

PROPOSAL FORM - FIDELITY GUARANTEE INSURANCE POLICY (COMMERCIAL)

(Acceptance of this proposal is subject to the rules & regulations of MHDI Fidelity Guarantee Policy. The risk is not covered until the proposal is accepted and premium paid.)

Agent/Broker Name										
Agent/Broker Code										
Agent Mobile Number	Er	mail Address								
Name of the Proposer										
Address of the Proposer										
	0;4.	-1-	Dia Oada							
		ate	Pin Code							
Mobile Number		mail Address								
Policy to be issued in favour of	(List of all the parties who h									
Financial Institution Interest (if any)		(Attach annexure in c	case of multiple instit	tutions)						
Business of the Proposer										
Paid up capital										
Period of Insurance	From									
Whether you have insured the same	risk with any other Insuran	ice Company with the	e same type of	Yes/No						
coverage. (Give details)										
_	Whether Insurance was declined by any other Company or imposed any Special Conditions (Give									
details)										
Is there a system to obtain										
references from previous										
Employers at the time of										
Recruitment? If not, specify										
State the estimate of maximum amou	ınt held by any employee a	at any given time and	duration for the s	ame:						
	Money		Stock	<						
Amount										
Duration (No. of weeks)										
What independent system is there to	check that all sums receiv	ed by employees are	accounted for?							
Is the division of responsibilities betw	een departments, sections	and different emplo	yees well defined i	in respect of						
ordering of stocks and materials, the	recording of receipt of suc	h and authorizing pa	yment for them, so	that no one						
person handles a transaction from be	eginning to end? If yes, ple	ase provide details.								
Frequency at which:										
Employees are required to account for m	noney									
The cash book is balanced, the entries ch										
Bank's Pass Book and with counter-foils	OI Receipt books									

Fidelity Guarantee Insurance Policy (Commercial) UIN - IRDAN149CP0008V01201819

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Trade logos displayed above belong to Poonawalla Fincorp Limited (Formerly known as Magma Fincorp Limited) and HDI Global SE and are being used by Magma HDI General Insurance Company Limited, under license MHDI Version 3.0



Stock books red	conciled with	control records											
The bank recon vouchers being		d check of receipt co	ounterf	oils and									
System of ope	eration of B	ank account and p	recau	tions taken:									
		least two Signatoried signatories and co							Yes/No				
Are the employ receipts as conf	d official	Yes/No											
Are all the cash	and cheque	s received banked ir	n daily	or at the latest the i	next	banking day? I	f no please	especify	Yes/No				
Whether such p	payments/ wi	ithdrawals are autho	rized b	y a senior employe	ee w	ith supporting c	documents	?	Yes/No				
Is there a system	s there a system for handling of petty cash funds? If yes, please share details of authorized persons												
Coverage Det	ails	Entire Workforce	Sel	ected categories o	f Em	nployees 🗆 Na	amed Emp	loyees only	, 🗆				
Staff Category		No of employees		Estimated annual V	Wag	es	Per ei	mployee and	and Total Sum Insured				
Staff with direct responsibility fo stock, accounts Computer operat	r money, or												
Other Staff													
Annexure for o	coverage o	n Named Employe	ees Or	nly									
Name	Designation In Service since					ıties	Remunera	ation	Employee Sun Insured				
Both of the abo	ve annexure	es to be provided in a	case co	over required for <u>se</u>	elect	ted categories	of emplo	yees and I	Named emplo	<u>yees</u>			
Premium / Cla	im details t	for the past 5 year	s			Claim Amou	nt	Premiun	n Paid				
Date of loss	Circumst	•											

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What precautions have been adopted to prevent such recurrence?																											
Premium Payment	Deta	ails:																									
Total Premium Amo	unt (Inclu	ding	GS	ST) -	- INI	R.								_												
Payee Name -																											
Kindly select: Cheque DD NEFT Cash																											
Cheque /DD/ PO /U	TR	No.					L						<u> </u>														
Date								IFS	<u> </u>															L			
Amount in Rs.	L_																										
Bank Account No.																											
Bank Name											_					В	rar	nch	1								
PAN Number																											
Aadhaar Number																											
Documents to be attac	hed	as pe	r req	uire	mer	t for	fu	lfillmen	nt of	KYC	No.	rm	S.														
GST Registered																				Y	es/	N	0				
										GS ⁻				be	r												
										GS ⁻	T S	tate	•														
Intermediary Aadhaar number: (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 responses(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, or if there has been a non-disclosure of any material fact, the Policy ssued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.																											
License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer) Date: DD MM YYYY Signature of the Insurance Advisor:																											

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DECLARATION BY INSURED

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 Magma HDI General Insurance Co. Ltd

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

I hereby consent to and authorize Magma HDI General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on my Whatsapp (other app) number.

Place

Date

Signature of Proposer

VERNACULAR DECLARATION

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma HDI General Insurance Company Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place:	Proposer's Signature						
	Company stamp						
Date: (DD-MM-YYYY)	Name:	Designation					

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

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

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