

**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.

**FOR OFFICE USE:**

Intermediary Name: \_\_\_\_\_

Intermediary Code: \_\_\_\_\_

Business Channel :  Agency  Banca  Corporate/Broking  Direct

RM/SP Name: \_\_\_\_\_ RM/SP Code: \_\_\_\_\_

RM/SP Contact No: \_\_\_\_\_ GSTN: If applicable \_\_\_\_\_

POSP PAN (if applicable) \_\_\_\_\_

Period of Insurance 

From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y
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**Name of Proposer & Present Address**


**Permanent Address of the Proposer**


**Premises to be insured**

State											Pin code								
Telephone no.											Mobile								

**Nature of Business or Trade**

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CKYC No. (if available) \_\_\_\_\_

<b>Part: 1 Money</b>	<b>Estimated annual amount of Money In Transit.</b>	<b>Highest amount In Transit at any one time (this will Be limit of the Company’s liability for any one loss)</b>
<b>A</b> Money for payment of wages, salaries and other earnings or for petty cash, in 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.	Rs.	Rs.
<b>B</b> Money (other than described in Item A above) in transit from the premises to be insured or bank other specified premises.	Rs.	Rs.
<b>ESTIMATED total annual amount of money in transit</b>	Rs.	Rs.

**Part: 2**

Money (other than described in Part 1 A above) whilst on the premises to be insured during business hours or whilst secured in a locked Safe or Strong Room on the Insured Premises, outside business hours, against the risk of Burglary, housebreaking, dacoity, Robbery and hold up.

**A. Maximum amount of money held at any one time**

Rs. \_\_\_\_\_

Money (other than described in Part 2A above) whilst in the Insured Premises during business hours

**B. Maximum amount of money held at any one time Rs.**

\_\_\_\_\_

**Part: 3**

**1. Questions regarding money in transit and safe**

1.1. Addresses of premises between which the money will be carried

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1.2. Are employee/s authorized to carry money permanent?  YES  NO

1.3. Name of employee & their nature of Job.

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2. **How is money carried? What is the mode of Transport (i.e. whether in bags, trunks etc. & Own Car, Public vehicle, others)**

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3. **Are the persons carrying the money accompanied by an armed guard/s?**  YES  NO

4. **Do you need cover against Riot & Strike and Terrorist activities on payment of additional premium?**  YES  NO

5. **Details about safe & no of keys?**

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**Note:** It is expected, that the key is not in the same premises.

6.

6.1. Is the insured location protected by a burglary alarm system?  YES  NO

**AMC details if any**

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6.2. Other security arrangement if any.

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7. **Is the burglary alarm system under a maintenance contract?**  YES  NO

If yes:  quarterly maintenance  ½ yearly maintenance  annual maintenance

8. **Optional Covers in addition to base covers ?**

Sl. No	Optional Covers	Sum Insured (INR)
1	Riot And Strike	
2	Infidelity Of Cash Carrying Employees	

9. **Past claim history and description if any:**

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10. **Preventive measures if any past loss history:**

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**Section A (for building)**

**1. What materials are used for the construction of**

**a) Walls:**  Concrete  Bricks  Iron sheet  Timber  Others

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**b) Roof:**  Concrete  Bricks  Iron sheet  Timber  Others

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**c) Floor:**  Concrete  Bricks  Iron sheet  Timber  Others

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**2. Use / kind of building :**

Residential and business building, No of flats

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Business Building

Shop, department store, shopping centre

Barrack, improvised

Construction

Others

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**3. Are you the sole occupant of the building?  YES  NO**

**4. Is the building situated in**

A pure residential area

A residential cum business area

A shopping street, pedestrian zone

A commercial or industrial area

Others

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**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.)  YES  NO

If yes, please mention the name of the insurance company \_\_\_\_\_

### PREMIUM 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. 10,000/-

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.

### BANK DETAILS OF PROPOSER FOR REFUND OR CLAIM PURPOSE

Name of bank account holder (*mention specifically, if different from name of policyholder*)

Bank Name & Branch	
Bank Account Number	
IFS Code	

### NOMINEE DETAILS

Name	
Date of Birth	
Relationship with the proposer	

<b>Mobile Number</b>	
<b>E-Mail ID</b>	
<b>Address of Nominee</b>	
<b>Present address</b>	
<b>Permanent address: ((if left blank, will be construed as being same as Present Address))</b>	
<b>Bank Account Details of Nominee</b>	
<b>Name of Account holder</b>	
<b>Bank Name &amp; Branch</b>	
<b>Bank Account Number</b>	
<b>IFS Code</b>	
<b>Authorized person details (in case nominee is a minor)</b>	

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this proposal, where available/chosen, your eIA and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box

#### ANTI MONEY LAUNDRING

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.

#### DECLARATION BY INSURED

- i. 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.
- ii. 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.
- iii. "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 this 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

v. 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.

vi. 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.

vii. 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.

viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the FGIICL Privacy Policy, available at <https://general.futuregenerali.in/privacy-policy>.

**Proposer's Signature:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR INTERMEDIARY USE ONLY

I, \_\_\_\_\_, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance

between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

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Intermediary's Code: \_\_\_\_\_

Intermediary's Signature: \_\_\_\_\_

**INSURANCE ACT 1938 SECTION 41- 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 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS