MONEY INSURANCE - COMMERCIAL UIN: IRDAN108CP0043V01201819

MONEY INSURANCE - COMMERCIAL Proposal Form



	me of the proposer full)(In block letters):																															
Bu	siness Address																															
																	Cit	ty														
		State															Pir	n Co	ode													
		Tel.:(0)															Fa	x														
		Mobile:															E-r	mai	I													
Bu	siness or Trade :																															
Description of Money to be Insured,																																
	no Insurance is required f	or any iter	n, Ins	sert "	NIL")).																										
Section E												Estimated Annual amount of money in										ahe	st a	mou	ınt iı	n tr	ans	it at	an	v on	e tin	ne
											transit, which will be the basis on which the provisional premium will be charged.(INR)											Highest amount in transit at any one time which will be limit of the company's liability for any one loss.(INR)										
	I. A. Money for payment of wages, salaries & other earnings or for																															
fron	Petty cash, in direct transit from the Bank, to the Insured's premises, from the time the money is received at the bank by the Insured or								or																							
	authorized employees of the Insured, until delivered at the Premises or other place of disbursement, and whilst there until paid out, pro-																															
	vided that outside business hours, money shall be secured in locked safe(s) or locked strong room on the Premises, Cheques drawn by the																															
insured to provide for such Money are also covered whilst in transit, from the Premises to the Bank																																
I. B. Money (other than described in Item A above) in transit, from/to Insured's Premises/Bank/PO. Any other specified Premises																																
I. C. Money other than described in Items A & B) collected by and in																																
Insu	the personal custody of the Insured or the authorize employees of the Insured, Whilst in transit to the Premises or Bank, within a period not exceeding 48 hours, from the time of collection																															
EST	ESTIMATED TOTAL ANNUAL AMOUNT OF MONEY IN TRANSIT																															
	II. Money (other than described in Section I A above) whilst on the																															
Premises during the business hours or whilst secured in locked safe(s) or strong room, on the Insured's Premises, outside business hours,																																
against the risks of Burglary, Housebreaking, Dacoity Robbery and Hold UP.																																
5.	a) What is the maximum	n distance	over	whic	h th	e mo	nev	will	he c	onv	evec	1 7																				
J.	u/ What is the maximum	distance	OVCI	vviiic	,	C IIIC	люу	vviii	DC (,0110	cycc	٠.																				
	b) Addresses of premises between which money will be carried.																															
	5,7 Red 60000 or profitions between which money will be carried.																															
6.	Are employees authoris	ed to hand	dle/ca	arry r	none	еу сс	overe	ed ur	nder	Fide	elity	Guar	ante	e Po	licy	? If Y	es, ε	give	deta	ails.												
7.	How is the money carrie	ed? (i.e wh	ethe	r in b	ags,	trun	ks e	tc.)																								
						-																										
8.	What means of transpor	rt do the p	ersor	ns ca	rryin	g the	e mo	ney	use	i.e.	own	car/	oubl	ic tra	nsp	ort e	tc?															
9.	Are the persons carrying	a the mon	ev ac	rcom	nani	ed b	v an	arm	ed c	ularo	de? If	f not	etat	te wi	nat r	orote	ction	ı if a	anv i	e nro	vid	ed fo	or th	em								
U.	. a c ale persons carrying	5 110 HIOH	Jy ac	.50111	Pall	Ju D	, uii	ai i i i	. Ju 6	, aui C	au: 11		Jid	٧٧١	iai þ	5,018	J.101	0	-11y, I	2 Pic	, viul	Ju 10	or U									
10	Do you need to cover a	gainst Riot	& St	rike	a nc	ayme	ent o	f ad	ditio	nal r	orem	ium'	?																			
	,				. 101	,	5		5	1																						
11.	State following particula	ars of safe/	s and	d/or s	stron	g ro	om i	n wł	nich	mon	ney v	vill b	e ke	pt oı	ıtsid	le bu	sines	ss h	ours													
		54.5/		, - • •	2.1	J . J					, •	. 2				.54																

	Maker's Name	Weight	Dimensions	identification Number										
1. <i>A</i>	1. Addresses of premises where safe is kept.													
2. Is	it fixed to the walls or floor?													
3. B	y whom are the keys of the safe(s) and/or	strong room held?												
4. Are all such keys removed from the premises outside business hours?														
	5. Will the premises guarded whilst they are closed for business? If so, by whom?													
	50, 27 Wildin.													
40			. 216											
12.	Have you ever sustained any loss o	f money whilst in transit or whilst on you	r premises? If so, give full particulars.											
13.	Has any Company in respect of mo	ney Insurance												
	a) Declined your proposal?													
	b) Cancelled or refused to renew	your policy												
	c) Accepted your proposal on spe	ecial terms & conditions'												
14.	Has the risk been previously Insured? If	SO,												
	a) The name of the Insurance Cor	mpany.												
	b) Policy No.													
	c) Period													
	d) Premium paid													
	e) Any special terms and condition	ons Imposed												
15.	Period of Insurance From D D D	M M Y Y Y Y TO D D M M	1 Y Y Y Y											
			nafide sources and not paid out of proceeds											
	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.													
		sons * nor are their close relatives / famil / close relative / family member / associa	y members / associates . I / we shall keep t te of Politically Exposed Persons.	he company informed if we subsequently										
	itically Exposed Persons" shall have nded from time to time."	the meaning assigned to it under Prevent	ention of Money-Laundering (Maintenance	of Records) Amendment Rules, 2023 as										
Nationality: Indian														
• Ty	pe of Organization													
Сс	orporations Governments	Trust Partnership	Non Governmental Organizations	Society										
	Partnership	International Organization	Cooperatives	Section 25 Company										

Bank Details																							
Name of the Account Holder:																							
Name of the Donly														Due	nch:								
Name of the Bank:																							=
Type of Account:	e of Account: SB Account						Acco	unt			Othe	ers (P	lease	spec	ify)								
Account Number:																							
IFSC Code:																							
Declaration: The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions. Signature of the Proposer :																							
Signature of the Proposer	:																						
Name & Signature of agent/intermedia	ary :	:																					
[Full Name] in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable 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 null and void and all premiums paid under the Policy may be forfeited to the company. License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) Name of the specified Person and code																							
Section 64 VB of the Insurance Act 1	938																						
Commencement of risk cover under t	Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.																						
PLACE :																							
DATE: DDMMMYYYYY						SIG	SNATI	URE	OF PR	OPOS	SER					N.	AME	& TIT	LE OF	SIG	NATO	RY	

TATA AIG GENERAL INSURANCE COMPANY LIMITED