



Proposal Form - Money Insurance

| INERMEDIARY DETAILS | | | |
|--|--|---|---|
| Branch Code Emp | oloyee Code | termediary Code | |
| | PROPOSER | R'S DETAILS | |
| 1. a) Proposer's Full Name: | | | |
| b) Mailing Address: | | | |
| | | | |
| Pin. Code: Phone No | o: Mo | obile:Email | ID: |
| c) Period of Insurance (dd/mm | /yyyy): From | То | |
| d) Nature of Trade or Business | (Please provide fu | ıll description): | |
| | SUM IN | ISURED | |
| 2. Description of money to be insured, (if no insurance is required for any item insert "NIL". | | | |
| Section of Money Insu | rance | Estimated Annual amount of money in transit, which will be the basis on which the provisional premium will be charged Rs. | Highest amount in transit at any one time which will be the limit of the Company's liability for any one loss Rs. |
| I.A. Money for payment of wages, earnings or for petty cash, in direct to the insured's premises from the received at the Bank by the insumployees of the insured, until delivor other place of disbursement and wout, provided that outside business be secured in locked safe(s) or lock the premises, cheques drawn by the for such money are also covered with the premises to the Bank. | ransit from the Bank time the money is sured or authorized ered at the premises chilst there until paid hours, money shall ed strong rooms, on e insured to provide | Rs. | Rs. |
| B. Money (other than described in Item A above), in transit, from/ to insured's premises / Bank / P.O / Any other specified premises. | | Rs. | Rs. |
| C. Money (Other than described in ite by and in the personal custody of the authorized employees of the insured the premises or Bank, within a period hours, from the time of collection. | insured or the whilst in transit to | Rs. | Rs. |
| | | | |



Annexure IV

| | ATED TOTAL ANNUAL AMOUNT OF MONEY IN | Rs. | Rs. |
|--|--|--|---|
| TRANS | ey (other than described in Section I A above) | | |
| | on the premises during the business hours or | Rs. | Rs. |
| whilst | secured in locked safe(s) or strong room, on the | | |
| | d's premises, outside business hours against the | | |
| | of Burglary, Housebreaking, Dacoity, Robbery and | | |
| Hold-u | p. | | |
| III) Mo | ney in till and/or Counter (other than described in | | |
| section | ı I and II) | Rs. | Rs. |
| | | | |
| MAXIMUM AMOUNT OF MONEY HELD AT ANY ONE | | | |
| TIME | | | |
| 9 | | | |
| 3. | M Withdrawal Protection (other than described In | | |
| | 1 I, II, & III) | | |
| | lity Guarantee | | |
| | | | |
| a) | Amount of Guarantee (Total) | | |
| <u>b)</u> | No. of Employees Covered | | |
| c) | Limit of Guarantee per person | | |
| 4 | Do way want to avalude Townsiam Cove | er? Yes | No No |
| 4. | Do you want to exclude Terrorism Cove | er: ies | NO |
| | RISK D | ETAILS | |
| | RISII D | DITALO | |
| | | | |
| 5. (a) What is the maximum distance over which the money will be conveyed? | | | |
| 5. (a) | what is the maximum distance over which | n the money will be conve | eyed? |
| 5. (a) | what is the maximum distance over which | the money will be conve | eyed? |
| | (b) Address of premises between which mor | · | eyed? |
| | | · | eyed? |
| | | · | eyed? |
| | | · | eyed? |
| | (b) Address of premises between which mor | ney will be carried. | |
| | (b) Address of premises between which more | ney will be carried. | Fidelity Guarantee |
| | (b) Address of premises between which mor | ney will be carried. | |
| | (b) Address of premises between which more | ney will be carried. | Fidelity Guarantee |
| | (b) Address of premises between which more | ney will be carried. | Fidelity Guarantee |
| | (b) Address of premises between which more | ney will be carried. | Fidelity Guarantee |
| | (b) Address of premises between which more | ney will be carried. | Fidelity Guarantee |
| | (b) Address of premises between which more | ney will be carried. | Fidelity Guarantee |
| 6. | (b) Address of premises between which more Are employees authorized to handle / care Policy? If yes, give details. | ry money covered under | Fidelity Guarantee Yes No |
| | (b) Address of premises between which more | ry money covered under | Fidelity Guarantee Yes No |
| 6. | (b) Address of premises between which more Are employees authorized to handle / care Policy? If yes, give details. | ry money covered under | Fidelity Guarantee Yes No |
| 7. | (b) Address of premises between which more | ry money covered under | Fidelity Guarantee Yes No |
| 6. | (b) Address of premises between which more | ry money covered under | Fidelity Guarantee Yes No |
| 7. | (b) Address of premises between which more | ry money covered under | Fidelity Guarantee Yes No |
| 7. | (b) Address of premises between which more | ry money covered under | Fidelity Guarantee Yes No |
| 7.8. | (b) Address of premises between which more and the second of the second of the premises between which more and the second of the sec | ry money covered under by bags, trunks etc.) | Fidelity Guarantee Yes No e. own car / public |
| 7. | (b) Address of premises between which more | ry money covered under by bags, trunks etc.) | Fidelity Guarantee Yes No e. own car / public |
| 7.8. | Are employees authorized to handle / carrell Policy? If yes, give details. How is the money carried? (i.e. whether in What means of transport do the persons of transport etc. Are the persons carrying the money according to the persons of transport etc. | ry money covered under labags, trunks etc.)earrying the money use i. | Fidelity Guarantee Yes No e. own car / public ard/s? Yes No |
| 7.8. | (b) Address of premises between which more and the second of the second of the premises between which more and the second of the sec | ry money covered under labags, trunks etc.)earrying the money use i. | Fidelity Guarantee Yes No e. own car / public ard/s? Yes No |



Annexure IV

10. (a) State following particulars of safe/s and/or strong room in which money will be kept outside business hours.

| Makei | a's Name | Weight | Dimen | sions | Identification number |
|-------|---|---------------------|------------------|--------------------|-----------------------|
| | | | | | |
| (b) | Addresses of pren | nises where safe is | s kept? | | |
| (c) | Is it fixed to the walls or floor? | | | | |
| (d) | d) By whom are the keys of the safe(s) and/or strong room held? | | | | |
| (e) | (e) Are all such keys removed from the premises outside Business hours? | | | | |
| (f) | (f) Will the premises be guarded whilst they are closed for business? Yes No | | | | |
| | If so, by whom? | | | | |
| 11. | Have you ever sustained any loss of money whilst on your premises? Yes No | | | | |
| 12. | If so, give full par Favorable Feature | ticulars es: | | | |
| | a) Location: | | | | |
| | b) Security Arrang | gement: | Satisfactory | Poor | |
| | c) Alert Mechanis | m: | Satisfactory | Poor | |
| | d) Mode of Transi | it: | Private | Public | |
| | e) Accompanied I | By Armed Guards | Yes | No | |
| | f) Maintenance of | Books of Accounts | : | | |
| | Daily | Weekly | Fortnightly | | Monthly |
| | Quarterly | Half Yearly | Yearly | | |
| 12. | Has any Compan | y in respect of Mo | ney Insurance | (Please tick the a | appropriate option) |
| | a. Declined y | our proposal | | | Yes No |
| | b. Accepted y | our proposal on s | pecial terms ar | nd conditions. | Yes No |
| | F-8 EDID DIIC | Shriram G | eneral Insurance | | 0. 0141-3928400 |



Annexure IV

| | c. | Cancelled or refused to renew your policy | | | | |
|-----------------------|--|---|--|--|--|--|
| 13. | Has th | ne risk been previously insured? | | | | |
| | If so, a. | The name of the Insurance Company | | | | |
| | b. | Policy No | | | | |
| | c. | Rate Charged | | | | |
| | d. | Any special terms and conditions imposed | | | | |
| 14. | Period | of Insurance: From to | | | | |
| | | PAYMENT DETAILS | | | | |
| Cheque | e | DD Pay – Order | | | | |
| Any Ot | her (Plea | ase Specify)/- | | | | |
| Amoun | t in Word | ds (Rupees) | | | | |
| Bank N | Bank Name Cheque/DD Date | | | | | |
| DECLARATION | | | | | | |
| misrepre and the i | sented and neuronsurated and series and seri | re that the particulars contained herein are true and correct and that no material fact has been with held, misstated or d also that this proposal-cum-schedule forming part of the company's standard policy shall be basis of contract between me/us company. I/We further declare that the sum insured herein represent the full value of the property described herein. I/We further the proposed assets are bought out of legal funds and I/we have an insurable interest in the assets to be insured. | | | | |
| PLACE | | DATE Signature of Proposer | | | | |
| SSIGNME | ENT FOR F | PERSONAL ACCIDENT INSURANCE. | | | | |
| do hereby | assign the | e money payable in the event of my death by SHRIRAM GENERAL INSURANCE COMPANT LTD, to my | | | | |
| elation to | the Insure | d) Mr. / Mrs and I further declare that his/her receipt shall be sufficient discharge to | | | | |
| e Compai | ny. Dated t | his day 19 at | | | | |
| | | Signature of the Proposer | | | | |

Section 41 of Insurance Act 1938

PROHIBITION OF REBATES -

th

- 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 provision of this Section shall be punishable with fine, which may extend to five hundred rupees.

Note: For Premium in excess of of Rs. 1 Lac, the self attested copy of PAN Card and address proof duly certified by an authorised person of Shriram General Insurance Co. Ltd. is attached herewith.