FIDELITY GUARANTEE INSURANCE PROPOSAL FORM

FOR OFFICE USE:



Important: Insurance is the contract of utmost good faith requiring of the Proposer and 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. This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

Intermediary Name: Intermediary Code:																																			
Bus	ines	s Ch	anne	l: 🗆] A	gency	7 [<u> </u>	Banc	a 🗆	☐ Corporate/Broking ☐ Direct																								
RM	RM/SP Name:									RM/SP Code:											-														
RM	/SP	Cont	act N	No: _									GS	ΓN:	If a _l	ppl	icab	ole												-					
POS	SP P	AN ((if ap	plica	ble)																									-					
1.	Pei	riod	of Iı	nsura	nce						F	ron	1	D	D		M	М	Υ	Y	,	Υ		Υ	То	0		D	M	M	1 ,	Υ	Υ	Υ	Υ
2.	2. Name of the Proposer (in full)											•					•	•																	
3.	Ad	dres	s																																
Sta	e																				Pi	in co	ode	•									1		
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6.										(whe																									
	the	las	five	e yea	rs?	☐ Ye	s 🗆	No	If ye	s plea	please provide details (Please attach a separate sheet of paper if neces									ess	ary	<u>/)</u>													
Dat	e									Cir	Circumstances								Amount of loss (Rs)																
										-	_																								
7.	Ha	s an	y Ins	surer	in r	espe	ct of	f the	e risl	ks to v	/hic	ch tl	his	pro	posa	al r	elat	tes (ever																
	a.	dec	line	dap	ropo	sal, ı	refus	sed	rene	wal o	r ca	nce	lled	d an	ins	ura	ance	e? 🗆	Yes		No														
	b.	Rec	uire	d an	incr	ease	d pr	emi	um d	or imp	ose	d sp	ec	ial c	ond	itic	ons	? 🗆	Yes	□ N	0														
If y	es p	leas	e pr	ovide	det	tails (Plea	ase	atta	ch a se	epa	rate	sh	eet	of p	ар	er i	if ne	cess	ary)															
8.	Wh	ich (of th	e fol	lowi	ng ty	pes	of c	cove	r do yo	u r	equ	iire	? (P	leas	se t	tick	onl	y one	op	tion	1)													
	Со	ver	entir	e wo	rkfo	rce (plea	ise d	comp	olete ()ue	stio	n 9)																					
	Со	ver 1	for s	elect	ed c	ateg	ories	s of	emp	loyees	or	nly (ple	ase	con	npl	lete	Qu	estio	n 10))														
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9.	Cov	ver f	or e	ntire	wor	kfor	ce		-																1										
Category of staff No.				lo. of	o. of employees Estimated annual wages (Rs) Employee Sum In								ısuı	red	(Rs																				

Staff with direct responsibility for money, stock, accounts or computer operations

Other s	taff										
10. C	over for sele	ected categories of e	employees								
Catego	ory of staff			No. of employees	5		Employee Sum Insured (Rs)				
11. C	over for nan	ned employees (Plea	ase attach a separat	e sheet of paper if n	ecessary)		T				
Name		Designation	Duties	Since when, in service							
	-		-	Employers? ☐ Yes	•		•				
13. St	ate the esti	mate of maximum a	mount held by any	employee at any one	time and for	how I	ong?				
			Money			Stock	K				
Amoun											
Period	(no. of years))									
14. a.	Has there details.	been any occasion to	question honesty or	conduct of any persor	n proposed for	guaraı	ntee? ☐ Yes ☐ No. If yes, please provide				
b.	How often	are the employees req	quired to account for m	noney?							
c.	What indep	endent system is ther	e to check that all sun	ns received by employ	ees are accoun	ted for	?				
15.											
a.	Is the division of responsibilities between departments, sections and different employees well defined in respect of ordering of stocks and materials, the recording of receipt of such and authorizing payment for them, so that no one person handles a transaction from beginning to end? \square Yes \square No, If yes, please provide details.										
b.	How often	is the cash book balan	ced, the entries check	ed with vouchers and	Bank's Pass Bo	ok and	with counterfoils of receipt books?				
c.	How often	is the cash book balan	iced and the stock boo	ks reconciled with con	trol records?						
d.			ast two signatories to requirement for co-sig		□ Yes □ No	If yes	, please give description of such authorised				
16.											
a.				issuance, and is such r	•						
b.	Do the em receipt? ☐		cash and cheques in	the course of their d	uties issue pre	e-numb	ered official receipts as confirmation of the				
C.	Are all the	cash and cheques rece	eived banked in daily o	or at the latest the nex	t banking day?	'□ Yes	□ No If no please specify				
d.	Is there an		andling of petty cash	funds? □ Yes □ No	If yes, please	specify	the persons who are authorised to manage				
e.	What is the	e system of operation (of Bank account follow	d and what are the precautions taken?							
f. 17.	Whether su	ıch payments/ withdra	awals are authorized b	y a senior employee ar	renior employee and compared with supporting documents? Yes No						
a.	How often	are the bank reconcilia	ations and check of red	ceipt counterfoils and v	ot counterfoils and vouchers being carried out?						
b.	Under wha	t circumstances will yo	our customers qualify f	or credit privileges?							
c.	How often	is the balancing and co	ontrol of debtor accou	nts with statements se	nt to all debtor	rs?					

	d.	Are there stocks (of any kind) kept for the conduct of your business?
	e.	How often are stock-takings conducted?
	f.	Please list the persons responsible for carrying out stock-taking
18		
10	a.	Please state the maximum amount of stocks each employee can requisition at any one time? Is this ever exceeded?
	b.	Is there close supervision of storage and custody of all stocks maintained?
	c.	Are all deliveries to and from stores properly authorised?
19		
15	a.	Please state the maximum amount of stocks each employee can requisition at any one time? Is this ever exceeded?
	b.	Is there close supervision of storage and custody of all stocks maintained?
	c.	Are all deliveries to and from stores properly authorised?
20	. Wh	en was the last stock audit undertaken, by whom, and what did it reveal?
21	. Wh	en was the proposer last audited, by whom, and what did the audit reveal?

Payment details:

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure	
with details)	

Note: Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

Declarations:

- I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that ii. may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of iii. my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR

	"I/We hereby confirm that the protein this application form. In case of					our policy under
iv.	I/we am/are (please tick all that a ☐ High Net Worth Individual/s ☐ Jeweller/s ☐ Producer/s	re applicable) Non-Residential India Non-Governmental Or		☐ Politically Exposed☐ Film Actor/s	Person/s	
v.	I agree to receive service-related including WhatsApp, and unders				rough electronic and	telecom modes,
vi.	I am aware and agree that the inf shall be stored by FGIICL, thro insurance cover and/or servicing storage is necessary for my const legitimate utilization of the subm	ughout the currency of my g policies issued in my fav amption of the services and	y relationship with your, whether by FC	FGIICL, and used for the pGIICL or its authorized part	ourposes relating to return to the theorem. I also understand	ny proposal for nd that the said
vii.	I consent to the fact that FGII verification of my/proposer's KY for the said verification of KYC abovementioned mobile phone materials.	C records as part of this p records. I, also, consent	oroposal. I understan	d that acceptable officially	valid documents shal	l be relied upon
Pı	oposer's Signature:	Place:	Date:			
m	rue to our Go Green initiative, we way download and save the digitally sox					
IE.	or Intermediary Use Only					
r						
I, de qu fo	, in my capacity a clare that I have explained the proposes submitteerm the basis of the contract of instantained in this proposal form or the cated as null and void and the premiser.	oduct features, including i d thereto, to the proposer. urance between FGIICL a ere has been any non-discl	its suitability, and t It has been, further and the proposer. It osure of material fa	he contents of this propose, informed to the proposer has, also, been explained cts, the policy issued thereo	al form, including the that the details provi- that if any untrue re	e nature of the ded herein shall sponse(s) is/are
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FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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 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. 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.

