

## Moral Hazard Report

**Guidelines:** Before completion of the report, the Business Leader should satisfy himself regarding the identity of the proposed insured. The Business Leader should make independent enquiries about the life to be Assured's health and habits in addition to other matters by personally meeting the Life to be assured at her residence or work place.

1. Name of the Life Assured: \_\_\_\_\_

2. Application Details:

Proposal No		Sum Assured ( in lacs )	
Occupation		Annual Income	
Education Qualification		Marital Status	
Date of Birth ( DD/MM/YY )		Husband Insurance Cover (for unearned/ Self employed females)	

3. Sources of Income along with details: (Tick as applicable)

- a. Rental Income - Monthly rental income \_\_\_\_\_
- b. Investment and interest Income \_\_\_\_\_
- c. Tuition Income - Monthly - Rs \_\_\_\_\_
- d. Income from Other Business (beautician and tailoring) \_\_\_\_\_
- e. Income from Agriculture
  - i. Type of Crop cultivated \_\_\_\_\_
  - ii. Area of Land cultivated \_\_\_\_\_
  - iii. Regular income (per annum) \_\_\_\_\_
- f. Income from Business \_\_\_\_\_
- g. Income from Salary \_\_\_\_\_

4. PAN Number ( if any ) : \_\_\_\_\_

5. How is her general appearance and build \_\_\_\_\_

6. What is the need for insurance \_\_\_\_\_

7. Are you aware of any physical deformity, any medical history, any injury, any hospitalization or operation history or any other adverse details that would have an effect on the insurability of the client  
\_\_\_\_\_

8. Do you consider her environments warrant our undertaking the risk?  
If not please give your reasons.  
\_\_\_\_\_  
\_\_\_\_\_

9. Is there anything in the proposer's occupation, financial or social position, personal habits or other circumstances which is likely to add to the risk and to which special attention should be paid in considering the proposal?  
\_\_\_\_\_

10. What is the Total existing insurance on his/ her life?  
\_\_\_\_\_

11. Provide details of any application or reinstatement of Life insurance on the Life assured that has been declined, postponed, modified or rated up by IFLIC or any other Insurer in India or abroad.  
\_\_\_\_\_  
\_\_\_\_\_

12. Who is the nominee of the policy? Is the nominee financially dependent on the Life assured?  
\_\_\_\_\_

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.

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_