

2.9 Geographical region/s

Please give Urban/ Rural Split % where the branch offices are located. Also mention "all over India" if applicable or mention specific city (ies) and state(s) if concentrated at such location.

3. PREVIOUS INSURANCE ARRANGEMENTS

3.1 New/Existing/Self Insured New - Not insured at all Existing - Presently insured with KLI and / or another insurer/s
 (Specify whichever is applicable) Self Insured - Cover provided In-house

3.2 Name of Previous Insurer(s) (If applicable)

3.3 EOH Limits applicable under previous Policies, if any

3.4 Members Underwritten under previous Policies, if any Yes No

3.5 If any type of Loading* under any Insurance Policies, please give details Yes No

* If yes, please furnish the names, date of birth, gender, annual salary, cover and health loading (may be supplied as a list or as a data file)

3.6 Current Benefit Structure (If applicable)

Product Details (Basic Life Cover, Riders)	Cover levels/Amounts	Premium Amount/Rates	Additional information

3.7 Claims experience at least for the last 5 years as provided at the time of pricing

Year	Total No. of members in that Year	No. of deaths	Cause of Deaths		No. of Claims	Total claimed Amount	Total settled Claim Amount
			Accidental	Natural			

4. DETAILS OF PLAN PROPOSED

4.1 Number of Members:

4.2 Date of Commencement*: * If backdating is requested, please give reason(s) for the same

4.3 Tender Synopsis No: 4.4 Date of Tender synopsis:

4.5 Validity of Tender Synopsis up to: 4.6 Free Cover Limit (FCL):

4.7 Accepted Premium Rates:

	Category (ies) Eligible	Sum Assured per life	Rate & basis (p.m./p.a.)	Premium Amount
Basic life cover (BLC)				
Kotak Accidental Death, Disability and Dismemberment Benefit Rider				
Kotak Accidental Death Benefit Rider				
Kotak Accidental Disability Benefit Rider				
Kotak Accidental Dismemberment Benefit Rider				
Kotak Critical Illness Enhanced Group Rider*				
Kotak Terminal Illness Benefit Rider				

*For Kotak Critical Illness Enhanced Group Rider

Benefit option Accelerated Additional Plan Option: Silver Gold Platinum Titanium

4.8 Premium Frequency: Yearly: Half Yearly: Quarterly: Monthly:

4.9 Instrument Details: Cheque / DD No. Drawee Bank Bank Branch
 Instrument Date Amount (Rs.) Only
 RTGS/ NEFT IFSC Code

4.10 No of Lives Covered:

4.11 Membership for: Permanent Employees Contractual Employees Other (specify)
 Definition of Contractual Employees /Other:

4.12 Member's Cover Commence on: On date of joining / confirmation Any Other Date Other (specify rule)

4.13 Salary details (if benefits are based on salary multiple):
 Definition of Salary:

4.14 Salary changes are effective on*: Next Policy Anniversary Immediately Other (specify rule)

Changes in the member data should be intimated to the Company on a monthly basis. Cover shall not be revised till the Company issues confirmation of such revision to the policyholder.

7. DECLARATION FOR ONLINE TRANSACTION RIGHTS

I have read the terms and conditions of registration on Kotak Life Insurance website - www.kotaklife.com and accept them. I understand that I will have to register on www.kotaklife.com to receive my username and password. I agree that all transactions executed over the website www.kotaklife.com under my username and password will be binding on me. I understand that I get transaction rights for proposal number mentioned above provided my application is accepted by Kotak Life Insurance.

Place: _____ Date: _____

Signature / Right Thumb Impression of the Proposer

8. DECLARATION BY THE PERSON FILLING IN THE FORM (Applicable only where form is filled in by a scribe or signed in vernacular languages or where the form is filled in by a representative duly authorised by a person with disability)

Scribe / Vernacular languages Disability

I _____ (Full Name), have explained to the Proposer, that the answers to the questions form the basis of the contract of Insurance between the Company and the Master Policy Holder and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a non-disclosure of a material fact the policy may be treated as void and the Policy will be cancelled immediately by the Company in accordance with the Section 45 of the Insurance Act, 1938 and amendments thereto from time to time and all premiums paid under the policy may be forfeited to the Company. I also confirm that the Proposer has signed / affixed his/her right thumb impression in my presence.

SECTION 41 OF THE INSURANCE ACT, 1938, as amended from time to time: 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 prospectuses or tables of the insurer.

SECTION 45 OF THE INSURANCE ACT, 1938, as amended from time to time: The provisions of Section 45 of the Insurance Act, 1938 are applicable in the above contract. Please refer to Section 45 either on our website or contact our intermediary or visit the nearest branch for the full text.

https://www.kotaklife.com/assets/images/uploads/why_kotak/section38_39_45_of_insurance_act_1938.pdf

Free Look Period : The policyholder is offered 30 days (except for policies having a cover term of less than a year) free look period from the date of receipt of the policy document wherein the policyholder may choose to return the policy within 30 days of receipt if s/he is not agreeable with any of the terms and conditions of the plan and receive the applicable refund amount. For Group Policies, the refund amount shall be payable to the Group Master Policyholder

Kotak Mahindra Life Insurance Company Ltd.

Regn. No.: 107, CIN: U66030MH2000PLC128503, Regd. Office: 8th Floor, Plot # C- 12, G- Block, BKC, Bandra (E), Mumbai - 400 051.
Website: www.kotaklife.com Email:kli.groupoperations@kotak.com I Toll Free No. – 1800 120 7856.

Form No. 302163

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