

**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.

DETAILS ABOUT PROPOSER**Name of Proposer :** **Present Address of Proposer :** City District State Pin Code Is your present address same as your permanent address? Yes No

If no, please state your permanent address along with pin code:

City District State Pin Code **Address proof (document & number):** _____**Phone No.:** Mobile Landline **Email:** **Identity proof (document & number):** _____**Occupation:** Salaried Professional Self Employed Student Housewife Retired Other (Please specify) _____**Industry Type:** Jewellery import-export mining shipping scrap dealing real estate
agriculture stock broking BFSI manufacturing others (Please specify): _____**Income (Annual):** 0-2.5 lakh 2.5 - 5 lakh 5 - 20 lakh 20-30 lakh 30 lakh and above **Income proof:** _____**PAN (document & number):** _____**Existing KYC Number, if any:** _____**Policy to be issued in favor of** (list out all the parties who have insurable interest) including the financial institutions
_____**Period of Insurance: From** **To**

Nomination: Yes No

If yes, please provide the below details:

Nominee Name	Nominee Relation	Nominee DOB	Age	Nomination %	Appointee Name if in case of Minor Nominee	Appointee Relationship, if Nominee is minor

Is the Applicant a Proprietorship Partnership Corporation

#Mobile

#Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

Date Established

Nature of Applicant's business _____

Subsidiaries : Does the Applicant want to include all subsidiaries? Yes No

Name	Business	% Owned	Date Acq./Created

Attach list or provide copies of Annual Reports

Coverage Requested	Limit Requested	Deductible Requested
Insuring Clause 1. Employee Theft Coverage	Rs. _____	Rs. _____
Insuring Clause 2. Premise Coverage	Rs. _____	Rs. _____
Insuring Clause 3. Transit Coverage	Rs. _____	Rs. _____
Insuring Clause 4. Depositors Forgery Coverage	Rs. _____	Rs. _____
Other Coverages Required	Rs. _____	Rs. _____

Proposed Effective Date:

Please note that this proposal is not a binder for coverage. Any coverage requested may differ significantly from coverage granted (if any) by the Company.

Locations	India	Foreign	Grand Total
Totals			

Annual Sales or Gross Revenues:

Locations	India	Foreign	Grand Total
Totals			

INTERNAL CONTROLS

1. AUDITS

A. Are the books audited by an Independent C.P.A?

If so, by whom?

How often?

(Please attach a copy of the latest audited financial statements)

B. Are these audits complete and unqualified?

If not, describe the limitations

C. Are these audits undertaken for each entity to be covered?

If not explain

D. If an independent C.P.A. is not retained, who is responsible for auditing the books?

Briefly explain the scope and limitations of such audit

E. Does the audit include all locations?

F. Is there an auditor's letter to management relating to internal control weaknesses?

(If so, please attach a copy).

Has management prepared a reply?

(If so, please attach a copy).

G. Are internal audits performed in addition to or in place of external audits?

If so, how often?

(Please attach a copy of the most recent internal audit report available)

2. INVENTORY 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

i) Shipping and receiving? _____

If so, describe: _____

ii) Inventory control and audit? _____

If so, describe: _____

3. BANK ACCOUNT CONTROL:

A. Do the employees who reconcile the monthly bank statements also either

i) sign cheques? _____ ii) handle deposits? _____ or

iii) have access to cheque signing machines or signature plates? _____

B. Do the employees who prepare cheque requisitions also have cheque-signing authority

It is inadvisable for the reconciliation to be done by an employee who also signs cheques, handles deposits or who has access to cheque signing machines or signature plates. It is also not advisable that employees who prepare cheques have cheque-signing authority. Under such circumstances losses may be concealed. If any answer in response to questions 3.(A) or (B) is yes, will the Applicant correct this weakness and if so, when?

C. Is countersignature of cheques required? _____

If yes, over what limit? _____

If the answer to any of the above questions is no, what alternative controls are in place?

D. Does the Applicant transfer or wire funds through its bank? _____

If so, who is authorised to direct the bank? _____

E. Describe the monetary and procedural controls in place to with respect to wire transfers:

4. COMPUTER CONTROL:

A. Are pre-authorisation controls maintained for all programmers and operators?

B. Are the duties of programmers and operators separated?

C. Is the output reconciled by persons who do not prepare or process the input?

D. Do audit practices include “tests” to detect unauthorised programming changes? If yes, please provide details

E. Are computerised cheque writing operations segregated from departments that authorise cheques?

F. Do persons other than employees have physical or electronic access to the Applicant’s facilities? If yes, please describe the circumstances and the controls in effect

G. Does the Applicant use computers to handle wire transfers? If yes, attach a copy of procedures

5. SECURITIES:

A. State the value of negotiable securities owned or held _____
_____ (If none, so state)

B. Where are the securities kept? _____

C. If safe deposit boxes are used, has the bank been instructed to require that two individuals be present before entry to any box is permitted? _____

If not, identify by name and position those having access. _____

6. PRECIOUS METALS:

Is there an exposure of precious metals or stones (such as Gold, Silver, Copper, Platinum, Industrial Diamonds or similar high-value materials)?

If yes, attach a copy of any procedural manual and a separate listing of such exposures by location, stating the maximum value at each such location and the controls in place over their use e.g. who has access, what inventory controls exist, etc, and what form the materials are in e.g. bar, powder, etc.

7. MONEY, SECURITIES & PAYROLL EXPOSURES

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	Indicate a) Type of safe, FP, BP, etc. b) Number of Clock Watchmen c) Number of Central Station Reporting Watchmen d) Type of Alarm System, messengers	Indicate maximum amount of a) Money b) Cheques c) Negotiable Securities d) Cash or Payroll in the custody of messengers at any time e) State No. of messengers f) Guards accompanying
	a) _____ b) _____ c) _____ d) _____	a) _____ b) _____ c) _____ d) _____	a) _____ b) _____ c) _____ d) _____ e) _____ f) _____
	a) _____ b) _____ c) _____ d) _____	a) _____ b) _____ c) _____ d) _____	a) _____ b) _____ c) _____ d) _____ e) _____ f) _____

8. EMPLOYEE BENEFIT PLANS:

Are Employee Benefit Plans to be included? Yes No

If yes, please list the name of all Plans to be included: _____

9. PERSONNEL CENSUS :

CLASS I EMPLOYEES

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

Class I Employees _____ All other Employees _____

TOTAL DOMESTIC EMPLOYEES _____

B. FOREIGN EMPLOYEES

Employees located in foreign countries. Please specifically list countries in the space provided and use a separate sheet if necessary :

Country	Class I Employees	All other Employees	Type of Operations
Total Foreign Employees			

C. GRAND TOTAL ALL EMPLOYEES _____

(add items (A) and (B) above)

D. Does the Applicant routinely check the prior employment records and police records of all new employees?

10. LOSS EXPERIENCE

List all employee dishonesty, burglary, robbery, disappearance, destruction and forgery losses discovered by the Applicant in the last six (6) years, itemising each loss separately, whether or not covered or claimed on an insurance policy or bond: If none, please state so _____

Country	Class I Employees	All other Employees	Type of Operations

*Please include that part of any loss covered by insurance as well as any additional amount incurred by the Applicant.

11. PREVIOUS INSURANCE

A. INSURER LIMITS _____ DEDUCTIBLE _____
 PERIOD _____ PREMIUM _____
 Expiring _____
 Previous _____

B. Has the Applicant ever been refused this type of cover or had a similar policy cancelled? If yes, please explain:

OTHER INFORMATIONS

FRAUD WARNING:

This policy shall be voidable at the option of the HDFC ERGO in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Applicant. 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.

DATA PROTECTION REQUIREMENT:

“I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.”

ANTI- MONEY LAUNDERING:

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

SHARING OF INFORMATION CLAUSE:

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

PREMIUM DETAILS

PREMIUM DETAILS:

Amount (INR) _____

GST (INR) _____

Premium including tax (INR) _____

Rupees in words _____

PAYMENT DETAILS:

Cheque NEFT

Instrument No. _____ Instrument Date: _____

Bank Account No. _____

Account Type: Savings / Current / Other. If others, please specify _____

Branch Name & Address: _____

IFSC Code _____ MICR Code _____

Bank details for refund of premium in case of cancellation to be considered as above Yes No

If No, please provide additional bank details in below provided space:

Bank Account No. _____

Account Type: Savings Current Other. If others, please specify _____

Branch Name & Address: _____

IFSC Code _____ MICR Code _____

Nationality: Indian Non – Indian If Non-Indian, please specify Country: _____

Are you a Political Exposed Person or related to Political Exposed Person: Yes No (appropriate tick) If Yes, give details _____

Note: Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions domestically/in an international organisation/in a foreign country. This would include individuals who have or had positions of Heads of States or Government, Senior Politicians, Senior Government or Judicial or Military officers, Senior Executives of State-Owned Corporations and important Political Party Officials.

Type of Organization

Corporation: _____ Governments: _____

Society: _____ Private Organizations: _____

International Organization: _____ Partnership: _____

Trust: _____ Others: _____

Sources of Fund:

Salary _____ Business _____ Other _____

Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, it's mandatory that all payments made to the insured are 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.

If you require physical copy of your policy in future, please visit “Help” section on www.hdfcergo.com or contact our customer care.

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer and full premium has been realized by the company. We are under no obligation to accept any proposal for insurance. The Applicant 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 and upon full realization of the premium payment. 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 Applicant 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 is not covered under this Policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.

Insurance is the subject matter of the solicitation

DECLARATION BY INSURED/REPRESENTATIVE (IN CASE PROPOSER IS DISABLED)

I/We, the undersigned, declare and acknowledge:

- I/We hereby declare that the information given is, to the best of our knowledge and belief, correct and that we are not aware of any circumstances that we have not disclosed to you which might influence your assessment of and willingness to accept the risk.
- I/We hereby agree that, if you issue a policy to us, this proposal shall form the basis of, and be incorporated in, such policy.
- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- "I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy.
- I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"
- I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof. I understand that the Company has the right to call for documents to establish sources of funds.
- 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.
- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
- I/ We authorize the Company to process my/ our Personal as well as Sensitive information for profiling purposes and to contact me/ us for renewal of my/our policy. I/We also authorise the Company to contact me/us (including overriding my/our registration on NDNC under the extant TRAI Regulations) to promote products and to notify me/us about the services being rendered by the Company.
- We hereby authorise the Company to share/ verify the information provided by me/us pertaining to my proposal with third party, rating agencies or service provider for the purpose of underwriting the proposal, issuance of a policy or settling of a claim under the policy.

Date : _____

Place : _____

Signature of the Proposer _____

VERNACULAR DECLARATION

Declaration in case the proposal is filled other than the Proposer / the proposer sign in vernacular language / proposer is not familiar with the language printed here/ proposer is illiterate (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator: _____

Place: _____

Date: _____

Signature of the Translator

Name of the Proposer: _____

Place: _____

Date: _____

Signature of the Proposer

INTERMEDIARY DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Intermediary/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought here in will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Signature of Intermediary _____ Date _____

Time _____ Place _____

INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus 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 TEN LAKHS RUPEES.