

PROPOSAL FORM - FIDELITY GUARANTEE INSURANCE

(The coverage will commence only on acceptance of the proposal and receipt of premium)

1. Intermediary details (Name & Code) _____
2. Proposer's Name _____
3. Proposer's Address _____

_____ Pin Code _____
4. Phone Number _____ Email id _____
5. Paid up capital of the firm _____
6. Business / Trade / Occupation of the Proposer _____

7. Since when established _____
8. Bank Account Details
 - a. Account No.
 - b. Account Type: Savings/Current
 - c. Name of the Bank & Branch:
 - d. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank):
 - e. IFSC Code (11 character code appearing on your cheque leaf):

9. Nomination:

Bank account details of the nominee	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Account no.:				
Account Type (Saving/Current)				

Name of the Bank & Branch:				
MICR code(9 digit)				
IFSC code(11 character code):				

In the event of death of the Proposer, any payment due under the Policy shall become payable to the nominee, as per the 'Nomination' clause defined by the IRDAI and the receipt of the proceeds by such nominee would be sufficient discharge to the Company. For all other persons covered under the Policy, the Proposer will be the nominee

Bank account details of the nominee	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Account no.:				
Account Type (Saving/Current)				
Name of the Bank & Branch:				
MICR code(9 digit)				
IFSC code(11 character code):				

DETAILS OF APPOINTEE (Details to be filled only if nominee is a minor)

Appointee Name: _____ Relationship with Proposer: _____

10. Have any losses been reported (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last five years? ☐ Yes ☐ No

If yes please provide details (Please attach a separate sheet if necessary).

Date	Amount of loss (Rs)	Circumstances

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11. Has any Insurer in respect of the risks to which this proposal relates ever

a) Declined a proposal, refused renewal or cancelled insurance? ☐ Yes ☐ No

b) Imposed special conditions? ☐ Yes ☐ No

If yes please provide details (Please attach a separate sheet if necessary). _____

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12. Which of the following types of cover do you require? (Please tick only one option)

☐ Cover entire workforce (Please answer Question 11)

☐ Cover for select categories of employees only (Please answer Question 12)

☐ Cover for named employees only (Please answer Question 13)

☐ Cover for selected categories of employees and named employees (Please answer Questions 12 and 13)

13. Give the following details if you wish to cover your entire workforce. (Please use additional sheet if space provided is insufficient.)

Category of staff	No. of Employees	Estimated Annual Wages (Rs)	Employee Sum Insured (Rs)
Staff with direct responsibility for money, stock, accounts or computer operations			
Other staff			

14. Give the following details if you wish to cover select categories of employees. (Please use additional sheet if space provided is insufficient.)

Category of staff	No. of employees	Employee Sum Insured (Rs)

15. Give the following details if you wish to cover named employees only. (Please use additional sheet if space provided is insufficient.)

Name	Designation	Duties	Since when, in service	Total Remuneration (Rs)	Employee Sum Insured (Rs)

16. Period of Insurance From _____ To _____

17. Do you obtain references from previous Employers at the time of recruitment? ☐ Yes ☐ No

If no, please specify the practice followed. _____

18. State the estimate of maximum amount held by any employee at any one time. Also mention for how long such amount is held.

Particulars	Money	Stock
Amount (Rs)		
Period (No. of weeks/months)		

19. Please provide the following details;

a) Has there been any occasion to question honesty or conduct of any person proposed for guarantee? ☐ Yes ☐ No . If yes, please provide details. _____

b) How often are the employees required to account for money? _____

c) What independent system is there to check that all sums received by employees are accounted for? _____

d) 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

authorising payment for them, so that no one person handles a transaction from beginning to end? ☐ Yes ☐ No

If yes, please provide details. _____

e) How often is the cash book balanced, the entries checked with vouchers and Bank's Pass Book and with counterfoils of receipt books? _____

f) How often are the stock books reconciled with control records? _____

g) Is there a requirement of at least two signatories to authorise payments? ☐ Yes ☐ No. If yes, please give description of such authorised signatories and confirm that the requirement for co-signatories is followed. _____

h) Is there a requirement of dual signatories for cheques issuance, and is such requirement met? ☐ Yes ☐ No

i) Do the employees who receive cash and cheques in the course of their duties issue pre-numbered official receipts as confirmation of the receipt? ☐ Yes ☐ No

j) Are all the cash and cheques received banked in daily or at the latest the next banking day? ☐ Yes ☐ No

If no please specify. _____

k) Is there an imprest system for handling of petty cash funds? ☐ Yes ☐ No. If yes, please specify the persons who are authorised to manage the petty cash funds. _____

l) What is the system of operation of Bank account followed and what are the precautions taken? _____

m) Whether such payments/ withdrawals are authorized by a senior employee and compared with supporting documents? ☐ Yes ☐ No.

n) How often are the bank reconciliations and check of receipt counterfoils and vouchers being carried out? _____

o) Under what circumstances will your customers qualify for credit privileges? _____

p) How often is the balancing and control of debtor accounts with statements sent to all debtors? .

q) Are there stocks (of any kind) kept for the conduct of your business? ☐ Yes ☐ No.

r) How often are stock-takings conducted? _____

s) Please list the persons responsible for carrying out stock-taking. _____

20. Please state the maximum amount of stocks each employee can requisition at any one time? _____

Is this ever exceeded? ☐ Yes ☐ No

Is there close supervision of storage and custody of all stocks maintained? ☐ Yes ☐ No

Are all deliveries to and from stores properly authorised? ☐ Yes ☐ No

21. When was the last stock audit undertaken, by whom, and what did it reveal? _____

22. When was the proposer last audited, by whom, and what did the audit reveal? _____

DECLARATION FOR COMPLIANCE WITH ANTI MONEY LAUNDERING REGULATIONS

I hereby declare and warrant that to the best of my knowledge and belief the answers given above, documents or papers submitted, are complete in all respects and represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers shall form the basis of the contract proposed between me and Raheja QBE.

I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('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 agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract proposed between me and the Company.

Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*? YES / NO

If yes, please give details:..... *Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc

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 Raheja QBE GIC Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & 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 and correctly recorded the answers give by the proposer and that the proposer has affixed 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 Proposer _____ Name of
Witness _____
Signature of Proposer _____ Signature of
Witness _____
Date: _____ Place: _____

Relationship with
Proposer: _____

Address of
Witness: _____

Signature(s): _____ Date: _____

Title: _____

A policyholder or prospect, who is a person with disability, may duly authorize a representative to give declaration on his/her behalf.

SECTION 41 OF INSURANCE ACT, 1938

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 punishable with fine, which may extend to Ten lakh Rupees