

Proposal Form No: _____

INDUSIND FIDELITY GUARANTEE POLICY (COMMERCIAL) - PROPOSAL FORM FOR EMPLOYER
Basic of Insurance

Named employees can be selected and guaranteed for specified amounts.

Employees can tie guaranteed for a total amount of overall or for separate amounts in respect of different categories.

THE FOREGOING IS ONLY A BOARD INDICATION OF THE COVER OFFERED. FOR DETAILS PLEASE REFER TO ANY OFFICE OF THE COMPANY.

NOTE: Please answer every question fully

(The policy does not commence until the proposal is accepted and premium paid)

INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)

Intermediary Name:	Code:
Branch Name:	Code:
Sales Manager Name:	Code:

Proposer's Details (To be filled in BLOCK CAPITALS)

1. Name of the Proposer			
2. Customer ID			
3. Address of the Proposer			
Flat Building			
Road/Street/Sector			
Area			
Taluka/Village/District/City		Pin Code	
State		Country	
Phone		Mobile	
Email		Fax	
4. Business of the Proposer			
5. Since when established			
6. Location of risk to be covered			
Flat Building			
Road/Street/Sector			
Area			
Taluka/Village/District/City		Pin Code	
State		Country	
Phone		Mobile	
Email		Fax	
7. PAN No.		8. UID Aadhaar No.	
9. CIN (In case of Corporate)		10. Date of Birth / Date of Incorporation	


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 Insurance App


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11. Details of Employee to be Guaranteed

Name	Duties	Since when in service	Place of employment	Total remuneration (R)	Amount to be Guaranteed	Any other Security taken

12. Do you wish to cover the employees on a floater basis?

☐ Yes ☐ No

If yes, No. of employees to be covered (class wise)

Total Amount to be Guaranteed (in Rs.)

13. Period of Insurance

From DD / MM / YYYY

To DD / MM / YYYY

14. Is there a system to obtain references from previous Employers?

☐ Yes ☐ No

If not, specify practice followed

15. 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)

16. A) Has there been any occasion to question honesty or conduct of any person proposed for Guarantee

☐ Yes ☐ No

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

17.A) Do employees pay out money or draw cash from Employer's Account?

B) System of operation of Bank Account and precaution taken

C) Whether such payments/withdrawals re authorised by a senior employee and compared with supporting documents?

18. How often the cash book is balanced, the entries checked with vouchers and Bank's Pass Book and with Counterfoils of receipt books

19. How often are the Proposer's books balanced?

20. A) System followed for purchase of goods and recording deliveries

B) System followed for authorising dispatch of goods and ensuring that dispatch is recorded and charged to the customer



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21. How often and by whom stock verification is done?

22. System for collecting outstanding accounts

23. How often will statements of account be furnished by the Proposer direct to Customers?

24. What's the extent and frequency of audit?

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

26. A) Has any company in respect of any Fidelity Guarantee Insurance declined your proposal? ☐ Yes ☐ No

B) Cancelled or refused to renew policy? ☐ Yes ☐ No

C) Accepted your proposal on special terms and conditions ☐ Yes ☐ No

I/We hereby declare and warrant that the above statements are true and complete. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the company and I/We agree to accept a policy subject to conditions prescribed by the company and to send at the end of each period of insurance a statement, in the form required by the company of all money conveyed and to pay premium on the amount in excess of the amount estimated above.

Place: _____

Date: DD/MM/YYYY

Signature of Proposer

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)? ☐ Yes ☐ No

If yes, please mention the position held

Is any of your close relation or family member a PEP? ☐ Yes ☐ No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

AML Guidelines

1. 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 offense listed in Prevention of Money Laundering Act, 2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

DECLARATION

I/We hereby declare and warrant that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and IndusInd General Insurance Company Limited. In any additions/alterations are carried out in the risk proposed after the submission of this proposal form then the same shall be conveyed to the IndusInd General Insurance company Limited immediately

I/We further agree and undertake not to receive from IndusInd General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

"I/we hereby agree to be notified by insurer on my registered mobile number/ email id through mail or SMS or any such mode, information about various insurance policy services."

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract

Place: _____

Date: _____

Signature of Proposer

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



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Proposer's Details (To be filled in BLOCK CAPITALS)

1. Name of the Proposer			
Address of the Proposer			
Flat Building			
Road/Street/Sector			
Area			
Taluka/Village/District/City		Pin Code	
State		Country	
Phone		Mobile	
Email		Fax	
Age		Nationality	
PAN No.		UID Aadhaar No.	
CIN (In case of Corporate)		Date of Birth / Date of Incorporation	DD / MM / YYYY
2. Are you Single, Married ?			☐ Single ☐ Married
3. If married, state number of your children			
4. How many persons, in all, are dependent on you?			
5. Give name, address and occupation of your father or nearest relative			
6. Do you own a house			☐ Yes ☐ No
If not do you live in rented house/ company accommodation/with relatives?			
7. Please list addresses where you have been living for the last three years			
8. Amount of Guarantee required			
9. Nature of duties in respect of which this Guarantee is required			
10. Name, Address and Business of Employer from whom this Guarantee is required			
A) Name of the Proposer			

B) Address of the Employer

Flat Building

Road/Street/Sector

Area

Taluka/Village/District/City

Pin Code

State

Country

Phone

Mobile

Email

Fax

C) Business of Employer

11. Period of Insurance

From DD/MM/YYYYY

To DD/MM/YYYYY

12. State salary and give full particulars of any other remuneration from the employment

13. State clearly and separately how and where you have been occupied during the last SEVEN YEARS, giving full names and addresses of all Employers. Your period of service and reasons for leaving, in each case. Please note that the whole period of SEVEN YEARS must be accounted for (Please attach a separate sheet of paper giving the details)

14. Do you have any private or business Liabilities?

☐ Yes ☐ No

If so, state the amount

15. Were you ever bankrupt or insolvent or did you ever arrange with your creditors?

☐ Yes ☐ No

If so, please state the circumstances which led to your financial difficulties, the name and address of the Trustee, and whether you are now free of all liabilities.

16. Is your life insured?

☐ Yes ☐ No

If so, please state for what amount, and whether the policy is in your possession

17. Do, you possess any property, are you entitled to any in reversion?

☐ Yes ☐ No

If so, state generally its nature and whether encumbered ?

18. Do you have any source of income besides the remuneration derived from the employment for which the Guarantee is required?

☐ Yes ☐ No

If so, give particulars


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19. Are you surety to anyone?		☐ Yes ☐ No
If so, give particulars		
20. Have you ever applied for a Guarantee to this or any other Insurer?		☐ Yes ☐ No
If yes, with which Company and at what date was the application accepted or declined?		
21. Give the names of two or more persons (not relatives) who have known you intimately for some time and to whom reference may be made:		
Name of of Referee (Block Letters)	Occupation	Full Postal Address

I hereby declare that in all of my replies on this Proposal From I have stated the truth without any reservation.

Place: _____

Date: DD/MM/YYYY

Signature of Employee

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