

LIFE INSURANCE CORPORATION OF INDIA

Date: _____

Name: _____
Address: _____
To
The Branch Manager,
LIC of India,
Branch Office,
Dear Sir,

Re: Proposal for Rs. _____ on the Life of Sh. _____
With reference to the above proposal submitted by me I have to inform you as follows with regard to my income, insurance particulars etc.

1. My PA No. for Income Tax is:-
2. My yearly income from all sources before tax is as particularised below:

- i) Salary _____ Rs.
- ii) Dividends _____ Rs.
- iii) Directors Fees _____ Rs.
- iv) Interest on Loans _____ Rs.
- v) Share of retained profits _____ Rs.
- vi) Net Income from property _____ Rs.
- vii) Agricultural Income _____ Rs.
- viii) Any other income (specify) _____ Rs.

3. The total in force insurance on my life is as detailed below-
Total Sum Assured _____
Total Yearly Premium _____

- i) Individual
- ii) HUF
- iii) KMI
- iv) Partnership
- v) Employer-Employee
- vi) Insurance from private companies.

4. I give below information about the income, total insurance in force, total premium amount per year for my family members.

Yearly income from All sources (Before tax)	Total Insurance in force	Premium per year
(i) Father		
(ii) Mother		
(iii) Wife		
(iv) Children		
1)		
2)		
3)		

(In case proposed on minor life if all siblings are not adequately insured reason for the same.)

Mobile No. of the Proposer/ Life to be assured: _____
E-Mail Id of the Proposer/ Life to be assured: _____

Thanking you,

yours faithfully,

(Name of Proposer)

iv) Mother

v) Wife

vi) Sons

vii) Daughters

(e)

Is he/she or his/her business solvent?

(f)

State full particulars of the documents verified:

.....

(Remarks such "as told by the party, agent etc." will not be accepted)

7.

Whether the proposer is businessman and the sum proposed is above one Crore then give the additional information as below

(a) Location of the Business Office/Shop/Factory

(b) Reputation of the proposer and his business

(c) Source of Income

(d) Number of Employees

(e) Turnover of the business for last three years

8.

(a) Is there anything in the life to be Assured's Occupation, financial or social position.

(b) Whether KYC/AML norms are fulfilled for the proposer?

(c) Are you satisfied that the life proposed and/or proposer is

(d) Not connected with any terrorists activities?

(e) Do you consider acceptance of the proposal

is in order and recommend it as such?

9. Is the life to be assured a Politically Exposed Person (PEP) OR his/her family member or close relative a Politically Exposed Person?

[As per RBI guidelines, PEPs are individuals who are or have been entrusted with prominent public functions in a foreign country.]

I hereby declare that I met Mr / Mrs on (date) at (place).

I also declare that the foregoing statements are true and correct and are made as a result of my detailed enquiries and on verification of documentary evidence.

Place:

Signature:

Date:

Name (Block Letters):

Designation:

Address:

LIFE INSURANCE CORPORATION OF INDIA

DIVISION
(SPECIAL MORAL HAZARD REPORT)

Proposal No.

Branch Office

INSTRUCTIONS:

Before completion of the report the reporting official should satisfy himself regarding the identity of the Proposer. He should meet him, preferably at his residence before completing the report. The reporting Official should make independent enquiries about the life to be assured's health and habits. Occupation, income, social background and financial position etc. This report must be completed immediately after the enquiries are made

1. Full Name of the proposer..... Age..... years.

Full Name of the life to be assured..... Age..... years.

Full Address.....

Mobile no. and email id of Life to be Assured / Proposer

Occupation/Exact Nature of Duties/Business.....

Sum proposed.....

2. Total previous insurance in force (Sum Assured) Rs.....

3. Total insurance premium per year for previous policies Rs.....

4. (a) By whom were you introduced to the Proposer/ Life proposed? (a).....

(b) Are you satisfied about the identity of the Life proposed? (b).....

(c) Give tracks of identification, in any (c).....

(d) Does the life proposed look older than the declared age? (d).....

(e) What is the educational qualification of the life to be Assured? (e).....

(f) What is your assessment about the general state of health : (f).....

(g) Has he/she any physical deformity of impairment? (g).....

(h) Does your enquiry indicate his having suffered from any (h).....

Illness or injury or undergone any operation or (h).....

Hospitalization or medical investigation in the past? (h).....

If so Give details. (h).....

Are you satisfied that no previous policy has lapsed within last (h).....

Three years on the life of the proposer/ life proposed & his family Members. (h).....

(If any policy is lapsed - whether applied for revival simultaneously? If not (h).....

reason for the same?) (h).....

(The reporting official is expected to examine the entire family insurance portfolio)