

FG DOG HEALTH COVER-PROPOSAL FORM CUM HEALTH DECLARATION OF DOG

(A Health Evaluation cum valuation Certificate given by a qualified Veterinarian must mandatorily accompany this proposal)

Important Guidelines for Completing the Proposal Form

- 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.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- This form can be used to apply for FG Dog Health Cover
- It is important to fill all questions in full.
- Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium.

1. Name of the Proposer:		
2. Residential Address of Proposer: (Pin code compulsory)		
3. Occupation		
4. Policy Period	From:	To:
5. No. of Pet Dog (s) owned by Proposer		

Note:

All Dogs belonging to the Proposer must be proposed for insurance and there should not be selection of Dogs for insurance.

6. If already Insured elsewhere, please provide policy details:

Policy Number:

Name of Insurance company:

7. Give the following particulars in full, of each of the pet dog proposed for insurance.

Name of Pet Dog(s)	Breed category	Sex (M/F)	Age (YY/MM)	Breed	Weight of the Pet Dog	Description of the pet Dog - Tail Switch, Body Marks, Other Distinguishing Features etc.	Identification	Sum Insured (Rs.)

8. Registration No. of Municipal Corporation/ deemed local Government authority/ Kennel club of India certificate or Tagging/Micro-chip No.

9. Coverages	Mandatory Cover	Sr. No.	Cover		
		1	Funeral Cost Cover		
		2	Terminal Illness Cover		
		3	Surgery and Hospitalisation Cover (Up to INR 50,000)/as specified in Policy schedule		
	4	Death Cover			
	Add-Ons	Sr. No.	Cover	Yes/No, if opted	
		1	Third Party Liability Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		2	Lost and Stolen Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		3	Emergency Pet Minding Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	4	Veterinary Consultation and Doctor on Call Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Do you use your Dog for Commercial Purpose.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Is/Are your pet Dog(s) sound and healthy? If not give full particulars of defects and ailments if any. Please provide a certificate of good health issued by a qualified veterinary practitioner for each Pet Dog proposed for insurance.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Is/are the dog's house sound, healthy and free from vice?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. (a) Is your Pet Dog vaccinated for rabies, distemper, hepatitis, adeno virus, leptospirosis, para-influenza, corona and parvovirus?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. (b) Please give names of the vaccinations provided to your dog(s)					
14. Any Pre-existing diseases/conditions Pet Dog(s) suffer from?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. (a) Have you lost any Pet Dog/s during the last three years i.e have any of your pet dogs gone missing in the last 3 years? If so state particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Year	Cause of Loss		Number of Dogs Lost	
15. (b) Previous Dog Insurance and Claims experience (for the last three years)	Year	Policy No.	Name of Insurer claim	Amount	or in part or outstanding or repudiated.

<p>16. Whether claim settled in full</p> <p>[a] How many other dogs do you own and of what type?</p> <p>[b] Are they insured and if so with which insurer?</p> <p>[c] If not why are they not proposed for insurance?</p> <p>[d] Were they insured previously and if so where?</p>	
<p>17. Do you have access to a Veterinary Doctor for your Pet Dog(s)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>18. Has any Company or Underwriter</p> <p>[a] Declined insurance of any of your pet dogs or</p> <p>[b] Declined to renew the insurance</p> <p>[c] Increased your premium or imposed special conditions on renewal?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19. Any other information material to the risk or the terms upon which cover might be offered.</p>	

DECLARATIONS

I / we here by propose to insure the above-mentioned dogs owned by me / us with Future Generali India Insurance Co. Ltd. subject to the terms & conditions and exclusions of the Company's Policy. I / we warrant that the answer to the above queries are true and complete in all respects and that all the Dogs /s are accurately described and are in sound and good health and free from vice and that they are and shall be used solely for the purpose above stated. I / We declare that no information material to the insurance has been withheld and agree that this proposal shall be the basis of the contract between the Company and me/us and I/we agree to accept a policy subject to the terms and conditions prescribed by the Company.

<p>Date:</p>	<p>Signature of Proposer</p>
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PAYMENT DETAILS

Premium paid by Cash / Cheque No _____ Date _____

Bank _____

Amount (Rs.) _____

PAN _____ (if premium payable is 1 lac and above or is Rs. 50 thousand and above when paid in cash (Please attach proof)

Place: _____ Date: _____ Proposer's Signature: _____

Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

For Intermediary Use Only

Intermediary Name:	Intermediary Code:	Intermediary Contact Details:

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 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 FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.