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|---|--|--|
| Name of manufacturer  |  |  |
| Reinstatement Value   |  |  |
| <b>Fidelity Guarantee</b>   |  |  |
| Please provide the following information in respect of all the employees in respect of whom insurance cover is sought :   |  |  |
| Name  |  |  |
| Designation   |  |  |
| Per Employee sum insured limit ( Max Limit up to Rs. 25,000)  |  |  |
| Any One Accident (AOA) sum insured (Max Limit up to Rs. 1 Lacs)   |  |  |
| Any One Year (AOY) Sum Insured (Max Limit up to Rs. 2 Lacs)   |  |  |
| Is there a system to obtain references from previous Employers? If not, specify practice followed   |  |  |
| Has there been any occasion to question honesty or conduct of any person proposed for guarantee? If yes, please provide details   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| How often are the employees required to account for money ?   |  |  |
| Are books of accounts balanced everyday?  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| What independent system is there to check that all sums received by employees are accounted for   |  |  |
| <b>Personal Accident</b>  |  |  |
| Do you want personal accident cover for:  |  |  |
| Yourself, Sum Insured (Max Rs. 10 Lacs)   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| Office Employees, Sum Insured (Max Rs. 2 Lacs per employee)   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| Have you /and or your employees taken personal accident cover from any other insurance company and sum insured details  |  |  |
| Any pre-existing injury / disablement details of you / employees  |  |  |
| Name of the Nominee :   |  | Nominee Relationship to the Insured :  |
| Nominee Date of Birth :   |  | Name of the Appointee :<br>(If Nominee is a minor)                               |
| <b>Public Liability</b>   |  |  |
| Please provide the limit of Indemnity required :<br>For Any One Accident and Any One Year (Maximum limit Rs. 5 Lacs)  |  | Rs.  |
| <b>Workmen's Compensation</b>   |  |  |
| Please provide following information if Workmen compensation cover is required. (Excluding Loaders and Hammal)  |  |  |
| Number of Workers   |  |  |
| Nature of Work  |  |  |
| Salary of Each Worker (Annual)  |  |  |
| <b>Other Information</b>  |  |  |
| Whether you have insured the same property with any other Insurance Company with the same type of coverage.   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| Whether Insurance was declined by any other Company or imposed any Special Conditions   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| Is the premises has suffered any flood losses in last 5 years.<br>If yes please provide loss / claims details   |  | Yes <input type="checkbox"/> No <input type="checkbox"/> Details of Loss : ..... |
| <b>Please provide the section wise claim / Loss details if any under any of the opted section of last 3 years. (Mandatory Information). Please mention "NIL" if there are no claims/losses. Please attach Separate sheet if required.</b> |  |  |

**Declarations and Warranty**

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 Future Generali India Insurance Company Ltd. and I/We agree to accept a policy, subject to the conditions prescribed by Future Generali India Insurance Company Limited and to pay premium on the amount estimated above at the end of each policy period. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

I/we hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/our income. OR

I/we hereby declare that the premium is paid from the Bank Account of Mr./Ms. \_\_\_\_\_ the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

I/we am/are (please tick all that are applicable)

High Net Worth Individual/s  Non Residential Indian/s  Politically Exposed Person/s  Jeweller/s  Non Governmental Organization

Film Actor/s  Producer/s

Place:

Date:

Proposer's Signature

**Note:** The liability of the Company does not commence until the proposal has been accepted by the Company and the full premium paid

PAN No. :  if premium payable is above Rs.1 lac (Please attach proof)

**Section 41. of Insurance Act, 1938 - Prohibition of Rebates**

"No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue and insurance in respect of any kind or 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 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 provision of this Section shall be punishable with fine, which may extend to five hundred rupees.

**Future Generali India Insurance Company Limited**

Corporate & Registered Office:- 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013  
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