Life Assured / Proposer :

Date :

.....
Signature

WITNESS :

Signature :

Name :

Occupation:

Address :