

MONEY INSURANCE POLICY PROPOSAL FORM

IMPORTANT GUIDELINES: 1. 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. 2. This form can be used to apply for Money Insurance Policy. 3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

ntermediary Name:
RM/SP Name: RM/SP Code: RM/SP Contact No: GSTN: If applicable Period of Insurance From _D _D _M _M _Y _Y _Y _Y _To _D _D _M _M _Y
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D. 1:: 4 of Al. o Commons 2.
Be limit of the Company's
A Money for payment of wages, salaries and other earnings or for petty cash, in Rs. Rs.
transit from the bank or the premises to be insured or other places specified, from
the time the money is received by you or your authorised employee until
delivered at the bank or premises to be insured or other place of disbursement
specified and whilst at the insured premises or other premised specified until paid
out, provided that outside business hours it shall be secured in a locked safe(s) or
locked strong room on the premises to be insured. Cheques drawn by you to
provide for such money are also covered whilst in transit, from the premises to
be insured to the bank.
B Money (other than described in Item A above) in transit from the premises to be insured or bank other specified premises.



E	STIM	ATED total annual amount of mo	ney in transit		Rs.		Rs.
Par	t: 2						
		ther than described in Part 1 A above the Insured Premises, outside busine					
A.	Max	imum amount of money held at a	ny one time Rs				
Mo	ney (o	ther than described in Part 2A above	e) whilst in the Insur	ed Premises durin	g business hou	ırs	
B.	Max	imum amount of money held at a	ny one time Rs				
Par	t: 3						
1.	Ques	stions regarding money in transit	and safe				
	1.1.	Addresses of premises between wh	ich the money will	be carried			
	1.2.	– Are employee/s authorized to carry	money permanent?	? □ YES □ NO			
		Name of employee & their nature					
2.	How	is money carried? What is the mo	ode of Transport (i	e. whether in ba	gs, trunks etc.	& Own Car, Pub	lic vehicle, others)
 6. 	Note	ils about safe & no of keys? : It is expected, that the key is not i Is the insured location protected by			NO		
	AMO	C details if any					·
	6.2.	Other security arrangement if any.					_
7.	Is th	e burglary alarm system under a	maintenance contr	act? □ YES □ N	О		
	If ye	s: □ quarterly maintenance □½ yea	rly maintenance □a	nnual maintenanc	ee		
8.	Opti	onal Covers in addition to base co	vers ?				
	S		Sum Insured (INR)				
9.	Past	claim history and description if a	ny:				
		entive measures if any past loss hi	story:				
Sec		(for building)					
1.		at materials are used for the cons					
Pro	posal I	Form_Money Insurance Policy	UIN (IRDAN1)	32RP0014V02200	7/08)		Page 1 3



a)	alls: □ Concrete □ Bricks □ Iron sheet □ Timber □ Others	
b)	oof: □ Concrete □ Bricks □ Iron sheet □ Timber □Others	
c)	oor: Concrete Bricks I Iron sheet I Timber Others	
2.	Use / kind of building :	
	esidential and business building, No of flats	
	usiness Building	
	nop, department store, shopping centre	
	arrack, improvised	
	onstruction	
	ihers	
3.	Are you the sole occupant of the building? ☐ YES ☐NO	
4.	Is the building situated in	
	pure residential area	
	residential cum business area	
	shopping street, pedestrian zone	
	commercial or industrial area	
	thers	
5.	Has the risk been previously insured? ☐ YES ☐NO. If yes, please give the following information:	
	5.1. The name of the Insurance company:	
	5.2. Policy Number:	_
	5.3. Period of Insurance:	
	5.4. Rate charged:	
	5.5. Any special term and condition imposed:	
6.	Do you have other Insurance policies currently? (i.e. Fire etc.) \square YES \square NO	
	If yes, please mention the name of the insurance company	
	to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, ar download and save the digitally signed and authenticated policy document therefrom.	ıd you
If	u still wish for a physical copy, you may tick on this box.	
r.	TE M. A. D. I. MIN (IDDANIA) (IDDANI	
Pro	osal Form_Money Insurance Policy UIN (IRDAN132RP0014V02200708) Page 1 3	



ANTI MONEY LAUNDRING

FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, 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.

DECLARATION BY INSURED

- 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 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 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 premium payment have been paid by _ who is having an insurable interest in my/our policy under application form. In case of any refund, please process the same in below mentioned proposer's bank account." iv. I/we am/are (please tick all that are applicable) ☐ High Net Worth Individual/s ☐ Non Residential Indian/s ☐ Politically Exposed Person/s ☐ Jeweller/s ☐ Non-Governmental Organization ☐ Film Actor/s □ Producer/s I agree to receive service related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/o FGIICL authorised person/agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said

verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address.

It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by FGII hereafter. In case of any modification, the applicable information will be provided to FGII for updating the CKYC Registry Records.

Proposer's Signature:	F	Place:	Date:	



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		Signature														
INSUR	ANCE	E ACT 193	8 SECT	TION 41	- PROH	HBITI	ION OF	REBA	TES							
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