

Certificate of Insurability(Minor) (to be filled in by the proposer)

Pso01

Policy No.

Agent ID

Branch No.

Name of the Life Assured

Name of the Policy Owner

Form of Reinstatement of Policy

Increase in Sum Assured under the policy

Date	Cheque/DD No	Issuing Bank	Payable at	Cash	Amount in Rs.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (Residence)

- 2) Are there any insurance policies or applications on the child's life which are issued or submitted or pending with ARLI or any other insurance company (including policies which are surrendered/lapsed/submitted for revival or reinstatement) Yes No
- 3) State the number of siblings: Brothers Sisters
 Are all the children insured? Yes No
 If No, please mention the reason for the same
- 4) a) Does the child intend to travel or currently traveling outside India for more than 30 days?
 If yes, please state the purpose of travel? Studies Vacation Others
- b) Does the child take part or intend to take part in any hazardous sports, pastimes or hobbies including but not limited to diving, mountaineering or sailing? If yes please complete the respective Questionnaire.
- c) Does the child have any plan of engaging in aviation other than as a fare paying passenger? Yes No
 If yes, please complete the Aviation questionnaire.
- d) Does the child ever taken narcotics, e.g; Heroine, Cocaine, Cannabis/ Ganja, LSD, etc.? Yes No
 If Yes, please complete the Drug Usage Questionnaire.
- 5) Has any of the child's parents or sibling ever suffered from or are suffering from diabetes, hypertension, heart disorder, cancer, etc? Yes No
- 6) a) Height of the child: cm Weight of the Child: kgs
 b) Has the child's weight altered by more than 5 kg in the last one year? Yes No
 If Yes, please mention: Gain kg or Loss kg
 Reason
- 7) a) Has the child been immunized as per the schedule? Yes No
 b) Is the mental, physical growth of the child as per age? Yes No

- 8) Has the child during the last 5 years:
- a) Suffered from an ailment /injury/accident requiring treatment /hospitalization for more than a week? Yes No
 - b) Undergone or advised to undergo or are currently undergoing any form of medical treatment? Yes No
 - c) Consulted any doctor or other health practitioner except , for normal care at birth or for common cold/influenza lasting for more than 4 days ? Yes No
 - d) Undergone investigations or tests such as blood test ,X- Ray or ECG etc ? Yes No
 - e) Been on any medication prescribed by a medical practitioner or on a special diet or alternative medicine? Yes No
- 9) Has the child ever suffered from or is suffering from or sought advice for:
- i. Heart Disease, Rheumatic Fever, or any other condition of the heart? Yes No
 - ii. Diabetes*, impaired glucose tolerance or sugar in urine or high blood sugar? Yes No
 - iii. Blood disorder, anemia, abnormal bleeding or spleen disorders? Yes No
 - iv. Cancer, tumor, leukemia, cyst, enlarged lymph node or any abnormal growth Yes No
 - v. Thyroid Disorder, pituitary tumors or other hormonal disorders? Yes No
 - vi. Epilepsy, head injury, paralysis, tremors, numbness, double vision, dizzy or fainting spells? Yes No
 - vii. Any mental illness * including psychiatric disorder, depression, anxiety, stress, nervous breakdown or insomnia? Yes No
 - viii. Asthma*, chronic bronchitis, emphysema, pneumonia, tuberculosis, chronic cough, or any other chest or lung complaint for which you have required treatment? Yes No
 - ix. Recurrent indigestion, ulcer, chronic diarrhea, jaundice, hepatitis or any other disease of the liver, stomach, bowels, kidneys, bladder, reproductive system or urinary system? Yes No
 - x. Arthritis, polio or any disease of the joints, bones or muscles? Yes No
- 10) Has the child ever suffered from or is suffering from any illness, impairment or disability not mentioned above Yes No
- 11) Has the child or the parent ever suffered or tested positive or been treated for or infected with HIV ,been diagnosed as having HIV antibodies or suffering from an AIDS related complex (ARC) Yes No
- 12) Does the child have any physical deformity or Birth /congenital defects? Yes No
- 13) Does the child have any health symptoms or complaints for which a physician has not been consulted e.g. persistent fever, unexplained weight loss, loss of appetite, pain, swelling, etc? Yes No
- 14) Except as mentioned above, have you had any reason to suspect that the child has not been in good health since birth? Yes No
- 15) Are you aware of any circumstances not disclosed above, which might have an unfavorable bearing upon the life of the child ? Yes No
- 16) Since the date of proposal for this policy has any proposal for insurance on the life of the child or reinstatement of life or health insurance on the life of the child been declined, postponed, modified or rated by Aegon Religare Life Insurance Company or any other insurance company? Yes No
If yes, please give Details _____
- 17) Is any proposal for insurance or for, reinstatement of a policy on the life of the child pending with or submitted to Aegon Religare or any other insurance company? Yes No
If yes, please give details _____

Q No	Complete details such as diagnosis, medications, period of treatment etc

Declaration

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 Advisor/

Relationship Manager/Specified person

Signature of Life Advisor/

Relationship Manager/Specified person

Date

Place