HDFC ERGO General Insurance Company Limited



CRIME INSURANCE - PROPOSAL FORM

Annexure CI 2B

Please answer all of the following inquiries. The proposal should be completed to reflect the practices of all entities for which coverage is sought. If HDFC ERGO General Insurance Company Limited (hereinafter referred to as the "Company") agrees to issue a policy, all of the information which the Applicant provides will become a part of and shall form the basis of any policy issued to the Applicant by the Company and shall be incorporated therein. Any misrepresentation, omission, concealment or incorrect statement of a material fact in this proposal will be grounds for rescission. The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company

				GE	NERAL INFORMATI	ON		
Name of A	Applicant:							
Principal /								
Is the App	olicant a Proprietors	hip	Partnership	Corporation				Mobile No:
	rovide correct mobile number of	f the propos			o policy servicing and	premium acknowledge		
Date Esta								
Nature of	Applicant's business							
Suhsidiar	ies : Does the Applicant want to	n include all	subsidiaries?	Yes	No			
Cubsidiai		Tirlolado ali	Subsidiaries:		NO	1		
	Name			Business		% Owr	ed	Date Acq./Created
Attach list	t or provide copies of Annual Ro	eports						
	Coverage Requested			l	imit Requested			Deductible Requested
Insuring (Clause 1. Employee Theft Cove	rage		Rs			Rs	
Insuring (Clause 2. Premise Coverage			Rs			Rs	
Insuring (Clause 3. Transit Coverage			Rs			Rs	
Insuring (Clause 4. Depositors Forgery Co	overage		Rs			Rs	
Other Co	verages Required			Rs			Rs	
Proposed	Effective Date:							
Please no	ote that this proposal is not a bir	nder for cove	erage. Any coveraç	ge requested may differ s	significantly from cove	rage granted (if any) by	the Company.	
	Locations			India		Foreign		Grand Total
Totals			•		•			
Annual S	ales or Gross Revenues:							
	Locations			India		Foreign		Grand Total
Totals					-			
				IN.	ITERNAL CONTROL	e		
1. AU	DITS			IIV	TIERNAL CONTROL	3		
Α.	Are the books audited by an Inc	dependent C	C.P.A?					
	If so, by whom?							
	11#0							
	How often?							
	(Please attach a copy of the latest a	udited financia	al statements)					
В.	Are these audits complete and	ungualified?	?					
		<u> </u>						
	If not, describe the limitations							
C.	Are these audits undertaken for	r each entity	y to be covered?					
	If not explain							
D.	If an independent C.P.A. is not r	etained, wh	o is responsible fo	r auditing the books?				
	Driefly symbols the seems and lin	uitations of	augh audit					
	Briefly explain the scope and lir	fillations of	such audit					
_								
E.	Does the audit include all location	ons'?						
_			-1-4					
F.	Is there an auditor's letter to ma	anagement	relating to internal	control weaknesses?				
	(If so, please attach a copy).							
		anly2						
Has management prepared a reply?								
	(If so, please attach a copy).							

If so, how often? (Piesas ettach a cayo if the most recent internal austir report available) NENTORY CONTROL A. Is a complete inventory made including a physical check of stock and equipment? If yes, by whom? How often? B. is there separation of duties with respect to Shipping and receiving? If so, describe: Shipping and receiving? If so, who are an access to describe the monthly bank statements also either I) sign requests. Shipping the place is in the statement of segment relates of the place in the recombination to be done by an employee who also signs chaques, handles deposits or who has access to cheque signing machines or signature plates. It is also not advisable that employees who prepare cheques have chaque-signing authority. Under such circumstances losses may be concealed any answer in response to questions 3 (A) or (B) is syes, will the Applicant correct this weakness and if so, when? If so, who is authorised to direct the bank? If so, who is authorised to direct the bank? If so, who is authorised to direct the bank? If so, who is authorised to direct the bank? If so, who is authorised to direct the bank? If so, who is authorised to direct the bank? If so, who is authorised to direct the bank? If so, who is authorised to direct the bank? If so, who is authorised to direct the bank? If so, who is authorised to direct the bank? If so, who is authorised to direct the bank? If so, who is authorised to defect the bank? If so, who is authorised to defect the bank? If so, who is authorised to defect the bank? If so persons other than employees have physical or electronic access to the Applicant's facilities? If yes, please descri	G. Are internal audits performed in addition to or in place of external audits?	
NNENTORY CONTROL A. is a complete inventory made including a physical check of stock and equipment? If yes, by whom? B. is there separation of duties with respect to I Shipping and resetiving? If so, describe: I Shipping and resetiving? I Shipping and resetiving and resetiving and resetive state of the reconciliation to be done by an employee who prepare cheques flavor cheques, handles deposits or who has access to cheque signing machines is significant patients. It is also not advisable that employees who prepare cheques flavor cheques, handles deposits or who has access to cheque signing machines is significant patients. It is also not advisable that employees who prepare cheques flavor cheques, handles deposits or who has access to cheque signing machines is significant patient. It is inadvisable to a cheque signing machines in significant patients in the significant patient patient in t	If so, how often?	
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A. State the value of negotiable securities owned or held	3. Does the Applicant use computers to handle wire transfers? If yes, attach a copy of procedures	
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	If not, identify by name and position those having access	
	RECIOUS METALS:	

2.

3.

4.

5.

6.

7. MONEY, SECURITIES & PAYROLL EX	XPOSURES								
LOCATION	EXPOSURE INSIDE PREMISES		PROTECTION		EXPOSURE OUTSIDE PREMISES				
List each premise (Use additional forms if there are more than two locations)	Indicate maximum a) Money b) Cheques c) Cash or Payroll d) Negotiable Securities if any	b) Number c) Number	safe, FP, BP, etc. of Clock Watchmen of Central Station Reporting Watchmen klarm System, messengers	a) M b) Cl c) No d) Ca at e) St	tate maximum amount of oney heques agottable Securities ash or Payroll in the custody of messengers any time tate No. of messengers uards accompanying				
	a) b) c) d)	b)	a) b) c) d)						
	a) b) c) d)	b)		b) c) d) e)					
8. EMPLOYEE BENEFIT PLANS:									
Are Employee Benefit Plans to be included	1? Yes No								
If yes, please list the name of all Plans to b	e included:								
9. PERSONNEL CENSUS:									
other property of the Applicant or t A. Domestic Employees Class I Employees All othe	For the purposes of premium computation, Class I Employees are directors, officers and employees who have access to Money, Securities, stock, equipment and/or other property of the Applicant or the Applicant's customers. A. Domestic Employees								
	tries. Please specifically list countries	s in the space	ce provided and use a separate she	eet if ne	ecessary:				
Country	Class I Employee	es	All other Employees		Type of Operations				
Total Familian Familians									
C. GRAND TOTAL ALL EMPLOYEES (add items (A)and (B) above) D. Does the Applicant routinely check 10. LOSS EXPERIENCE List all employee dishonesty, burglary, robb separately, whether or not covered or claim	the prior employment records and popularly, disappearance, destruction and	I forgery loss	ses discovered by the Applicant in	the las	t six (6) years, itemising each loss				
Date of Loss	Total Amount*		Description		Precautions Taken to Prevent Repetition				
*Please include that part of any loss covered by in	surance as well as any additional amount	incurred by th	e Applicant.						
11. PREVIOUS INSURANCE A. INSURER	LIMITS DEDUCTIBLE	Pl	ERIOD PREMIUM						
Expiring									
Previous									
B. Has the Applicant ever been refuse	B. Has the Applicant ever been refused this type of cover or had a similar policy cancelled? If yes, please explain:								
	PF	REMIUM DE	TAILS						
Amount Rs. Rup	pees								
		NIDGES OF	FUND						
	\$0	OURCES OF	FUND						
Salary Business Other (Please	Specify)								

BANK ACCOUNT DETAILS
Name of the Bank Account Holder
Bank Account: No. Account: Savings Current
Name of Bank Branch Branch
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)
IFSC Code (1 character code appearing on your cheque leaf)
I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*
*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.
Note: 1. Please provide a cancelled copy of cheque of your bank account. 2. The Company will not be responsible in case of non credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.
IMPORTANT
FRAUD WARNING The Applicant understands that if a proposal has been completed for this insurance, then the statements and all particulars provided in such proposal, and any attachments thereto, are material to the company's decision to provide this insurance. The Applicant further understands that the company will, in its sole discretion, issue this Policy in reliance upon the truth of such statements and particulars.
ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD THE COMPANY OR OTHER PERSONS, FILES, A PROPOSAL FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH WILL RENDER THE POLICY VOIDABLE AT THE COMPANY'S SOLE DISCRETION AND RESULT IN A DENIAL OF INSURANCE BENEFITS.
IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT, PROOF OR EXPLANATION IS PRODUCED, OR IF ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE APPLICANT POLICY HOLDER, BENEFICIARY, CLAIMANT OR BY ANYONE ACTING ON THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY.
DECLARATION IS MADE OR USED IN SUPPORT THEREOF, OR IF LOSS IS OCCASIONED BY OR THROUGH THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE APPLICANT, POLICYHOLDER, BENEFICIARY, CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED.
Notice:
Anti-Rebating Per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: NO PERSON SHALL ALLOW OR OFFER TO ALLOW, EITHER DIRECTLY OR INDIRECTLY, AS AN INDUCEMENT TO ANY PERSON TO TAKE OUT, RENEW OR CONTINUE AN INSURANCE POLICY, 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 PROSPECTUS OF THE INSURER.
VIOLATIONS OF SECTION 41 OF THE INSURANCE ACT 1938, AS AMENDED SHALL BE PUNISHABLE WITH A FINE WHICH MAY EXTEND TO ₹10 LAKHS.
DECLARATION
The undersigned persons declare that to the best of their knowledge the statements set forth herein are true and correct and that reasonable efforts has been made to obtain sufficient information from each and every director, officer and employee proposed for this insurance to facilitate the proper and accurate completion of this Proposal. The undersigned further agree that, between the date of this Proposal and the effective date of the Policy, if insurance is provided, (1) any material change in the condition of the Applicant is discovered, or (2) there is any material change in the answers to the questions contained herein, either of which would render this Proposal inaccurate or incomplete, notice of such change will be reported in writing to the Company immediately and, if necessary, any outstanding quotation may be modified or withdrawn.
The signing of this Proposal does not bind the undersigned to purchase the insurance, but it agreed by the Applicant and all persons proposed for this insurance that the particulars and statements contained in this Proposal and attachments and materials submitted with this Proposal (which shall be retained on file by the Company and shall be deemed attached to the Policy, if insurance is provided, as if physically attached thereto) are true and correct and will be the basis of the Policy and will be considered as incorporated in and constituting part of the Policy. It is further agreed by the Applicant and all persons proposed for this insurance that such particulars and statements are material to the decision to provide this insurance and that any Policy will be issued in reliance upon the truth of such particulars and statements. All such particulars and statements shall be deemed to be made by each and every one of the persons proposed for this insurance, provided that, except for any misstatements or omissions of which the signers of this Proposal are aware, any misstatements or omissions in this Proposal, or the attachments and materials submitted with it, concerning any matter which any person proposed for this insurance has reason to suppose might offer grounds for a future claim against him or her shall not be imputed, for purposes of rescission of the Policy, to any other persons proposed for this insurance who are not aware of the omission or the falsity of the statement.
PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF THE COMPANY ARE AUTHORISED TO SOLICIT PROPOSALS FOR INSURANCE. AGENTS AND BROKERS ARE NOT AUTHORISED TO BIND INSURANCE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE PROPOSALAND BINDS THE INSURANCE.
Apolicy cannot be issued unless the proposal is duly completed, signed, dated and stamped.
I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.
I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal
Signed Title Date

 $\label{eq:NOTE:this proposal} \text{ and all attachments shall be treated in strictest confidence.}$

Chairman of the Board or Managing Director Only