Bajaj Allianz General Insurance Co. Ltd.,
Bajaj Allianz House, Airport Road, Yerawada,Pune - 411006. Reg No.: 113
CIN: U66010PN2000PLC015329
UIN: IRDAN113CP0026V01201920

FIDELITY GUARANTEE INSURANCE

Proposal form

Important: this proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

Regional/Branch Office Code			
Broker/Agent Name		Code	

Proposer Details

1. Name of the Proposer				
2. Customer ID				
3. Address of the Proposer	Plot No/Door No.		Building name	
	Road			
	Area			
	City		Pincode	
	State			
	Phone No.			
	E-mail Id			
4. Business of the Proposer				
5. Since when established				

6. Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last five years?	Yes/No. If yes please provide details (Please attach a separate sheet of paper if necessary)		
	Date	Circumstances	Amount of loss (Rs)

7. Has any Insurer in respect of the risks to which this proposal relates ever a) declined a proposal, refused renewal or cancelled an insurance? b) Required an increased premium or imposed special conditions? If yes please provide details (Please attach a separate sheet of paper if necessary)	 Yes/No. Yes/No.

8. Which of the following types of cover do you require? (Please tick only one option)
   a) Cover entire workforce (please complete Question 9)
   b) Cover for selected categories of employees only (please complete Question 10)
   c) Cover for named employees only (please complete Question 11)
   d) Cover for selected categories of employees and named employees (please complete Questions 10 and 11)

9. Cover for entire workforce

Category of staff	No. of employees	Estimated annual wages (Rs)	Employee Sum Insured (Rs)
Staff with direct responsibility for money, stock, accounts or computer operations			
Other staff			

10. Cover for selected categories of employees

Category of staff	No. of employees	Employee Sum Insured (Rs)

11. Cover for named employees (Please attach a separate sheet of paper if necessary)

Name	Designation	Duties	Since when, in service	Total remuneration (Rs)	Employee Sum Insured (Rs)

12. Period of Insurance	From		To
13. Is there a system to obtain references from previous Employers? If not, specify practice followed.			
14. State the estimate of maximum amount held by any employee at any one time and for how long?		Money	Stock
	Amount (Rs)		
	Period (no. of years)		
15. a) Has there been any occasion to question honesty or conduct of any person proposed for guarantee? If yes, please provide details. b) How often are the employees required to account for money? c) What independent system is there to check that all sums received by employees are accounted for?			
16. a) Is the division of responsibilities between departments, sections and different employees well defined in respect of ordering of stocks and materials, the recording of receipt of such and authorising payment for them, so that no one person handles a transaction from beginning to end? If yes, please provide details. b) How often is the cash book balanced, the entries checked with vouchers and Bank's Pass Book and with counterfoils of receipt books? c) How often is the cash book balanced and the stock books reconciled with control records? d) Is there a requirement of at least two signatories to authorise payments? If yes, please give description of such	Yes/No Yes/No.		

authorised signatories and confirm that the requirement for co-signatories is followed.	
17. a) Is there a requirement of dual signatories for cheques issuance, and is such requirement met? b) Do the employees who receive cash and cheques in the course of their duties issue pre-numbered official receipts as confirmation of the receipt? c) Are all the cash and cheques received banked in daily or at the latest the next banking day? If no please specify d) Is there an imprest system for handling of petty cash funds? If yes, please specify the persons who are authorised to manage the petty cash funds. e) What is the system of operation of Bank account followed and what are the precautions taken? f) Whether such payments/ withdrawals are authorized by a senior employee and compared with supporting documents?	Yes/No Yes/No Yes/No. Yes/No.
18. a) How often are the bank reconciliations and check of receipt counterfoils and vouchers being carried out? b) Under what circumstances will your customers qualify for credit privileges? c) How often is the balancing and control of debtor accounts with statements sent to all debtors? d) Are there stocks (of any kind) kept for the conduct of your business? e) How often are stock-takings conducted? f) Please list the persons responsible for carrying out stock-taking	
19. a) Please state the maximum amount of stocks each employee can requisition at any one time? Is this ever exceeded? b) Is there close supervision of storage and custody of all stocks maintained?	

c) Are all deliveries to and from stores properly authorised?	
20. When was the last stock audit undertaken, by whom, and what did it reveal?	
21. When was the proposer last audited, by whom, and what did the audit reveal?	

Payment Details

Mode of Payment: ☐ Cheque ☐ DD ☐ Cash ☐ Others

Cheque - Given by: ☐ Spouse ☐ Father ☐ Mother ☐ Son/Daughter ☐ Employer/Employee ☐ Financier

GoGreen **To support our Go Green initiative, we will send policy copy link on your registered mobile number / email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy.** ☐

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Bajaj Allianz and I/We agree to accept a policy, subject to the conditions prescribed by Bajaj Allianz and to pay premium on the amount estimated above at the end of each policy period. I /We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

I/we hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephone / email / web-inputs means or other means, as updated from time to time within group entities.

Place :

Date : Signature of the Proposer

SECTION 41OFINSURANCEACT,1938

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 whole or part of the commission payable or any rebate of the 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 prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakhs rupees.

DECLARATIONS – PHYSICAL PROPOSAL FORM

- Are you or any of the proposal applicants a PEP* or a close relative of PEP*?
  If yes, please share the details _____

  "Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc." ☐ Yes / ☐ No

- I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC. ☐ Yes / ☐ No

- I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income. ☐ Yes / ☐ No

- I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information. ☐ Yes / ☐ No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.
You can update the same through Caringly yours App – http://onelink.to/v9zp7c , WhatsApp Service {Say 'Hi' on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on – 8080945060, SMS "WORRY" to 575758, Email – bagichelp@bajajallianz.co.in, website – https://www.bajajallianz.com/general-insurance.html , contact your agent or nearest branch.