

## PROPOSAL FORM

### SECTION A - PARTICULARS OF BANK

- 1) Title of the Bank including all Banking subsidiary Companies in which the Bank has a controlling interest. \_\_\_\_\_
- 2) Principal Address \_\_\_\_\_
- 3) When Established \_\_\_\_\_
- 4) Paid UP Capital
- Total Asset     Total Deposits     Total Loans and Discounts     Provisions
- Net Profit     Net Worth     Addition to Loan Loss Reserves
- 5) Please describe briefly the main activities of the Bank \_\_\_\_\_
- 6) State number of
- a) Current cheque accounts \_\_\_\_\_
- b) Inactive accounts (being those with no movements) in or out during past 12 months) \_\_\_\_\_
- c) Saving and deposit accounts \_\_\_\_\_

### SECTION B - STAFF AND LOCATIONS

- 7) State the number of Directors (Salaried and Permanent only) \_\_\_\_\_
- 8) State the numbers falling in each of the following categories:-

	Head Office	Computer Centre	Adminis-tration Ctr	Main Branches	Other Branches
(a) Numbers of Locations					
(b) Numbers of Employees and officers (who are not Directors but including messengers, guards, domestic employees and the like and divided as follows					

### SECTION C - VALUES AT RISK

9) State Maximum value at:	Of:- (i) Bearer or Negotiable Securities	(ii) Cash Bullion precious Stones
a) Head Office		
b) Main Branches		
c) Other Locations		
10) State MAXIMUM amount of cash including stock of unissued travellers cheques at:-	with any one teller/cashier	at the entire counter if any one location
a) Head Office		
b) Main Branches		
c) Other Locations		

11) State MAXIMUM Amount of cash and bearer and negotiable securities in transit at any one time:-	By armoured motor vehicle Cash securities	By messenger(s) Cash Securities
a) Head Office		
b) Main Branches		
c) Other Locations		

**SECTION D - PARTICULARS OF COVERAGE**

12) State the LIMIT of LIABILITY and EXCESS required for BANK POLICY \_\_\_\_\_

13) Have you in existence and FIDELITY insurance? Yes  No   
 If so, state LIMIT And EXCESS \_\_\_\_\_  
 and with whom arranged (Insurer) \_\_\_\_\_

14) Has any proposal for insurance of this nature been declined by Insurance Company or has any policy been cancelled or renewal thereof refused.  
 If so, give the reason stated. \_\_\_\_\_

**SECTION E - SECURITY**

15) (a) Have you a RULE BOOK or BOOKS or WRITTEN INSTRUCTIONS covering all aspects of your business (including trust activities and discretionary account management) which will be maintained and operated and which clearly define the duties of each employee? (b) Is the attention of each employee drawn to these instructions as well as ETHICAL GUIDELINES and to their duty of compliance therewith?	
16) (a) Have you designated an officer or other employee who is charged, subject to supervision by your board of directors, with responsibility for the installation, maintenance and operation of security devices and for the development and administration of a security programme? (b) Are employees trained (and re-trained from time to time) in security and audit control procedures?	
17) (a) Are unannounced and irregular changes made in the position of employees within particular job strata?	
18) (a) Is there an internal audit department? (b) If so,	
<ul style="list-style-type: none"> <li>i. Is there an "internal and control procedures" manual?</li> <li>ii. Is this manual subject to continuous update? If not, provide frequency.</li> <li>iii. How many people are employed in the internal audit department?</li> <li>iv. How often are full internal audits made?</li> <li>v. Are audits made regularly on a surprise basis?</li> <li>vi. Are all premises, including computer centres and facilities included in the audit?</li> <li>vii. Is the person responsible for the auditing forbidden to originate entries</li> </ul>	

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19) State the name of the independent firm of chartered Accountants of professional auditor or other competent authority who fully audit your accounts annually: \_\_\_\_\_

In addition, please state,

a) Frequency of audit. \_\_\_\_\_

b) i) Does the audit include all banking offices? Yes  No

ii) If not, what extent does the audit take? Yes  No

c) Do the auditors visit all branches? Yes  No

d) i) Does the firm or authority regularly review the system of internal control and furnish written reports? Yes  No

ii) If so, do these reports go directly to the board of directors? Yes  No

iii) If recommendations are made to the board of directors, are they complied with? If not, why? Yes  No

20) a) Is joint custody established and maintained for the safeguarding and handling of:-

i) Property while in safes and vaults? Yes  No

ii) All keys to safe and vaults? Yes  No

iii) Code, cyphers and test keys? Yes  No

iv) The reserve supply of official cheques, drafts and unissued travellers cheques? Yes  No

v) All types of securities, negotiable and non-negotiable instruments and unissued and blank forms of said items. Yes  No

vi) Is dual control established and maintained for the safeguarding of dormant accounts of depositors? Yes  No

b) i) Are credit arrangements subject to dual signatures and supported by independent verified documentary evidence? Yes  No

ii) Are the duties of each employees arranged so that no one employee is permitted to control any transaction from commencement of completion? Yes  No

	Head Office	Main branches	Other locations
<b>(c) VAULTS AND STRONG ROOMS</b>			
a. Are there vaults and strong rooms on the premises?			
b. Are they equipped with			
i. A dial combination lock?			
ii. Time lock?			
iii. A lockable gate?			
c. Are the walls, floors and ceilings of reinforced concrete and lined with steel and in compliance with standard 5R vaults?			
	Head Office	Main branches	Other locations
If any of the above are answered "NO", please describe alternative method of or type of protection,			
<b>(d) SAFES</b>			
a. Are there safes on the premises?			
b. Are they equipped with combination locks with a relocking device that will effectively lock the door if the combination is punched?			
c. Are safes anchored to the floor or alternatively do they weigh not less than 680 kgs(1500 lbs) empty?			
If any of the above are answered "NO", please describe alternative method of or type of protection.			

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# BANKERS BLANKET BOND POLICY

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WITH YOU ALWAYS

(e) DOORS AND WINDOWS			
<ul style="list-style-type: none"> <li>a. Are all doors fitted with substantial locks?</li> <li>b. Are all windows fitted with substantial lock or barred?</li> </ul>			
(f) ALARMS			
<ul style="list-style-type: none"> <li>a. Are there alarm systems against burglary to:                             <ul style="list-style-type: none"> <li>i. Central station?</li> <li>ii. Police Station?</li> <li>iii. Elsewhere (describe)?</li> </ul> </li> </ul>			
(g) TELLERS POSITIONS			
<ul style="list-style-type: none"> <li>a. Are there alarms systems against robbery?</li> </ul>			
	Head Office	Main branches	Other locations
<ul style="list-style-type: none"> <li>b. Does each teller have a robbery alarm button or pedal?</li> <li>c. Are tellers' positions protected by anti-bandit glass?</li> <li>d. Are tellers' position separated from the rest of the banking hall by a suitable partition with doors kept locked during banking hours?</li> <li>e. Is cash in excess of the amounts referred to in question 10 of this proposal removed immediately to a locked safe, vault or other protected place?</li> <li>f. Are all cashiers cash holdings taken to safe/vault when vault is closed?</li> <li>g. Are cashiers provided with "Brait" or "Decoy" money? Note: "Bait" money consists of currency notes the denomination, serial numbers and serial years of which have been recorded and verified by a second employee and left in a safe place. Such "bait" money should be given to cashiers to be handed over only in the event of robbery.</li> </ul>			
(h) GUARDS			
<ul style="list-style-type: none"> <li>a. Do policy patrol and inspect premises?</li> <li>b. Do you employ guards?</li> <li>c. Are guards protected by bullet proof cages?</li> <li>d. How many night watchmen do you employ?</li> </ul>			
	Head Office	Main branches	Other locations
(i) SAFE DEPOSIT BOXES			
<ul style="list-style-type: none"> <li>a.                             <ul style="list-style-type: none"> <li>i. How many safe deposit boxes are there?</li> <li>ii. How many of these are rented?</li> <li>iii. How many locations provide safe deposit facility?</li> </ul> </li> <li>b.                             <ul style="list-style-type: none"> <li>i. Are all safe deposit boxes in a separate safe deposit vault of minimum 5 R rating?</li> <li>ii. If not, describe where they are kept.</li> </ul> </li> <li>c. Are all boxes under dual control?</li> </ul>			
(j) Transit			
<ul style="list-style-type: none"> <li>a. Is transfer of money and negotiable securities usually made by armoured motor vehicle?</li> <li>b. In respect of all other transits:-                             <ul style="list-style-type: none"> <li>i. How many messengers do you employ?</li> <li>ii. Are messengers accompanied by policy or armed guards?</li> <li>iii. Are trips scheduled at regular intervals and over varying routes?</li> <li>iv. Is a private conveyance used?</li> <li>v. Do you provide a messenger service for any customers?</li> <li>vi. Do you make up payrolls for customers and deliver them to factory?</li> </ul> </li> </ul>			

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# BANKERS BLANKET BOND POLICY

## UIN: IRDAN108CP0001V01200102



WITH YOU ALWAYS

	Head Office	Main branches	Other locations
vii. If so, does your responsibility cease immediately on arrival at customer premises?			
(k) Other Protections			
a. Please specify other protections devices such as :- Camera system Electrical money traps b. Is there an "all clear" signal system to warn arriving employees of an opening hour ambush? Is it changed at random? c. Do you require all branches to report "All Clear" to the head office? d. Do you have a procedure to safeguard against hidden attacks at closing?			
(l) Computer System			
a. Are passwords used to afford varying levels of entry to the computer system depending on the need and authorisation of the user? b. Are passwords regularly changed when there is any turnover in knowledgeable personnel? If passwords are not used, describe the alternative method used. c. Are all source documents secured to prevent unauthorised modification or use of data before entering the computer system? d. Is there an error and exception log which is regularly reviewed and which identifies terminals and user identification number?			
	Head Office	Main branches	Other locations
e. Do personnel inputting data either initial, sign or otherwise identify data they prepare? f. If the use of terminals restricted only to authorised personnel? g. Are unique passwords used to identify each terminal?			

31. Please give in the space provided below, brief details, of any losses you have sustained (whether insured or uninsured), before the application of any deductible, which was sustained during the past five years:-

Date Discovered	Location	Nature of Loss	Amount actual or estimated

Unless the information has already been provided, Please attach full details of the circumstances surrounding any Substantial loss and the corrective measures taken to avoid recurrence.

Any policy issued will be a contract of indemnity designed to protect the insured from fortuitous loss directly and uninterruptedly resulting from defined happenings of conduct.

Manifestly it is not the intention of the insurers or the insured to cover the hazards of trading; to do so would be to translate the role of the insurer into that of co-venture with the right to participate in trading profits. This is a statement of intent and shall not be construed to broaden the coverage provided by the policy terms and conditions.

The attention of the Proposer is drawn to the Conditions Precedent to Liability contained in the Policy.

**Additional Details:**

**Nationality:**  Indian  Non-Indian  If Non-Indian, please specify Country: \_\_\_\_\_

**Type of Organization**

Corporations  Governments  Non Governmental Organizations  Society  International Organization  
 Trust  Partnership  Cooperatives  Section 25 Company

**PAN card number (10 character number):** \_\_\_\_\_

Sources of funds: Please tick appropriate box  Salary  Business  Others (please specify) \_\_\_\_\_

**Section 41 of Insurance Act 1938 (Prohibition of rebates)**

1. 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 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 prospectus or tables of the insurer."
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

**Section 64 VB of the Insurance Act 1938**

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

**AML declaration**

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I/we are not Politically Exposed Persons \* nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

"Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

**Contact details of TAGIC and TAGIC CIN**

**Tata AIG General Insurance Company Limited**

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India.  
24x7 Toll Free No: 1800 266 7780 | Visit us at [www.tataaig.com](http://www.tataaig.com) | IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425

**IRDA Approved Product Name & Product UIN no.** IRDAN108P0011V01200607

*SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE*

**Declaration**

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
(to be signed by Partner/Director or Principal or equivalent)

Company: \_\_\_\_\_ Date: \_\_\_\_\_

**Please enclose with this Proposal Form your current Annual Report & Accounts (or equivalent) for the Proposer.**