PROPOSAL FORM FOR FIDELITY GUARANTEE INSURANCE

For Official Use Only

Marketing Officer

Branch Address

Phone No. Proposal Form No

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

loss sustained as a result of act of fraud or This Policy broadly covers pecuniary dishonesty in respect of monies or goods of the employer committed by the employees in the course of performance of their duties.

SIGNIFICANT EXCLUSIONS

This Policy does not cover loss, on account of change in any circumstances and conditions of the said employment without the consent of the Company and loss arising outside India.

NOTE

The foregoing is only an indication of the cover offered. For details, please refer to the policy.

DETAILS: Put a (✓) mark wherever applicable

1. CLIENT INFORMATION

i. Proposer's Name (please leave a space after each part of name)

ii. Proposer's Mailing Address (please leave a space after each part of address)

City/Town/Village State Pin Code

Contact No Fax No.

Email ID

Do you wish to avail policy documents in physical form Yes No

Nominee Name

Relationship with the Insured

Mobile No. Email ID

Present & Permanent Address

Authorized person for Minor Nominee

Bank Details

Details of Multiple/Other insurance covering same risks with any other Insurance Company: _____

Type of Proposer Individual MSME/SME Partnership firm Company Govt. Others _____

iii. Proposer's trade or business

iv. Paid-up capital of the firm (in Rs. million)

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.*

2. RISK DETAILS

i. Period of Insurance: From D D M M Y Y Y Y To Midnight D D M M Y Y Y Y

ii. What is the date of establishment off your business? D D M M Y Y Y Y

iii. What is the basis of insurance? ☐ Named ☐ Designation ☐ Floater

viii. Is there any independent system to account for all the sums handled by employees? ☐ Yes ☐ No

ix. Do the employees pay out money or draw cash from the employer's account? ☐ Yes ☐ No

If yes, are such payments/withdrawals authorised by a senior employee and compared with supporting documents?

☐ Yes ☐ No

x. What is the system followed for operations of bank accounts?

☐ Single signature ☐ Multiple signatures ☐ Electronic signature ☐ Electronic transfer

xi. How often are the cash-book balance entries checked with vouchers?

☐ Daily ☐ Weekly ☐ Monthly ☐ Bl-monthly or more

xii. How often are bank's passbook entries checked with counterfoils of receipt books?

☐ Daily ☐ Weekly ☐ Monthly ☐ Bl-monthly or more

xiii. How often are your books of accounts balanced/reconciled?

☐ Daily ☐ Weekly ☐ Monthly ☐ Bl-monthly or more

xiv. Do you maintain a stock register?

☐ Yes ☐ No

If yes, what is the periodicity of entry in the register?

☐ Daily ☐ Weekly ☐ Monthly or more

xv. a. How often is physical verification of stocks done?

☐ Monthly ☐ Bi-monthly ☐ Quarterly ☐ Half-yearly or more

b. Is physical verification of stocks done:

☐ Internally ☐ Externally

iv. Please provide details of the employees to be guaranteed in the following format:

Names/ Designation	Class[1] I	II	III	Since when in service (DDMMYYYY)	Place of employment	Total remuneration (Rs.)	Amount to be insured (Rs.)	Any security taken
Total								

(attach separate sheet if necessary)

[1]Class I : Managers, executives, officers and clerks including cashiers
Class II : Cash collectors and travelers
Class III : Office boys and peons

Note:
If all employees on rolls are not being covered, please provide names or specific designation for identification purposes

v. Please provide the estimate of maximum amount held by any employee on behalf of the proposer in the following format

Description	Amount(Rs.)	Period held (days)
Money		
Stocks		

vi. Has there been any occasion to question the honesty or conduct of any person proposed for guarantee

☐ Yes ☐ No

If yes, please provide information in the following format

Name of employee	Number of incidents	Amount (Rs.)	Action taken

vii. How often are the employees required to account for money held on behalf of the proposer?

☐ Daily ☐ Weekly ☐ Monthly ☐ Bl-monthly or more

c. If stock verification is internal, please provide the level occupied by the verifier in the following manner

☐ Senior management ☐ Middle management ☐ Junior management ☐ Supervisory level

☐ Any other

Please specify _____

xvi. What is the periodicity of reconciliation of outstanding accounts, such as, debtors, bills receivable etc.?

☐ Daily ☐ Weekly ☐ monthly or more

xvii. How often do you directly furnish statements of accounts to your customers/suppliers?

☐ Monthly ☐ Bi-monthly ☐ Quarterly ☐ Half yearly or more

xviii. What is the frequency of audit?

☐ Monthly ☐ Quarterly ☐ Half yearly ☐ Annual

xix.What is the extent of audit?

☐ Sample ☐ Detailed

xx. Has any insurance company.

a. Declined your proposal for fidelity guarantee?

☐ Yes ☐ No

b. Required an increased premium or imposed special terms and conditions?

☐ Yes ☐ No

c. Cancelled or refused to renew policy?

☐ Yes ☐ No

If yes for any of the above, please provide details in separate sheet.

xx. Please provide the following information about losses suffered due to infidelity of any employee during the last 3 years (whether insured or not):

Year of loss	Item lost	Amount of loss (Rs.)

If you have suffered above losses, please mention what are the steps taken to prevent recurrence of such a loss:

_____

_____

Any additional information relevant to the policy applied for

Note: Please use additional sheets if space is not sufficient to complete details

BANK DETAILS

Refund of Premium (Policyholder/Proposer)

Account Holder Name

Bank Name

Account No. IFSC Code

DECLARATION WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/ THE PROPOSER SIGNS IN A VERNACULAR LANGUAGE/ PROPOSER IS ILLITERATE

- I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from ICICI Lombard GIC ltd. to the proposer and that he/she confirmed that he/she has understood the same and he/she agrees to abide by all terms and conditions of the same.
- I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly correctly recorded the answers given by the proposer and that the proposer has fixed his/her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.
- I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of the Proposer

Name of the Witness

Signature of Proposer

Signature of Witness

Place: _____ Date D D M M Y Y Y Y

Relationship with Proposer

Address of Witness

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: _____

Proposer's Signature

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.