



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

FORM NO. 360 (Rev 2018)
(TO BE USED FOR INSURANCE ON MINOR LIVES
WITHOUT MEDICAL EXAMINATION)
(PROPOSAL FOR INSURANCE ON ANOTHER LIFE)

Photograph
of Proposer

INSTRUCTIONS TO FILL UP PROPOSAL FORM

1. This form is to be completed in **BLOCK LETTERS** by the Proposer or the Life to be Assured.
2. Insurance is a contract of utmost good faith which requires all material facts to be disclosed to the Insurance Company.
3. If the Proposer or the Life to be Assured signs this proposal in vernacular or puts his/her thumb impression upon it, then the respective declaration must be completed.
4. Answers should be legible. Questions should be answered in 'Yes' or 'No'. (Strokes /dots / dashes / leaving the questions unanswered will not be accepted). Details need to be provided in case of affirmative answers.
5. The Proposer and Life to be Assured must countersign any cancellation or alterations made in this form. White ink must not be used.

Photograph of
Life Assured

Are you registered with LIC Portal: Yes /No

If yes, give Customer - ID: _____

If no, give your E-mail ID:-----

Inward
No.

Date

To be filled by Agent:

Division:

Branch Office:

D.O./CLIA Code No / Mentor & Mobile number :

Agent's/Specified Person's/DSE's/Sup Agent's Name & Code No &

Mobile number:

License No:

Date of Expiry:

For Office use:

Proposal no :

Amount of Deposit :

B.O.C No:

Date

PERSONAL BIODATA

Following questions to be answered by the proposer

	Personal details	Proposer				Life to be Assured (Minor)			
		Mr.	Mrs.		Other	Mr	Ms.	Other	
1	Name								
1.1	Father's Name								
1.2	Sex	Male ____ Female ____ Third Gender				Male ____ Female ____ Third Gender			
1.3	Relationship between Proposer & Life to be Assured								
2	Address for								

	communication		
	Landmark/Area		
	City		
	State		
	PIN Code		
2.1	Residential and official Telephone Number: (With STD Code)		
2.2	Residential address (if different) City State PIN Code Telephone Number: (With STD Code)		
3	a. Date of Birth b. Age nearer birthday c. Place of Birth d. Age Proof Submitted	_____ _____ _____	_____ _____ _____
4	Nationality		
5.1	PAN No.		
5.3	A. Are you registered under GST Act	YES/NO	YES/NO
	B. If Yes, provide GSTIN		
6	Educational Qualifications		a) Is the child studying? Yes No b) If Yes , state the class and /or type of course
7	Occupational and Employment Details of proposer a) Type of business b)Name of the employer, if employed c) Designation d) Exact nature of duties e) Years since working f) Annual Income g) Proof of income given		

8	Plan & Term	Sum Proposed	Mode (Yearly, Half-yearly, Quarterly, Monthly , SSS, ECS, Single premium)	If policy is to be dated back, indicate such date	What is the objective of Insurance?	Do you wish to secure the Premium Waiver Benefit in case of your death? If yes, please fill up Proposal Form No. 300 separately.		
9	Is any other proposal on the life to be assured now being made to, or is any other proposal on or an application for revival of a policy on his life under consideration in this or any other office of the corporation or to any office of any other insurer? If so, give details.				Answer 'Yes' or 'No'	If 'Yes', please give full details		
10	Please give following details of previous insurance (from LIC and private Insurers) of life to be assured, if any (including policies surrendered / lapsed during last 3 years)							
	Policy number	Name of the Divisional office or of other insurer	Plan & Term	Sum Assured	Whether accepted as proposed at ordinary rates? If not, give details	Date of commencement/ Revival	Whether in force for full Sum Assured	If not ,give due date of last premium paid or date of surrender
	N.B : Corporation does not entertain any fresh proposal for insurance where a policy has lapsed or has been converted into paid up policy within the last 3 years.							
11(a)	Has a proposal or an application for revival of a policy on your life and/ or on the life of life to be assured made to this or any other office of the Corporation or to any other insurer ever been :					Answer 'YES' or 'NO'	If yes, give details	
	a) Withdrawn, Deferred, Dropped or Declined?							
	b) Accepted with extra Premium or Lien?							
	c) Accepted on terms otherwise than those proposed?							
11(b)	Have you during the past one year returned any policy of the Corporation as the same was not acceptable to you? If so, give details:							
12	FAMILY HISTORY							

		Living		Dead	
		Age	State of Health	Age at death	Year/ Cause and date of death
	Father				
	Mother				
	Brothers Living				
	Dead				
	Sisters Living.....				
	Dead.....				
13(a))	Give below the particulars of all the assurance in full force on the lives of parents, brothers and sisters of Life to be assured	Relation ship	Policy Number		Sum Assured
		Father			
		Mother			
		Brother			
		Sister			
13(b))	Whether all the children insured equally? Yes/ No. If No, please mention reason for the same				
<i>(Please give details of all questions in the space provided for the same.). If space is insufficient, attach a separate sheet duly signed by LP</i>					
		Answer 'Yes' or 'No		If Yes please give full details	
14	Are you a Politically Exposed Person OR are you a family member or close relative of Politically Exposed Person? [As per RBI guidelines PEPs are the individuals who are or have been entrusted with prominent public functions in a foreign country].				
15(a))	Has any of life to be assured's relations, living or dead, suffered from any hereditary or infectious disease like diabetes, insanity, epilepsy, gout, asthma, tuberculosis, cancer, leprosy, etc.? If yes, give detail .				
15(b))	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.				
16	(a) Is the life to be assured now in good health and good constitution and free from disease?				

	(b) Has the life assured had (1) Small Pox or (2) Successful vaccination ? And if so, (3) When ?				
17(a)	Are life to be assured ever suffered or undergone investigation in the past or have life to be assured been advised to undergo investigation or treatment for the following :				
	1. Lungs/ Respiratory Disease / Persistent cough, asthma, bronchitis, pneumonia, spitting of blood etc	Yes' or 'No'	2.Hypertension, Hypotension, rheumatic fever, pain in chest, breathlessness, palpitation, any disease of the heart or arteries?	Yes' or 'No'	
	3. Peptic ulcer/colitis, jaundice, anaemia, piles, dysentery, or any other disease of the stomach, liver, spleen, gall bladder or pancreas/digestive disorder		4. Any disease of kidney /prostate or urinary system		
	5. Paralysis/epilepsy/ insanity/ Tremors, numbness, double vision, dizzy or fainting spells/ Head Injury / Insomania/ Nervous breakdown / any other disease of the brain or the nervous system		6. Hernia/ hydrocele, varicocele, fistula, varicose veins, , filariasis, gonorrhoea, syphilis, or any other venereal disease?		
	7.Cancer/Leukemia/Lymphoma/ Tumour / Cyst/ Any other growth / lumps/ Blood disorder /enlarged glands		8. Any disease of ear, nose, throat or eyes, including defective sight or hearing and discharge from the ears		
	9. Diabetes/ suffering from diabetes or have you ever passed sugar, albumin, pus or blood in urine/ Goitre/ Thyroid or other endocrine disorder		10. Bone / Joint/ Spine Disease/ Arthritis		
	11.Mental Disorder (Depression/ Anxiety, etc.).		12. Chronic infections- Tuberculosis/ pleurisy / Skin Disease/ skin eruption/ Leprosy.		
	13. Any accident or injury/ any bodily defect or deformity.				
	14. Any other disease?				
17(b)	If answer to any of the questions mentioned in 17(a) is yes, please give details as below . If hospitalized , the discharge summary and all investigation papers are to be enclosed along with the proposal form.				
	Nature of disease / illness	Date of Diagnosis	Fully recoverd (Y/N)	Still on treatment (Y/N), If Yes give details of treatment	Name and address of Doctor/ Hospital
18(a)	Has the Life to be assured ever had, an Electro cardiogram, X-ray or Screening, Blood, Urine or Stool examination? If yes, give detail				
18(b)	Has the Life to be assured ever been in any hospital, asylum, or sanatorium for check-up, observation, treatment or any operation? If yes, give detail				

18(c)	Has the Life to be assured or parents ever received or are at present availing or undergoing medical advice, treatment or test in connection with Hepatitis B or AIDS related condition? If yes, give detail	
19	Have you understood fully the terms & conditions of the plan you propose to take?	Yes /No
20	Whether the terms & conditions of the proposed plan have been explained to you by the agent ?	Yes/ No
21	<p>Please provide the following information to help us to serve you better.</p> <p>1. Bank Account details: a) Type of Account: Saving / Current b) Your Account No: c) 9 Digit MICR: d) IFS Code: e) Name and address of your Bank _____</p> <p>_____</p> <p>Attach a photocopy or cancelled cheque with the form</p>	
2	Signature Box	
	Full Name of L.A.	

DECLARATION

I.....(Name of the proposer) do hereby declare that the foregoing statement 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 the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be dealt with as per provisions of Section 45 of the Insurance Act,1938 as amended from time to time.

And I further agree that if after the date of submission of the proposal but before the issue of First Premium Receipt any change in the general health of the life to be assured or that of any members 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 contract to be dealt with as per provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

Dated aton theday of20....

Mobile No of the Proposer: _____

E mail id of the Proposer : _____

Signature of witness.....

Name.....

Occupation & address

.....

.....

.....

Signature or thumb impression of the proposer

1. Declaration by the person filling in the form (In case form is filled up/signed in a language different from that of the Proposal Form or in case the proposer is person with disability (PWD) where he/she is not able to fill the proposal form himself/ herself.)

“I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer and proposer has affixed the thumb impression/ signature as below after fully understanding the contents thereof.”

Name of the Declarant:_____

Signature:_____

Address of the Declarant:_____

“I certify that the contents of the form and documents have been fully explained to me by (Name, Designation, occupation) Mr. / Mrs.:_____ and I have understood the significance of the proposed contract.

Signature or thumb impression of the proposer

2. In case the proposer and/or life to be assured is/are illiterate the thumb impressions of the proposer/life to be assured 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.

“I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer/life to be assured in -----language and that the proposer/life to be assured has affixed his thumb impression above after fully understanding the contents thereof .”

Name & Address of the Declarant

Address of the Declarant

.....

.....

.....

Signature

SECTION 45 OF THE INSURANCE ACT,1938 AS AMENDED BY INSURANCE LAWS(AMENDMENT)ACT,2015

(1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.

(2)A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or

the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud :

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and the materials on which such decision is based.

Explanation I - For the purpose of this sub section, the expression "fraud" means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy :

- (a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
- (b) The active concealment of a fact by the insured having knowledge or belief of the fact ;
- (c) Any other act fitted to deceive ; and
- (d) Any such act or omission as the law specially declares to be fraudulent.

Explanation II – Mere silence as to facts likely to affect the assessment of the risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intension to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

Explanation: A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be agent of the insurer.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation – For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.'

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 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.

Provided that acceptance by an insurance agent of 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 liable for a penalty which may extend to ten lakh rupees.

FOR MINOR LIVES ONLY

F.NO.3293A

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 Life Assured, I shall utilise the moneys thereby received for the benefit of the minor or his estate.

.....

.....

Signature of witness

Signature of the Proposer

ADDENDUM TO PROPOSAL

"I understand and agree that the policy shall automatically vest on the Life Assured on the policy anniversary coinciding with or immediately following the completion of 18 years of age and shall on vesting be deemed to be a contract between the Corporation and Life Assured."

Dated at _____ on the _____ day of _____ 20 _____

Signature or Thumb impression of the Proposer

Signature of Witness

Name _____

Occupation _____

Address _____

Note: In case of dispute in respect of interpretation of terms the English version shall stand valid.

