

Call (Toll free) - Number Website Address

PROPOSAL FORM FIDELITY GUARANTEE INSURANCE

The property proposed for insurance is not covered and the liability of the Company does not commence until the Proposal is accepted by the Company and premium paid in advance and upon full realization of the premium payment by the Company. The Company is under no obligation to accept this Proposal. Receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance.

Coverage is as per the terms and conditions of our Standard Policy Wordings.

The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular.

C	COMPANY OFFICE DETAILS (To be filled by Insurer)			
1.	Office Code:			
2.	Office Address:			
	City District Distric			
11	NTERMEDIARY DETAILS			
1. 2. 3.	Agent/ Broker Name: Agent/ Broker License Code: Agent/ Broker Contact Number: Agent/ Broker Contact Number:			
P	PROPOSER DETAILS			
1.	Name of Proposer:			
2.	Address of proposer: Area Area District Pincode Pincode			
3.	Business of Proposer			
4.	Establishment Date			
5.	Financial Interest A.			
6.	Period of Insurance (DD/MM/YYYY) From LL/LL/LL To LL/LLL			
D	DETAILS ABOUT PROPERTY COVERED AT THE INSURED LOCATION			
7.	Type of cover required (Please tick one option only) Cover for Entire Workforce Cover for selected categories of Employees only Cover for named employees only			



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Cover for En	tire Workforce								
Details			No of	Employees	Estimat (in Rs)	ed Annu	ual Compensation	Employee Rs)	Sum Insured (in
			,						
Other Staff	nts or compute	roperations							
Cover for n	amed employe	es only	-		-				
Employee name				Since when in service					Employee Sum Insured (in Rs)
Summary o	of Sum Insured:			1					
					INR				
					INR				
Any one i	rear				IIVK				
State the e	stimate of maxi	mum amoun	t held by any e	mployee at ar	ny one time	e and for	how long?		
Details		Мо	ney			Stocks			
						_	П.		
						•	•		•
13. A. Please state the maximum amount of stocks each employee can requisition at any one time? Is this ever exceeded?									
B. Is ther	e close supervi	sion of storag	e and custody	of all stocks n	naintainedî	?	Yes No No		
C. Are all	deliveries to a	nd from store	s properly autl	norized?					
Is there a system to obtain references from previous Employers? Yes No In not, specify practice followed.									
A. Is ther	e a requiremen	t of dual sign	atories for che	ques issuance	, and is suc	ch require	ement met?	Yes	No 🗆
A. Do the employees who receive cash and cheques in the course of their duties issue pre-numbered									
offici	al receipts a	s confirma	tion of the r	eceipt?	Yes 🗌	N o 🗌			
	Staff with directory and stock, account of the Staff Cover for note that the stock account of the Staff Cover for note that the stock account of the Staff Cover for note that the stock account of the Staff Any One Many One M	Staff with direct responsibil stock, accounts or compute Other Staff Cover for named employe Employee Designation name Any One Employee Any One Accident Any One Year State the estimate of maximum Details Amount in Rs Period in years What is the Type of Employ A. Please state the maximum Details Are close superviors. B. Is there close superviors. C. Are all deliveries to and Interest of the control of	Staff with direct responsibility for money stock, accounts or computer operations. Other Staff Cover for named employees only Employee Designation Employee Duty Summary of Sum Insured: Any One Employee Any One Accident Any One Year State the estimate of maximum amount of Amount in Rs Period in years What is the Type of Employment of the A. Please state the maximum amount of A. Please state the maximum amount of State and Iron stores. Is there a system to obtain references from If not, specify practice followed. A. Is there a requirement of dual signal. A. Do the employees who rece	Details No of Staff with direct responsibility for money, stock, accounts or computer operations Other Staff Cover for named employees only Employee Designation Employee Since who service and services Any One Employee Any One Accident Any One Year State the estimate of maximum amount held by any end of the person to be considered and in years What is the Type of Employment of the person to be considered and in years What is the Type of Employment of stocks each end of the person to be considered and the person to be considered a	Staff with direct responsibility for money, stock, accounts or computer operations Other Staff Cover for named employees only Employee Designation Employee Since when in service Duty Service Any One Employee Any One Accident Any One Year State the estimate of maximum amount held by any employee at an Details Money Amount in Rs Period in years What is the Type of Employment of the person to be covered Perm A. Please state the maximum amount of stocks each employee can be stated the maximum amount held by any employee at an amount held by any employee at a	Details No of Employees Estimate (In Rs) Staff with direct responsibility for money, stock, accounts or computer operations Cover for named employees only Employee Designation Employee Since when in Place of Service Employee	Details No of Employees Estimated Annot (in Rs)	Details	Staff with direct responsibility for money, stock, accounts or computer operations Cover for named employees only



	В.	Are all the cash and cheques received banked in daily or at the latest the next banking day? If no please specify, Yes \square No \square
	C.	Is there an imprest system for handling of petty cash funds? If yes, please specify the persons who are authorized to manage the
		petty cash funds. Yes No
	D.	What is the system of operation of Bank account followed and what are the precautions taken?
	□ [E.	Whether such payments/ withdrawals are authorized by a senior employee and compared with supporting documents?
17.	How	is the Payment system followed in the Company Single Signatory Multiple Signatory
18.	A.	Has there been any occasion to question honesty or conduct of any person proposed for guarantee? If yes, please provide details.
	В. С.	How often are the employees required to account for money? What independent system is there to check that all sums received by employees are accounted for?
19.	S	s the division of responsibilities between departments, sections and different employees well defined in respect of ordering of tocks and materials, the recording of receipt of such and authorising payment for them, so that no one person handles a ransaction from beginning to end? If yes, please provide details.
	В.	How often is the cash book balanced, the entries checked with vouchers and Bank's Pass Book and with counterfoils of receipt books?
	С.	How often is the cash book balanced and the stock books reconciled with control records?
	D.	Is there a requirement of at least two signatories to authorise payments? If yes, please give description of such authorised
	υ.	signatories and confirm that the requirement for co-signatories is followed.
	ПГ	
20.	A.	How often are the bank reconciliations and check of receipt counterfoils and vouchers being carried out?
	В.	Under what circumstances will your customers qualify for credit privileges?
	C.	How often is the balancing and control of debtor accounts with statements sent to all debtors?
		Are there stocks (of any kind) kent for the conduct of your business?
	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
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?
23.	What are the protection devices available in the premises
24.	What is the Operation Hours Day Time Night Time Both (24 hours working)
25.	Whether you have insured the same property with any other Insurance Company with the same type of coverage. \square Yes \square No (Give details)
	A. Name of Insurer
	B. Policy Number C. Policy Period (DD/MM/YYYY) From 7 / 7 / 7 To 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7
26.	Whether Insurance was declined by any other Company or imposed any Special Conditions \square Yes \square No
	A. Reason for declinature
27.	Have you ever claimed upon any company for loss by burglary or housebreaking?
	If yes give details
28.	Premium / Claim details for the past 36 months excluding the expiring policy period Year Premium Rs Claim in Rs
29.	Additional Covers
	Sr No Additional cover* YES / No
	<u> </u>



	1	Automatic Reinstatement	□Yes □No			
	PAYMENDETAILS					
1.	. PAN card number (10 character number):					
2.	. Sources of funds: Please tick appropriate box					
		alary Business Investments Other	s (please specify)			
Dec	 I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds. The Insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competer court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India. 					
D	ECLA	RATION BY PROPOSER				
/We hereby declare that the statements made by me / us in this Proposal Form are true, accurate and complete to the best of my / ou knowledge and belief and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein and / We hereby agree that this declaration shall form the basis of the contract between me/ us and the "Liberty General Insurance Limited'						
f any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same will be conveyed by me to the Insurers immediately.						
	Place: Signature of Proposer tecommendations of Officer/ Agent / Broker					

Prohibition of Rebates (Section 41) of the Insurance Act

No person shall or offer to allow either directly or indirectly as an inducement to any person to take out or renew of 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 Five Hundred Rupees.

INSURANCE IS A SUBJECT MATTER OF SOLICITATION