

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: Area District District Pincode Pincode				
II	NTERMEDIARY DETAILS				
1. 2. 3.	Agent/ Broker Name: Agent/ Broker License Code: Agent/ Broker Contact Number: Agent/ Broker Contact Number:				
P	ROPOSER DETAILS				
1.	Name of Proposer:				
2.	Address of proposer:				
3.	Business of Proposer				
4.	Establishment Date				
5.	Financial Interest A				
6.	Period of Insurance (DD/MM/YYYY) From \[\bigcup_{\cappa} \bigcup_{\cappa				
D	ETAILS 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				

UIN No: IRDAN150P0030V01201213



	☐ Cove	er for selected c	ategories of	employe	ees and named e	employ	/ees		*		
8.	Cover for En	tire Workforce									
	Details				No of Employe	ees	Estimate (in Rs)	ed Annu	ial Compensation	Employee Rs)	Sum Insured (in
		rect responsibil		у,							
•	other Staff	nts or compute	r operations								
9.	Cover for n	amed employe	es only								
	Employee name	Designation	Employee Duty	Sir	nce when in service		Place o		Estimated A Compensation		Employee Sum Insured (in Rs)
10.	Summary o	of Sum Insured:									
	Any One E						INR				
	Any One A						INR				
11.	Details Amount in Period in ye	Rs ears	Mo	oney	y any employee			Stocks		Worker	I
13.						?					
B. Is there close supervision of storage and custody of all stocks maintained?											
	C. Are all	l deliveries to a	nd from store	es prope	erly authorized?						
14.	•	stem to obtain ify practice follo		om prev	vious Employers	?			Yes No		
15. 16.	A. Is ther	e a requiremen	t of dual sigr	natories	for cheques issu	iance,	and is suc	h require	ement met?	Yes 🗆	No 🗆
A. Do the employees who receive cash and cheques in the course of their duties issue pre-number					umbered						
	offici	ial receipts a	as confirm	ation	of the receip	t?	Yes 🗆 I	No			



	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 \square No \square				
	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.				
	B. C.	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.	9. 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 authorising payment for them, so that no one person handles a transaction 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?				
	C.	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 signatories and confirm that the requirement for co-signatories is followed.				
20.	А.	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 \[\bigcup_{\cup_{\cup_\cup_{\cup_\cup_\cup_\cup_\cup_\cup_\cup_\cup_
26.	Whether Insurance was declined by any other Company or imposed any Special Conditions Yes 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 in Rs Claim in Rs
29.	Additional Covers
	Sr No Additional cover* YES / No
	5.75



	1	Automatic Reinstatement	☐Yes ☐No				
		PAYMENT DETAILS					
1.	PAN card number (10 character number):						
2.	Sources of funds: Please tick appropriate box						
	☐ S	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 competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India. 						
DE	CLAR/	ATION 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 / our knowledge and belief and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provided herein and I/We hereby agree that this declaration shall form the basis of the contract between me/ us and the "Liberty General Insurance Limited" of 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.							
Date: Reco			Place: Signature of Proposer				

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