## FIDELITY INSURANCE - COMMERCIAL UIN: IRDAN108CP0034V01201819

## FIDELITY INSURANCE – COMMERCIAL Proposal Form



1. a. Name of Employer									
Mr. / Mrs. / Ms. / M/s. / Dr.									
Address of Employer									
Address of Employer					City				
					City				
	State				Pin Code				
	Tel.:(O)				Fax				
	Mobile:				E-mail				
b. Description of Business c: Establishment Date	M al a	M Y Y	y   y						
2. Details of Employees to be guar	anteed.				Total remuneration	Amount to be	Any other constitu		
Names		Duties	Since when in service	Place of Employment	Total remuneration p.m. ( INR)	Amount to be guaranteed (INR)	Any other security taken (INR)		
						. ,			
		<u> </u>							
3. Is there a system to obtain refer	ences from p	previous Emp	oyers? If not, specify pra	ctice Followed					
4. Stated the estimate of maximur	m amount he	eld by any em	ployee at any one time a	nd for how long?					
a) Money: Amount	Period		_						
b) Stock: Amount	Period								
5. Has there been any occasion to				ed for guarantee					
<b>,</b>	,	,	, ,,,	<b>3</b>					
6. a. How often are the employees	required to	account for m	oney?						
b. What independent system is	there to che	ck that all sun	ns received by employee	s are accounted for?					
7. a. Do employees pay out money		ah from omale	over's essent?						
7. a. Do employees pay out money	y or draw cas	sii iroin empi	oyer's account?						
b. System of operation of Bank	account and	precautions	taken						
		•							
c. Whether such payments/with	hdrawals are	authorized b	y a senior employee and	Compared with support	ting documents?				
8. How often the cash book is bala	nced, the en	tries checked	with vouchers and Bank	's pass book and with co	ounterfoils of receipt bool	cs?			
	•			•	•				
9. How often are the Proposer's bo	ooks balance	ed?							
10. a. System followed for purchas	se of goods a	and recording	deliveries						
b. System followed for authoriz	zing dispatcl	n of goods an	d ensuring that dispatch	is recorded and charged	to the customer.				
11. How often and by whom stock	verification	is done?							

19
ò
0
7
0
≨
34
Ó
В
$\circ$
80
$\overline{}$
z
Ă
B
=
Ë
$\leq$
$\Box$
₹
$\overline{c}$
æ
$\exists$
=
S
$\sim$
Ĭ
ш
$\overline{c}$
z
Æ
$\equiv$
$\overline{S}$
$\geq$
>
É
$\equiv$
DE
분

12. System for collecting outstanding	accounts	5?																					
13. How often will statements of acco	unt be fu	ırnished	by the	propose	er dire	ct to cus	tomers?	•															
			•																				
14.What is the extent and frequency o	of audit?																						
15. Details of losses suffered on accou	nt of infi	delity of	any en	nployees	s durir	ng last 5	years an	d s	teps ta	aken to	pre	vent r	ecurre	nce.									
16. Has any company in respect of any a) Declined your proposal?	y infidelit	y guarar	ntee ins	surance																			
,																							
b) Cancelled or refused to renew po	olicy?																						
c) Accepted your proposal on speci	al terms	and con	ditions																				
17. Period of Insurance required																							
From D D M M Y Y	Y		То		D D	M M	Y	Υ	/ Y														
AML Guidelines																							
I/we hereby confirm that all prodisproportionate to my/our inc policy in case I / we are found law in India.	ome. I /	we und	erstan	d that th	he Co	mpany l	nas the i	rig	ht to d	all for	dod	cume	nts to	estab	lish s	ource	s of f	unds	and t	o can	cel the	e insur	rance
2. I / we are not Politically Expos															keep	the o	comp	any in	form	ed if	we su	bsequ	ently
become a Politically Exposed F "Politically Exposed Persons" shall				•						•					enanc	e of	Recoi	ds) A	men	dmen	t Rule	es, 202	23 as
amended from time to time."      Nationality: Indian No	n-Indian	,	If N	lon-Indi	ian n	lease sn	ecify the	e (	Counti	·v•													
Type of Organization	in indian			ton ma	idii, p	iodoo op	oony an		Journa	,													
Corporations Governm	ents		Trust	Partner	ship			ı	Non G	overn	nme	ntal C	rganiz	zation	S			ciety					
Trust Partnersh	ip		Interr	national	Orga	nization		(	Соор	erative	es						Se	ection	25 C	ompa	iny		
PAN card number (Mandatory): Bank Details																							
Name of the Account Holder:																							
Name of the Bank:														Bra	nch:								
Type of Account:		SB Acc	ount			Current	Accour	nt			Oth	ers (F	Please	spec	ify)								
Account Number:																							
IFSC Code:																							
<b>Declaration:</b> The content of this form along with	produc	st bonofi	te tor	me/oon	dition	e and o	volucion	no k	hava k	oon o	loor	ly ovr	Maino	d to n	ao 1/s	wo ba	vo un	doret	and t	hoco	and a	onfirm	, to
abide by the policy terms & conditi	•	t bellell	15, 161	1115/0011	uitioi	s and e.	KCIUSIOII	15 1	ilave i	Jeen C	leai	iy ext	Jiaille	J 10 11	16. I/V	ve iia	ve un	uersu	oou i	.11656	and c	OHHIH	10
Signature of the Proposer		:																					
Name & Signature of agent/interme	ediary	:													c	ode:							
Vernacular Declaration (Certificati	on in ca	se the p	ropos	er has	signe	d in ver	nacular/	/th	numb	print):	:												
The content of this form along with understood and confirmed the sam		t benefi	ts, ter	ms/con	dition	s and e	xclusion	ıs ŀ	have l	oeen c	lear	ly exp	olaine	d by r	ne in	verna	acular	to th	e pro	posei	who	has	
Signature of the Proposer		:																					
Name & Signature of agent/interme	ediary	:																					
Agent Declaration:									/ [	iuli Na	ıma'	in ~	v 025	oit.	20.00	lne	anno	A dvic	or/ S	neolf:	ad Pa	reon c	f tha
I, Corporate Agent/Authorized emplorature of the questions contained is to questions contained herein or a accepted by the Company for issu	n this Pr ny detai	oposal ils sougl the Poli	Form t	to the P ein will ave furt	ropos form ther e	er inclu the bas explaine	ding sta is of the d that if	iter e C an	eclare ment( Contra	that I s), info ct of I rue st	hav orma nsur aten	e expation ance	olaine and re betwe s)/ info	d all tespon een the	he co se(s) ne Co ion/re	onteni subm mpar espon	ts of the days and the days are days are days and the days are days are days are days are days are days and the days are da	this Pr by hii d the is/are	opos m/he Prop	sal For r in th oser, i tained	rm, in is Pro f this I in th	posal Propo	g the Form sal is posal

null and void and all premiums paid under the Policy may be forfeited to the company.

and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as

NAME & TITLE OF SIGNATORY

License No.(Interme	ediary/Corporate Agent/Broker/Rel	tionship Officer)	
Name of the specifie	ed Person and code		
Place:	Date:	Signature of Agent:	
. No person shall allowind of risk relating to person taking out or rushe insurer. 2. Any personsurance is the subjection 64 VB of the	ow or offer to allow either directly lives or property in India, any rebenewing or continuing a policy acresson making default in complying of the solicitation. For making details and the solicitation of the solicitation.	cr., 1938 as amended by Insurance Laws (Amendment) Act, 2015 or indirectly as an inducement to any person to take out or renew or continue an insurance in rete of the whole or part of the commission payable or any rebate of premium shown on the policy, rept any rebate, except such rebate as may be allowed in accordance with the published prospectus with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.  The details on risk factors, terms and conditions, please read Policy Wordings carefully, before conclude to receipt of premium by Tata AIG General Insurance Company Limited.	nor shall any s or tables of
PLACE :			

SIGNATURE OF PROPOSER

DATE:

## **TATA AIG GENERAL INSURANCE COMPANY LIMITED**