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

iii. Proposer's trade or business

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

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

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

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 agree that the Company may exchange, share or part with any information to or with other ICICI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use of application.

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

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

_____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Intermediary Name / Principal Officer Name: _____ Code/Functional Identity: _____

Contact No. of the branch: _____ Email ID of the branch: _____ Branch/Office: _____

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.