

**LIFE INSURANCE CORPORATION OF INDIA****Novel Coronavirus(Covid-19)Questionnaire ( Revised version-9)**  
(To be completed by life to be assured / Proposer in case of minor life)

Name of the life to be assured:

Proposal No:

I	Confirm whether Life to be assured has been living with or in close contact with Covid positive patient in last 14 days, If yes, provide date of diagnosis of latest Covid positive individual.	
II	Has life to be assured ever tested positive for Covid-19 , If yes a. Date of positive diagnosis b. Whether home quarantined / in Covid Care Centre (CCC) / Hospitalized c. Whether suffered from any Covid-19 related complications Please submit discharge summary, all investigation reports including all Covid-19 test results.	
III	Vaccination details for novel coronavirus (SARS-CoV-2/COVID-19) of life to be assured a. Date of first dose b. Date of second dose c. Name of vaccine d. Have you experienced any adverse reaction post vaccination. If yes, please share details including treatment taken for adverse reaction (and how many days after vaccination )	

**Declaration:** I confirm that the answers given above by me are to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this proposal. I agree that this form will constitute part of my proposal for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Date &amp; Place:

Signature of life to be assured/ Proposer