

LIFE INSURANCE CORPORATION OF INDIA
Special M.H.R. Form

Proposal No.

Branch Office:

INSTRUCTIONS:

- (1) This report is to be completed where the Sum Proposed is in excess of Rs.15 Lacs.
 - (2) 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.
 - (3) This report must be completed immediately after the enquires are made.
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- 1 Full Name of the ProposerAge:years
Full Name of the Life to be Assured:
Occupation
Sum Proposed Rs.
Full Address
- 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/L.A.? a.
 - b. Are you satisfied about the identity of the Life Proposed? b.
 - c. Give marks of identification, if any c.
 - d. Does the life proposed look older than declared age? d.
 - e. What is the educational qualification of life to be Assured? e.
 - f. What is your assessment about the general state of health of the life to be Assured? f.
 - g. Has he any physical deformity or impairment? g.

- h. Does your enquiry indicate his having suffered from any illness or injury or undergone any operation or hospitalization or medical investigation in the past? If so, give details
- h.
5. Are you satisfied that no previous policy has lapsed within last 3 years on the life of the proposer/life proposed, his family member
6. a. What is proposer's yearly income from all sources (before tax) (Give detailed and accurate information about the nature of source)
- i) Employment Rs.
- ii) Business or Profession : Rs.
- iii) Agriculture Rs.
- iv) Investments Rs.
- v) Property Rs.
- vi) Any other source Rs.
- b. Give information about the Income, Total Insurance in force and the family members of the proposer
- | | Yearly income from all sources (before tax) | Total Insurance in force | Premium per year |
|------------------|---|--------------------------|------------------|
| i) Father | | | |
| ii) Mother | | | |
| iii) Wife | | | |
| iv) HUF of self | | | |
| v) HUF of father | | | |

(if it is noticed that any earlier policies belonging to any one including the proposer's are financed from any of the HUF Funds, then given detailed information on the premium amounts so paid, which HUF finances the policies or whose life the policies are so financed and what are the premium amounts).

- c. Give information about the income, total insurance in force and total premium amounts per year for the children of the proposer
- | | Yearly income From all source (before tax) | Total Insurance in force | Premium paid per year |
|-----------|--|--------------------------|-----------------------|
| Sons | | | |
| Daughters | | | |
- d. Give the figure of Income Tax paid, Total Assets (excluding life assurance) & Total Liabilities of the proposer, Life proposed & Family Members

Income Tax

Assets

Liabilities

- i) Proposer
 - ii) Life Proposed
 - iii) Father
 - iv) Mother
 - v) Wife
 - vi) Sons
 - vii) Daughters
- e. Is he or his business solvent?
- f. State full particulars of the documents
- Verified (Remarks such as "as told by
- the party, agent, etc." will not be accepted

7. a) Is there anything in the Life to be Assured's occupation, financial or social position, personal habits or any other circumstances which might add to the risk?
- b) Do you consider acceptance of the proposal As in order and recommend it as such?

I hereby 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:
 Date:

Signature:
 Name :
 (in block letters)
 Designation:
 Address:

