

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED.

Regd. Office : ICICI Towers, Bandra Kurla Complex, Bandra (East), Mumbai – 400 051
Tel: (+91 22) 653 1414 Fax : (+91 22) 653 1657

PROPOSAL FORM FOR FIDELITY GUARANTEE INSURANCE

Marketing Officer:
Branch Address:

Phone #:

Business Sector: Urban Rural Social

Proposal Form No:

Group I.D. No:

Client I.D. No:

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the Proposer or any one acting on his behalf.
4. Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the proposal form.

NOTE

The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

SCOPE OF COVER

This Policy broadly covers pecuniary loss sustained as a result of act of fraud or dishonesty in respect of monies or goods of the employer committed by the employees in the course of performance of their duties.

SIGNIFICANT EXCLUSIONS

This Policy does not cover loss, on account of change in any circumstances and conditions of the said employment without the consent of the Company and loss arising outside India.

NOTE

The foregoing is only an indication of the cover offered. For details, please refer to the Policy.

DETAILS: Put a (✓) mark wherever applicable

1. CLIENT INFORMATION

(i) Proposer's name (please leave a space after each part of name)

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(ii) Proposer's mailing address (please leave a space after each part of address)

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City/Town/Village

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State

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Pin Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone number

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Fax number

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E-mail address

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(iii) Proposer's trade or business

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(iv) Paid-up capital of the firm (in Rs. million)

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2. RISK DETAILS

(i) Period of Insurance: (DDMMYYYY)

From:

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To: Midnight

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(ii) What is the date of establishment of your business (DDMMYYYY)?

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(iii) What is the basis of insurance?

Named

Designation

Floater

(iv) Please provide details of the employees to be guaranteed in the following format:

Names/ Designations	Class ¹			Since when in service (DDMMYY YY)	Place of employment	Total remuneration (Rs.)	Amount to be insured (Rs.)	Any security taken
	I	II	III					
Total								

(attach separate sheet if necessary)

Note:

If all employees on rolls are not being covered, please provide names or specific designation for identification purposes

(v) Please provide the estimate of maximum amount held by any employee on behalf of the proposer in the following format:

Description	Amount (Rs.)	Period held (days)
Money		
Stocks		

(vi) Has there been any occasion to question the honesty or conduct of any person proposed for guarantee:

Yes No

If yes, please provide information in the following format:

Name of employee	Number of incidents	Amount (Rs.)	Action taken

(vii) How often are the employees required to account for money held on behalf of the proposer ?

Daily Weekly Monthly

Bi-monthly or more

(viii) Is there any independent system to account for all the sums handled by employees?

Yes No

¹ Class I : Managers, executives, officers and clerks including cashiers
Class II : Cash collectors and travellers
Class III : Office boys and peons

- (ix) Do the employees pay out money or draw cash from the employer's account?
 Yes No
 If yes, are such payments/withdrawals authorised by a senior employee and compared with supporting documents?
 Yes No
- (x) What is the system followed for operations of bank accounts?
 Single signature Multiple signatures
 Electronic signature Electronic transfer
- (xi) How often are the cash-book balance entries checked with vouchers?
 Daily Weekly Monthly
 Bi-monthly or more
- (xii) How often are bank's passbook entries checked with counterfoils of receipt books?
 Daily Weekly Monthly
 Bi-monthly or more
- (xiii) How often are your books of accounts balanced/reconciled?
 Daily Weekly Monthly
 Bi-monthly or more
- (xiv) Do you maintain a stock register?
 Yes No
 If yes, what is the periodicity of entry in the register?
 Daily Weekly Monthly or more
- (xv) a) How often is physical verification of stocks done?
 Monthly monthly quarterly
 Half-yearly or more
- b) Is physical verification of stocks done:
 Internally Externally
- c) If stock verification is internal, please provide the level occupied by the verifier in the following manner:
 Senior management Middle management
 Junior management Supervisory level

Any other

Please specify

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(xvi) What is the periodicity of reconciliation of outstanding accounts, such as, debtors, bills receivable etc.?

Daily Weekly Monthly or more

(xvii) How often do you directly furnish statements of accounts to your customers/suppliers?

Monthly Bi-monthly Quarterly

Half-yearly or more

(xviii) What is the frequency of audit?

Monthly Quarterly Half-yearly Annual

(xix) What is the extent of audit?

Sample Detailed

(xx) Has any insurance company,

a) Declined your proposal for fidelity guarantee? Yes No

b) Required an increased premium or imposed special terms and conditions? Yes No

c) Cancelled or refused to renew policy? Yes No

If yes for any of the above, please provide details in a separate sheet.

(xx) Please provide the following information about losses suffered due to infidelity of any employee during the last 3 years (whether insured or not):

Year of loss	Item lost	Amount of loss (Rs.)

If you have suffered above losses, please mention what are the steps taken to prevent recurrence of such a loss:

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Any additional information relevant to the policy applied for

Note: Please use additional sheets if space is not sufficient to complete details

I/We, the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

I/We agree that the Company may exchange, share or part with any information to or with other ICICI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.

Place:

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 Proposer's Signature_____

Date:

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 Name: _____ Designation _____

(DDMMYYYY)

STATUTORY WARNING

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

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 punishable with fine, which may extend to five hundred rupees.