

# Certificate of Insurability

To be filled in by the Life Assured

PS001\_\_\_\_\_

Policy no. \_\_\_\_\_

Life Agent/Relationship Manager/Specified Person ID \_\_\_\_\_

Name of the Primary Life Assured \_\_\_\_\_

Name of the Proposer \_\_\_\_\_

**If you have answered any question in 'Yes' please provide full details at the box provided in the end of the questioner.**

1. Address (Residence)	<p>_____</p> <p>_____</p> <p>_____</p>				
Questions	Primary Life	Spouse	Child 1	Child 2	Child 3
Name of Life Insured	_____	_____	_____	_____	_____
2. Occupation	_____	_____	_____	_____	_____
2a. Has there been any change in occupation of the life assured, since the date of Proposal for this policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b. Is the life assured presently disabled by illness or injury or is otherwise prevented from performing without any aid or assistance and as fully and in the same manner as he/she had been performing at the time of his/her proposal for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2c. Has the life assured ever or is currently suffering from any illness, impairment or disability or any surgery not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the life assured participate or intend to participate in any hazardous sporting activities e.g. mountaineering, motor racing, diving, gliding etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the life assured since the date of proposal for this policy travelled or intend to travel or reside abroad other than on holiday?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Height of life assured (cms)	_____ cms	_____ cms	_____ cms	_____ cms	_____ cms
Weight of life assured (Kgs)	_____ kgs	_____ kgs	_____ kgs	_____ kgs	_____ kgs
Is there a change in weight of more than 5 kgs in last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Questions	Primary Life	Spouse	Child 1	Child 2	Child 3
<p>6. 6a Does the life assured consume alcohol or nicotine?</p> <p>If yes, please mention quantity/ week in the box given below</p> <p>6b Has the life assured ever used cocaine, heroin, or other narcotics, marijuana, LSD, or amphetamines except as prescribed by a physician?</p> <p>If yes, please complete Drug Usage Questionnaire.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Beer _____ Bottles Wine _____ Glasses Hard Liquor _____ Pegs  <input type="checkbox"/> Yes <input type="checkbox"/> No Cigarettes _____ Bidis _____ Paan _____ Gutka _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Beer _____ Bottles Wine _____ Glasses Hard Liquor _____ Pegs  <input type="checkbox"/> Yes <input type="checkbox"/> No Cigarettes _____ Bidis _____ Paan _____ Gutka _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Beer _____ Bottles Wine _____ Glasses Hard Liquor _____ Pegs  <input type="checkbox"/> Yes <input type="checkbox"/> No Cigarettes _____ Bidis _____ Paan _____ Gutka _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Beer _____ Bottles Wine _____ Glasses Hard Liquor _____ Pegs  <input type="checkbox"/> Yes <input type="checkbox"/> No Cigarettes _____ Bidis _____ Paan _____ Gutka _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Beer _____ Bottles Wine _____ Glasses Hard Liquor _____ Pegs  <input type="checkbox"/> Yes <input type="checkbox"/> No Cigarettes _____ Bidis _____ Paan _____ Gutka _____
<p>7. Has any of the parents/brothers/ sisters of the life assured suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, cancer, kidney disease or paralysis or any other hereditary/ familial disorders such as Huntington's disease, polycystic disease or the kidneys or familial polyposis of the colon?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. In the last 5 years:</p> <p>8a. Has the life assured consulted any physician or other health practitioner for any illness, other than common cold, fever or influenza lasting for more than 4 days?</p> <p>8b. Has the life assured been told to take advice for any illness, disease or injury or has been admitted as an in-patient in a hospital or clinic except for pregnancy, child birth or routine check up?</p> <p>8c. Submitted to ECG, x ray, blood test or other tests?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No   <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No   <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No   <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No   <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No   <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Has the life assured ever been examined or treated for any heart problem, hypertension, diabetes, respiratory problem, tuberculosis, digestive disorder, renal problem, a tumor, mental disorder or any gynecological problem?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Has the life assured ever had to seek advice for Acquired Immune Deficiency Syndrome (AIDS) or a test indicating the presence of HIV virus?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



I/We declare : That the replies given by me/us ,to the questions in this proposal are true, complete and correct.

I/We agree:

- 1 That Aegon Religare Life insurance company Ltd shall incur no liability by reason of this proposal or by reason of any cash paid or settlement made in connection therewith until this proposal has been approved by Aegon Religare Life Insurance Company Ltd with no change having taken place in the insurability of the Insured, subsequent to the date of this proposal.
2. All material facts, being facts which might influence the assessment of this proposal, have been disclosed in this proposal, it being understood that the failure to make such disclosure renders the contract voidable at the option of the Company, and
3. That if on the basis of this proposal the policy is changed so as to result in an increase in the amount of risk, death by suicide within a period of one year from the date of this proposal equal to the period specified in the suicide provisions of this policy, is a risk not assumed under the changed policy in respect of any increase in the amount at risk, but in the event of such death Aegon Religare Company Ltd will become liable to make payment of the amount which would become payable had the policy not been changed, together with the increase in the premium paid as a result of the change.

Name of Proposer \_\_\_\_\_

Signature of Proposer \_\_\_\_\_

Name of Life Agent/  
Relationship Manager/  
Specified person \_\_\_\_\_

Signature of Life Agent/  
Relationship Manager/  
Specified person \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_