PROPOSAL FORM FOR BANKER'S INDEMNITY INSURANCE

For Official Use Only

Agent/ Broker Name

Marketing Officer

Marketing Officer

Branch Address

Phone No. Business Sector: Urban Rural Social

Client ID Number Group ID Number

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on his behalf.
4. Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the proposal form.

NOTE : The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

SCOPE OF COVER: The Insurance Policy broadly covers direct losses incurred by the insured in respect of Property lost in Premises, in Transit, Forgery of cheques, Employees dishonesty etc.

SIGNIFICANT EXCLUSIONS: The Insurance Policy does not cover loss and/or damage arising from war and Nuclear perils, any kind of consequential loss.

EXTENSIONS: Certain optional extensions are available, the details of which are provided in the relevant section of this proposal form

NOTE: The forgoing is only an indication of the cover offered. For details please refer to the policy.

CLIENT INFORMATION

Proposer's Name

Proposer's Mailing Address

City/Town State Pin Code

Contact No Fax No.

Email ID

Proposer's trade or business

Particulars of Work

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*?

Yes No

If yes, please give details (Nature of relationship and position held by PEP): _____

**Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Government, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.*

Type of Proposer: Individual MSME/SME Partnership firm

Company Govt. Others _____

Constitution of Business: Non Resident Entity Foreign company registered in India Foreign LLP Partnership

Government Department Hindu Undivided Family LLP Partnership Local Authorities Private Limited Company

Proprietorship Public Ltd Co Others _____

Customer Type: ☐ General ☐ EOU/STP/EHTP ☐ Government ☐ Overseas ☐ Related parties ☐ SEZ
☐ Others_____ Annual Income: (In Rupess):

Do you file income tax return? ☐ Yes ☐ No Do you own a bank account? ☐ Yes ☐ No

Country PAN No.

Paid-up capital of the firm (in '(million) Business Sector ☐ Urban ☐ Rural

*Registered GST: ☐ Yes ☐ No (One Policy One Invoice)

If Yes, then please provide GSTIN

Address (Registered under GST)

One Policy Multiple Invoice: ☐ Yes ☐ No (If yes, it can be taken as an Annexure to Proposal Form as detailed below)

If Yes, then please provide

State-wise GSTIN	Address Registered under respective GSTIN

Note: In all above cases, complete address of the customer is required to be taken.

CONTACT DETAILS

Contact Person's Name

Mailing Address

City/Town State Pin Code

Contact Number (Landline-With STD Code) Mobile No.

Email ID

RISK DETAILS

1. a. Name of Bank	
b. Address i. Registered Office ii. Corporate Office	
2. a. State the Total Number of i. Employees (Officers, Clerks and sub-staff) whether permanent or temporary, whole time or part time, on contract or otherwise including Apprentices. ii. Appraisers, Janata Agents / Chhoti Bachat Yojna, Pygmie Collectors and other Persons performing duties of a like nature. b. State the Total No. of branches in India and abroad existing at present. In a separate annexure, please specify the addresses of the location of branches for which the cover is being sought. c. No of ATM's In India at present	In India : In Abroad :
3. a. Are employees trained and retrained, if necessary, on all aspects of : i. Physical and Electronic data security ? ii. Operational procedures ?	☐ Yes ☐ No ☐ Yes ☐ No

b. Are the duties of each employee arranged so that no one employee is permitted to control any transaction from commencement to completion? c. Are any branches, subsidiaries or associated companies allowed to maintain different operational procedures than the Head Office / Parent Company? If "yes", is prior approval required from Head Office / Parent Company ? d. Is joint custody maintained for the safeguarding of : i. Access codes, ciphers, test keys ? ii. Access to Property whilst in safes and/or vaults ?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
4. a. Are you at present insured under a Banker's Indemnity Policy ? If so Please State the name of the company and the amount and period of insurance. b. Have you made a proposal for insurance of this nature to any insurance company ? If so, with what result ? c. Has any proposal for insurance of this nature been declined by any Company in the past? d. Has any Policy been cancelled or renewal thereof refused? If so, give details.	
5. i. Please state the maximum value of securities (including negotiable collateral, unissued stock certificates etc.) a. at Head Office b. at Branches c. with custodians ii. Please state the maximum amount of cash : a. at Head Office b. at Branches c. with automated machine d. with custodians iii. Please state the maximum amounts/value carried by : a. Armoured motor vehicle : i. Cash ii. Securities b. Messengers : i. Cash ii. Securities	
6. Have you ever sustained a loss or losses of money/ securities : i. Whilst lying at the premises ii. Due to dishonest act by employees and/or agents iii. Misappropriation of Hypothecated goods iv. Whilst in transit v. Whilst in postal transit vi. Arising out of false valuation by Appraiser	
7. Have you ever sustained a loss or losses in respect of following: i. Forgery of cheque /draft /FDR or forged endorsement. ii. Counterfeit Currency iii. Loss of or damage to FFF, safes & vaults If so, Please give details in respect of the past five years giving	

date of occurrence, date of discovery amount of loss and brief particulars	
8. a. What is the amount for which cover is required (i.e. Basic Sum Insured) ? b. Do you want to opt for additional sum insured or sub-limit under various clauses.	☐ Clauses ☐ Sub-limit Additional ☐ Sum Insured
9. a. Internal risk Management practices / Control b. Security control in branches, ATM's, Cash whilst in transit	
10. Add-Ons : STFI peril (Basic Sum Insured) Earthquake - Fire & Shock (Basic Sum Insured) Computer Crimes (Not more than 10% of Basic Sum Insured) Professional Indemnity for Employees (Not more than 10% of Basic Sum Insured) Terrorism (Basic Sum Insured) Collateral properties Failed internal processes (Not more than 20% of Basic Sum Insured)	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No Please Specify Sum Insured: ☐☐☐☐☐☐☐☐☐☐ ☐ Yes ☐ No Please Specify Sum Insured: ☐☐☐☐☐☐☐☐☐☐ ☐ Yes ☐ No ☐ Yes ☐ No Please Specify Sum Insured: ☐☐☐☐☐☐☐☐☐☐ ☐ Yes ☐ No
11. Any Other information or coverage's required	
12. Retroactive Date :	
13. Period of Insurance	From D D M M Y Y Y Y To D D M M Y Y Y Y
14. Any other additional information relevant to the policy applied for.	

PAYMENT INFORMATION

MODE OF PAYMENT

☐ Cheque/ DD Cheque No ☐☐☐☐☐☐☐☐☐☐☐☐ Demand Draft No. ☐☐☐☐☐☐☐☐☐☐

Drawn No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date D D M M Y Y Y Y

Bank A/C No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Amount in Figures ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Amount in Words ☐☐

DECLARATION BY PROPOSER

I/We, the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/we declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

I/We understand that the Company has right to call for documents to establish source of funds

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately, not later than 30 days.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place: _____ Name _____

Date D D M M Y Y Y Y Designation _____

Client's Signature and Stamp

STATUTORY WARNING

PROHIBITION OF REBATES

(Under Section 41 of Insurance Act 1938)

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to (take out or renew or continue) an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing [or continuing] a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

(Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.)

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

NEFT/EFT MANDATE FORM

(Payment through EFT Mechanism)

CORPORATE DETAILS

Group/ Network Name

Address

Landmark

City State

Pincode Pan Card No.**

PAN Card Holder's Name

ACCOUNT DETAILS

Bank Name

Branch Name

Payee Name

MIRC No. IFSC Code

Account Type Full Account No.

Name as per Bank Records

Cancel cheque No.**

(Please attach a blank cancelled cheque copy with payee name printed on the cheque and Pan Card Copy)

If customer name/ account no /IFSC code is not available on cancelled Cheque then NEFT mandate form with Bank Sign & seal and customer signature is mandatory.

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I would not hold the user institution responsible.

Signature & Stamp of the Payee

Verified By

(Bank Official Stamp and Authorized Signature)

Terms and Conditions for Payments through RTGS/NEFT

1. The details provided by the Customers in the Mandate Form shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
3. The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
4. The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer
6. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
7. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
8. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. Website www.icicilombard.com or by sending them by post to the last address of the Customer.
9. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
10. I / We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
11. I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance
12. Company Ltd. before the expiry of the notice period of the Customer.
13. (Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard)

Signature and Stamp of Customer