

MONEY INSURANCE - COMMERCIAL Proposal Form



WITH YOU ALWAYS

1. Name of the proposer (in full)(In block letters):

Business Address

City

State **Pin Code**

Tel.:(O) **Fax**

Mobile: **E-mail**

Business or Trade :

Description of Money to be Insured,

(if no Insurance is required for any item, Insert "NIL").

Section	Estimated Annual amount of money in 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 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 authorized employees of the Insured, until delivered at the Premises or other place of disbursement, and whilst there until paid out, provided 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/P.O. Any other specified Premises		
I. C. Money other than described in Items A & B) collected by and in 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		
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 distance over which the money will be conveyed ?

b) Addresses of premises between which money will be carried.

6. Are employees authorised to handle/carry money covered under Fidelity Guarantee Policy ? If Yes, give details.

7. How is the money carried? (i.e whether in bags, trunks etc.)

8. What means of transport do the persons carrying the money use i.e. own car/public transport etc ?

9. Are the persons carrying the money accompanied by an armed guards? If not, state what protection if any, is provided for them.

10. Do you need to cover against Riot & Strike on payment of additional premium?

11. State following particulars of safe/s and/or strong room in which money will be kept outside business hours.

MONEY INSURANCE - COMMERCIAL UIN: IRDAN108CP0043V01201819

Maker's Name	Weight	Dimensions	identification Number

1. Addresses of premises where safe is kept.

2. Is it fixed to the walls or floor?

3. By 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?

12. Have you ever sustained any loss of money whilst in transit or whilst on your premises? If so, give full particulars.

13. Has any Company in respect of money Insurance

- a) Declined your proposal?
- b) Cancelled or refused to renew your policy
- c) Accepted your proposal on special terms & conditions'

14. Has the risk been previously Insured? If so,

- a) The name of the Insurance Company.
- b) Policy No.
- c) Period
- d) Premium paid
- e) Any special terms and conditions Imposed

15. Period of Insurance From To

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:	<input type="text"/>															
Name of the Bank:	<input type="text"/>										Branch:	<input type="text"/>				
Type of Account:	<input type="checkbox"/> SB Account	<input type="checkbox"/> Current Account	Others (Please specify) <input type="text"/>													
Account Number:	<input type="text"/>															
IFSC Code:	<input type="text"/>															

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)	<input type="text"/>
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