

(Answers must be in words. Strokes of the pen or dots or dashes not accepted as valid replies.)

Proposal Number	
Name of the Proposer/ Life to be assured	

<b>1</b>	Have you visited any foreign country after 1.1.2020: If "YES" then please answer the following:	<b>YES / NO</b>
<b>1.1</b>	Name of country visited	
<b>1.2</b>	Duration	from __/__/20_ to date __/__/20_
<b>1.3</b>	Date of return to India	__/__/20_
<b>1.4</b>	If you have been screened at the airport please provide copy of report provided	<b>YES / NO</b>
<b>2</b>	Have you been tested for COVID-19. If yes, all the reports of same till date	<b>YES / NO</b>
<b>3</b>	Please confirm if either of the following is applicable to you: _____	
<b>3.1</b>	Kept in home quarantine anytime (till date) since 1.1.2020	<b>YES / NO</b>
<b>3.2</b>	Kept under observation anytime (till date) since 1.1.2020	<b>YES / NO</b>
<b>3.3</b>	Kept in home isolation/self isolation anytime (till date) since 1.1.2020	<b>YES / NO</b>
<b>4</b>	Do you plan to travel to any foreign countries in next 6 months:	<b>YES / NO</b>
<b>4.1</b>	Name of country visited	
<b>4.2</b>	Duration (mention from date, to date)	from __/__/20_ to date __/__/20_
<b>4.3</b>	Date of return to India	__/__/20_
<b>5</b>	Have you or your immediate family members/co-habitants suffered from any signs & symptoms of flu (cough, cold, fever more than 05 days) since 1.1.2020 (whether any medical consultation taken or not)?	<b>YES / NO</b>
<b>6</b>	Have you or your immediate family members undergone or been advised to undergo any test/investigations or hospitalized for observation or treatment in past 2 months for respiratory symptoms?	<b>YES / NO</b>
<b>7</b>	Have you or any of your immediate family members/co-habitants come in contact with suspected or confirmed cases of coronavirus	<b>YES / NO</b>

**Declaration to be given by the Proposer/Life to be assured**

I declare that the answers given above are true and to the best of my knowledge and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for life Insurance and that failure to disclose any material fact known to me may invalidate the contract.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

**Signature of Proposer/ Life to be assured**