

HDFC ERGO General Insurance Company Limited

BANKER'S INDEMNITY INSURANCE POLICY - PROPOSAL FORM

(All fields are mandatory and fill in CAPITALS only)

**HDFC
ERGO**

Every Proposer when seeking a quotation, taking out or renewal an insurance policy, has a legal obligation to reveal to the prospective Insurers any material fact or information which might affect the judgement of the Insurer in deciding whether to accept the insurance or assessing the conditions of that insurance. Failure to observe this obligation could avoid any contract entered into at inception

GENERAL INFORMATION

1. a. Name of the Proposer's (First Name) (Middle Name) (Last Name)

Proposer's Registered Office Address

Phone No.: Fax: Mobile:

Email ID:

Proposer's Corporate Office Address

Phone No.: Fax: Mobile:

Email ID:

When Established

Authorised Capital Paid Up Capital Total Assets

Total Deposits Total Loans and discounts

These should be as shown in the last Annual Statement or Report

(Please enclose a copy of Annual statement or report along with this Proposal Form)

Do You consider the character of your business essentially to be that of a
Commercial Bank Private Bank Merchant Bank

Otherwise (please give details)

Please describe briefly the main activities of the Bank to amplify answers (e1)- (e4) above

BUSINESS INFORMATION

a. Please State the total number of

1) Employees (Officers, Clerks and sub-staff) year whether permanent or temporary whole-time or part time, on contract or otherwise including Apprentices

2) Appraisers Janata Agents, Chhoti Bachat Yojana Agents, Pygmie Collectors and other Persons performing duties of a like nature

b. Please state the total no. of Branches existing at present 1) In India 2) Outside India

c. Please state the total no. of ATMs existing at present 1) In India 2) Outside India

INSURANCE DETAILS

a. Are you at present insured under a Bankers Indemnity Policy ? If so, Please state the name of the Company and the amount and period of insurance? Yes ☐ No ☐
If so, please fill below details

b. Have you made a proposal for insurance of this nature to any insurance company? Yes ☐ No ☐
If so, with what result?

c. Has any proposal for insurance of this nature been declined by any company in the past? Yes ☐ No ☐
If yes, give details

d. Has any Policy been cancelled or renewal thereof refused ?

Yes ☐ No ☐

If yes, give details. _____

DETAILS ABOUT MONEY/ SECURITIES

Have you ever sustained a loss or losses or money/ securities

Yes ☐ No ☐

If so, please give details in respect of the past five years giving date of occurrence, date of discovery, amount of loss and brief particulars.

a. Whilst lying at the premises _____

b. Due to dishonest act by employees and/or agents _____

c. Misappropriation of Hypothecated goods _____

d. Whilst in transit _____

e. Whilst in postal transit _____

f. Arising out of false valuation by Appraiser _____

PREMISES

a) Has a Security Survey been conducted concerning the Premises?

Yes ☐ No ☐

If YES, Please specify the date (dd/mm/yy) of the Security Survey: _____

If YES, have the recommendations complied with?

Yes ☐ No ☐

b) Is the building/ ATMs protected by employment of exclusive watchman/watchmen all 24 hours of the day

Yes ☐ No ☐

c) Is the building, protected by employment of common watchman/ watchmen for the whole building or night watchman/watchmen

Yes ☐ No ☐

d) Doors and windows

1) Are all doors fitted with substantial locks

Yes ☐ No ☐

2) Are all windows fitted with substantial locks

Yes ☐ No ☐

VAULTS AND STRONG ROOMS

a) Are the vaults and strong rooms on the premises

Yes ☐ No ☐

b) Are they equipped with

Yes ☐ No ☐

1) a dial combination lock

Yes ☐ No ☐

2) time lock

Yes ☐ No ☐

1) a lockable day gate

Yes ☐ No ☐

c) Are the walls, floors and ceilings of reinforced concrete and lines with steel

Yes ☐ No ☐

d) 1) State the name of the manufacture of the vault door

Yes ☐ No ☐

2) State type, age and reference number of door

Yes ☐ No ☐

3) Are door of arc, torch and drill resistive materials?

Yes ☐ No ☐

4) Do they have anti-explosive device in the doors?

Yes ☐ No ☐

If any of the above are answered "NO". Please describe alternative method of or type of protection.

SAFES

a) Are there safes on the premises

Yes ☐ No ☐

b) 1) State the name of the manufacturer

Yes ☐ No ☐

2) State type, age and reference number of door

Yes ☐ No ☐

3) Are door of arc, torch and drill resistive materials?

Yes ☐ No ☐

4) Do safe have anti-explosive device in the doors?

Yes ☐ No ☐

If any of the above are answered "NO". Please describe alternative method of or type of protection.

KEYS

Are all keys (including your alarm, safe and strong room keys) removed from the premises outside business hours?

Yes ☐ No ☐

CELLAR/ BASEMENT

Are there any openings leading to a cellar or a basement from outside the office/premises?

Yes ☐ No ☐

If YES, please give details and protections: _____

BURGLAR ALARMS

- a) Is there a burglar alarm systems? Yes ☐ No ☐
- b) Are they connected to Central Station/ Police Station/ Elsewhere (describe) _____
- c) If YES, state name and forward copy of maker's specifications to the underwriters (or if not available give full details):

- d) Are hold-up/panic buttons incorporated in the system? Yes ☐ No ☐
- e) Is the system maintained under contract? Yes ☐ No ☐

TELLERS POSITIONS

- a) Are there alarm systems against robbery Yes ☐ No ☐
- b) Does each tellar have a robbery alarm button or petal Yes ☐ No ☐
- c) Are teller's positions protected by anti-bandit glass Yes ☐ No ☐
- d) Are teller's positions separated from the rest of the Banking Hall by a suitable partition with doors kept locked during Banking Hours? Yes ☐ No ☐
- e) Are all cashiers cash holding taken to safe/vault when vault in closed Yes ☐ No ☐
- f) Are cashiers provided with "Bail" or "decoy" money? Yes ☐ No ☐

SAFE DEPOSIT BOXES?

- a) 1) How many safe deposit boxes are there?
- 2) How many of these are rented
- 3) How many locations provide safe deposit facilities
- b) 1) How many safe deposit boxes are there? Yes ☐ No ☐
If not describe where they are kept _____
- c) Are all boxes under dual control Yes ☐ No ☐

SPECIAL PROTECTION

- a) Is there a 'Closed Circuit T.V.' (c.c.t.v.)? Yes ☐ No ☐
How many Days of back up is stored ?
- b) Is the premises protected by Armed Guards on 24 hr basis Yes ☐ No ☐
- c) Is there a 'Electrical money traps'? Yes ☐ No ☐
Please specify fire protection and other features: _____

LOSSES

- a) Have you ever sustained a loss or losses? Yes ☐ No ☐
- b) If YES, give statement covering the past 3 years with particulars, including the amount of each loss, and, if insured whether paid in full or otherwise:

	Year 1	Year 2	Year 3	Year 4	Remarks
No. of Claims					
Claim Amount					
Insurance Company					

SUM INSURED

- a) What is the amount for which cover is required (i.e. basic sum Insured) Sum insured
- Sections/ Coverages _____
- Section A- On Premises _____
- Section B- In Transit _____
- Section C- Forgery or Alteration _____
- Section D- Dishonesty _____
- Section E- Hypothecated Goods _____
- Section F- Registered Postal Sending ₹
- Section G- Appraisers ₹
- Section H- Janta Agents/ Chhoti Yojna Agents/ Pygmie Collectors ₹
- b) What additional sum insured, if any, you require (b) in respect of money and/or Securities whilst
- 1) On Premises (Section A)? ₹
- 2) In transit (Section B)? ₹

ADD ON COVERS

- | | | |
|---|--|-----------------------------|
| a) Extension to Cover Terrorism Material | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Extension to Cover Earthquake- Fire & Shock | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Extension to Cover STFI Perils | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Extension to Cover Automatic Teller Machines | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Claim Preparation Cost | <input style="width: 100px;" type="text"/> | |
| f) Expense for loss minimization | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SOURCES OF FUNDS

Salary Business Other (Please Specify)

PREMIUM DETAILS

Amount (₹) Rupees

MODE OF PAYMENTS

Bank Account No. Bank Name:

Branch Name & Address :

Instrument No. Instrument Date:

Note : The liability of the Company does not commence until the acceptance of the proposal has been formally intimated by the Company and full premium has been realised by the Company.

IMPORTANT NOTICES

Are there any other circumstances within your knowledge or opinion, not already disclosed, affecting or likely to affect the proposed insurance? Yes ☐ No ☐

If YES, please specify: _____

Signing this form does not bind the Proposer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued

I / We have disclosed all the facts, which could influence the acceptance of this Proposal or the terms to be approved, & the above facts, documents, statements shall be the basis of the contract between me/us and HDFC ERGO General Insurance Company Limited. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.).

Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the insurance company or any other person, 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 sole discretion of the insurance company and result in a denial of insurance benefits.

I / We agree that if this insurance is completed the protections and/or safeguards mentioned above shall not be withdrawn or varied to the detriment of the interests of the Company without their consent and additional premiums if any will be remitted.

Place

Date

Signature of the Proposer

Date Title of the Officer -

This proposal must be signed by the Applicant's Chairman of the Board, Managing Director or Chief Executive Director.

PROHIBITION OF REBATES:

Section 41 of the Insurance Act 1938 provides as follows:

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 of the commission payable or any rebate of the premium shown in 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 punishable with fine which may extend to ₹ 10 Lakhs.