

# FIDELITY INSURANCE – COMMERCIAL Proposal Form



WITH YOU ALWAYS

**1. a. Name of Employer**

Mr. / Mrs. / Ms. / M/s. / Dr.

Address of Employer

City

State  Pin Code

Tel.:(O)  Fax

Mobile:  E-mail

**b. Description of Business**

**c. Establishment Date**

**2. Details of Employees to be guaranteed.**

Names	Duties	Since when in service	Place of Employment	Total remuneration p.m. ( INR)	Amount to be guaranteed (INR)	Any other security taken (INR)

**3. Is there a system to obtain references from previous Employers? If not, specify practice Followed**

**4. Stated the estimate of maximum amount held by any employee at any one time and for how long?**

a) Money: Amount \_\_\_\_\_ Period \_\_\_\_\_  
 b) Stock: Amount \_\_\_\_\_ Period \_\_\_\_\_

**5. Has there been any occasion to question honesty or conduct of any person proposed for guarantee.**

**6. a. How often are the employees required to account for money?**

**b. What independent system is there to check that all sums received by employees are accounted for ?**

**7. a. Do employees pay out money or draw cash from employer's account ?**

**b. System of operation of Bank account and precautions taken**

**c. Whether such payments/withdrawals are authorized by a senior employee and Compared with supporting documents?**

**8. How often the cash book is balanced, the entries checked with vouchers and Bank's pass book and with counterfoils of receipt books ?**

**9. How often are the Proposer's books balanced?**

**10. a. System followed for purchase of goods and recording deliveries.**

**b. System followed for authorizing dispatch of goods and ensuring that dispatch is recorded and charged to the customer.**

**11. How often and by whom stock verification is done ?**

12. System for collecting outstanding accounts?

13. How often will statements of account be furnished by the proposer direct to customers ?

14.What is the extent and frequency of audit ?

15. Details of losses suffered on account of infidelity of any employees during last 5 years and steps taken to prevent recurrence.

16. Has any company in respect of any infidelity guarantee insurance

a) Declined your proposal ?

b) Cancelled or refused to renew policy ?

c) Accepted your proposal on special terms and conditions.

17. Period of Insurance required

From DDMMYYYY

To DDMMYYYY

AML Guidelines

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 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.

• Nationality : Indian [ ] Non-Indian [ ] If Non-Indian, please specify the Country: \_\_\_\_\_

• Type of Organization

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

Bank Details

Name of the Account Holder:
Name of the Bank: Branch:
Type of Account: SB Account Current Account Others (Please specify)
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 : \_\_\_\_\_

Name & Signature of agent/intermediary : \_\_\_\_\_ Code: \_\_\_\_\_

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature of the Proposer : \_\_\_\_\_

Name & Signature of agent/intermediary : \_\_\_\_\_

Agent Declaration:

I, \_\_\_\_\_ (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
Place: Date: Signature of Agent:

**Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015**

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.

**Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read Policy Wordings carefully, before concluding a sale.**

**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.

PLACE : \_\_\_\_\_

DATE : 

D	D	M	M	Y	Y	Y	Y
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SIGNATURE OF PROPOSER

NAME & TITLE OF SIGNATORY

**Tata AIG General Insurance Company Limited**

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013  
24X7 Toll Free No: 1800 266 7780 Fax: 022 6693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com  
IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425