

Regd. & Head Office: GE Plaza, Airport Road, Yerawada, Pune -411006

### 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	Pi	ncode			
	State					
	Phone No.					
	E-mail Id					
4. Business of the Proposer						
5. Since when established						
6. Have there been any reported losses	Yes/No. If yes p	lease provide de	tails (Ple	ase attach a		
(whether insured or not) due to	separate sheet of paper if necessary)					
fraud or dishonesty of employees, partners or directors during the last		Circumstances	Amo (Rs)	ount of loss		
five years?						



_	urer in respect								
ever	to which this proposal relates								
a) declined renewal	a proposal, or cancelle		efused Yes/No.						
insurance		u an	Yes/N	Io.					
	an increased pr	remium	103/1	ιο.					
	d special condition								
	a special contain	0115.							
If yes please p	provide details	(Please							
attach a separat		aper if							
necessary)	•	•							
8. Which of the f	Following types of	of cover d	lo you 1	require? (	Please tick only one	option)			
a) Cover enti	re workforce (pl	ease com	nplete Q	uestion 9	)				
b) Cover for	selected categori	es of emp	ployees	only (ple	ase complete Question	on 10)			
c) Cover for a	named employed	es only (1	olease c	omplete (	Question 11)				
*	-	ories of	emplo	oyees and	d named employee	es (please complete			
Questions	10 and 11)								
9. Cover for enti	re workforce								
Category	of staff	No.	of	Estima	ated annual wages	Employee Sum			
Caregory	or starr	emplo		Louine	_	Insured			
		· ·	<i>y</i>		(Rs)				
Staff with diment man	manaihility fan					(Rs)			
Staff with direct res money, stock, accou									
operations									
Other staff									
10. Cover for sele	cted categories	of emplo	yees						
C	ategory of staff			No	of employees	Employee Sum			
Category of staff				110.	or employees	Insured			
						(Rs)			
11. Cover for nam	ned employees (	Please attach	n a separat	te sheet of pa	aper if necessary)				
Name	Designation	Duties	Since	when,	Total	Employee Sum			
1 (41110				ervice	remuneration	Insured			
					(Rs)	(Rs)			

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					om					To							
13.	-	stem to obtain	n referenc	ces													
	from previous	s Employers? practice follow	ed														
	if not, specify	practice follow	cu.														
14.		imate of maxir							Mo	oney				Sto	ck		
		employee at a	iny one ti	me		. (5											
	and for how lo	ong?			Amo	ount (R	s)										
					Perio												
15.					(no.	of year	s)		<u> </u>								_
a)	Has there	been any	occasion	to													
,		onesty or con															
	-	oosed for gua		Ĭf													
	yes, please p	provide details	S.														
b)	How often		employe	es													
	-	account for m	-														
c)	-	pendent system															
	check that			by													
	emproyees a	are accounted	101 ?														
16.																	-
a)	Is the di		esponsibili	ities													
		•		and													
		mployees well															
	_	ordering of the recording		and													
	such and	authorising	-														
		at no one pers															
		from beginnin	_	If	Yes/	'No											
1. \		provide details.		1													
b)		is the cash be checked with															
		ass Book		and vith													
		of receipt book															
c)	How often	is the cash bo	ook baland														
		ock books rec	onciled w	ith													
۱۲,	control reco		f at least	<b></b>													
d)		requirement of to authorise pa		two If	1 03/	No.											
	_	give descript	-														
	5 , F	<u> </u>															_



	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?	Yes/No
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?	Yes/No
c)	Are all the cash and cheques received banked in daily or at the latest the next banking day? If no please specify	Yes/No.
d)	Is there an imprest system for handling of petty cash funds? If yes, please specify the persons who are authorised	Yes/No.
e)	to manage the petty cash funds.  What is the system of operation of Bank account followed and what are the presentions taken?	
f)	the precautions taken? Whether such payments/ withdrawals are authorized by a senior employee	
18.	and compared with supporting documents?	
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?	
L	and the state of t	



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?	

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.