



**SPECIAL MORAL HAZARD REPORT.**

Application/Policy Number: \_\_\_\_\_ AM/RM Code: \_\_\_\_\_

Name of Life Insured : \_\_\_\_\_ Met on \_\_\_\_\_

Name of Proposed Owner : \_\_\_\_\_ Met on \_\_\_\_\_

**Note:**

- Name to be entered in BLOCK letters.
- Answers to be descriptive wherever required.

1) Are you aware about any medical history or any other adverse details that would have an effect on insurability of the client?

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2) Provide details of Realistic income along with details of Sources of Income and Net Worth of client?

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3) Are you aware whether the client has an undischarged bankruptcy? If Yes, give details?

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4) Provide details of any application or reinstatement of Life Insurance on the life Proposed has been declined, postponed, modified or rated up by BSLI or any other insurer in India or abroad?

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5) Additional Comments.

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I hereby declare that all the information that I have provided in connection with this Special Moral Hazard Report is true and complete to the best of my Knowledge.

Name: -----

Designation: -----

Signature: -----

Dated: -----