

ZK - 24-25/v2

Fidelity Guarantee Insurance Proposal Form & Questionnaire

FGQ

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.
2. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document/Cover Note and subject to the receipt by the Company of the premium paid.
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on non-disclosure in any material particular in the Proposal Form /personal statement, declaration and connected documents, or any material information having been withheld by the proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains. (Information given herein will be treated in strict confidence).

FOR OFFICE USE ONLY

Quote No.*	Quote Date*	Branch Code	Sales Manager Code	Intermediary Code	Intermediary Service RM	Intermediary Branch code	Intermediary business vertical	Intermediary Client Ref. No.	SP Name/Code

PROPOSER / OWNER'S DETAILS

Proposer's Name*

Proposer's Trade or Business*

Registered Office Address / Permanent Address*

Address (Line 1)

Address (Line 2) Nearest Landmark

City / District State Pin Code Country

Is the Communication Address same as the Registered Office Address / Permanent Address?* Yes No If 'No', please provide below

Communication (Postal) Address*

Address (Line 1)

Address (Line 2) Nearest Landmark

City / District State Pin Code Country

Contact No. Email ID GSTIN

For Individual customers, please share below details:

PAN*: / Form 60 (only in case the customer does not have PAN No.) Yes No

GSTIN:

Occupation Business Salaried Professionals Student Housewife Retired Others

Nationality* Indian Non-Indian NRI

Annual Income Upto 2.5 lacs 2.5 - 6 lacs 6 - 10 lacs 10 - 15 lacs 15 - 20 lacs 20 - 25 lacs > 25 lacs

CKYC Identifier / Number (Generated by CERSAI)

Please share the following for authentication purpose:

Proof of Identity (POI) and Proof of Address (POA) [(✓) Tick whichever is applicable]

PAN Aadhaar Passport Driving Licence Voter ID Card Others (Please specify): _____

For Corporate customers, please share below details:

CKYC Identifier / Number (Generated by CERSAI):

PAN*: GSTIN:

Please share the below details for the Authorised Signatory:

Name: Designation:

CKYC Identifier / Number (Generated by CERSAI):

Paid up capital of firm Established Since*

Have any losses been reported (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last five years? * Yes No

If Yes, Please provide detail with date of loss, circumstances and amount.

Has any Insurer in respect of the risk to which this proposal relates to, ever declined your proposal, refused renewal or cancelled your policy?* Yes No

If Yes, please provide details.

PUT A (✓) TICK MARK WHEREVER APPLICABLE:

All the questions to be answered completely. In case of any additional details, kindly enclose the information as an annexure:

1. Which of the following type of cover your require	<input type="checkbox"/> Cover for named employees only (Please answer Question 2) <input type="checkbox"/> Cover entire workforce (Please answer Question 3) <input type="checkbox"/> Cover for select categories of employees only (Please answer Question 4)				
2. Cover named employees only					
Name	Designation	Duties	Since when, in service	Total Remuneration (₹)	Employee Sum Insured (₹)
3. Cover for entire workforce					
Category of employee	No. of Employees	Estimated Annual Wages (₹)	Sum Insured (₹)		
Staff with direct responsibility for money, stock, accounts or computer operations etc. (Please specify nature of work)*					
4. Cover for select categories of employees.					
Category of employees	No. of Employees	Sum Insured (₹)			
5. Period of Insurance required	From <input style="width:100px;" type="text" value="DD MM YYYY"/> To <input style="width:100px;" type="text" value="DD MM YYYY"/>				
6. Please state the estimated maximum amount of money and / or stock which will be held by any employee at any one time and the period for the same?	a) Money: <input style="width:150px;" type="text"/> Amount: <input style="width:100px;" type="text"/> Period: <input style="width:100px;" type="text"/> b) Stock: <input style="width:150px;" type="text"/> Amount: <input style="width:100px;" type="text"/> Period: <input style="width:100px;" type="text"/>				
7. Please confirm whether Policy extension is required for:- a. Coverage of Foreign Exchange b. Additional Expenses for substantiating the claim. c. Coverage for contractual employee (Please provide details of such employee as per question 2, 3,4)* d. Retroactive period, if yes please provide from when?					
8. Is there a system to obtain references from previous Employers? If not, specify practice followed.					
9. Have you in the past ever had an occasion to question the honesty or integrity or conduct of any person proposed for guarantee? If yes, please provide details.					
10. Do employees a. Draw cash from employer's account / pay out money? If yes, provide details. b. System of operation of Bank account and precautions taken c. Whether such payments / withdrawals are authorized by a senior employee and substantiated with supporting documents?					
11. a) How often are the employees required to account for money? b) Please provide details of independent system in existence to ensure that all money/stock received by employees are accounted for?					
12. How often the cash book is balanced, the entries checked with vouchers and Bank's pass book and with counterfoils of receipt books?					
13. How often are the Proposer's books balanced?					
14. Please give details of a. System followed for purchase of goods and recording deliveries. b. System followed for authorizing dispatch of goods and ensuring that dispatch is recorded and charged to the customer.					
15. How often and by whom is the stock verification done?					
16. What is the System for collecting outstanding dues?					
17. What is the extent and frequency of audit?					

NOMINEE DETAILS (Applicable for individual customers)

Nominee Name*	Relationship of Nominee with Proposer*	Nominee Date of Birth DD/MM/YYYY*	Nominee Mobile Number	Nominee Email ID	Nominee Present Address	Nominee Permanent Address	Nominee Bank Name and Account Details	% of claim share*

***Total % share cannot exceed more than 100%**

Where Nominee is a minor, give details of Appointee

Name of the Nominee	Name of the Appointee	Date of Birth DD/MM/YYYY	Relationship with the Nominee

Note: Please provide an additional sheet if space is not sufficient to complete details.

BANK ACCOUNT DETAILS

PAYMENT DETAILS	REFUND / CLAIMS DETAIL
<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit / Debit Card <input type="checkbox"/> Online Payment Cheque / D.D# <input type="text"/> Drawn Amount <input type="text"/> Drawn To <input type="text"/> Date <input type="text"/> DDMMYYYY IFSC/MICR Code <input type="text"/> Bank and Branch Name <input type="text"/> For Credit / Debit Card <input type="text"/> Transaction Reference No <input type="text"/> Transaction Date <input type="text"/> DDMMYYYY	<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer; <input type="checkbox"/> Cancelled cheque submitted of other bank Account Number <input type="text"/> IFSC/MICR Code <input type="text"/> Bank Name <input type="text"/> Account Holder name <input type="text"/> Disclaimer: Zurich Kotak General Insurance Company (India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete.

ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER (E-MAIL ID IS MANDATORY)

Do you have an EIA Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please quote EIA Number	<input type="text"/>
Please mention name of Insurance Repository	<input type="text"/>
If No, do you want Us to create an EIA account for you	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill up Insurance Repository Application form)
Email id (Registered with Insurance Repository)	<input type="text"/>
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance.	

ACKNOWLEDGEMENT:

Received from Ms./Mrs./ Mr.

sum of ₹ Through Cheque/DD against your proposal for Fidelity Guarantee Insurance.

Signature of Zurich Kotak General Insurance Company (India) Limited Official / Intermediary

Date DDMMYYYY

Zurich Kotak General Insurance Company (India) Limited Official/Intermediary Name:

Time: : Place:

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. If Zurich Kotak General Insurance Company (India) Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Zurich Kotak General Insurance Company (India) Limited and the policy Terms and Conditions of Fidelity Guarantee Insurance and the Company shall have no liability to make any payment if premium is not received by Zurich Kotak General Insurance Company (India) Limited in full and in time, or is not realised. If a proposal is not accepted, Zurich Kotak General Insurance Company (India) Limited will inform you and refund any payment received from you without interest.

DECLARATION

I / We hereby declare that the statements made by me / us in this Proposal Form and Questionnaire are to the best of my / our knowledge and belief, complete and true, and I / We hereby agree that this proposal forms and questionnaire the basis and is part of any policy issued in connection with the above risk(s). It is agreed that Zurich Kotak General Insurance Company (India) Limited is liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature. Zurich Kotak General Insurance Company (India) Limited undertakes to deal with this information in strict confidence.

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory /policy servicing requirements. I / We would still want to receive a physical copy of the policy.

I / We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

AML DECLARATION

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 listed in Prevention of Money Laundering Act,2002. I / We understand that the Company has the right to call for document to establish sources of funds. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

In case of entity, Type of Organisation making the payment:

Limited Company Government Organisation Non-Government Organisation (NGO) Society Trust Partnership
 International Organisation Co-operatives Section 25 Company Others

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)?* Yes No

"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Are you a Non-Profit Organization?*(only in case of an entity) Yes No

"Non-profit organization" means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013)."

Place* Date*

Signature / Stamp of the Proposer*

VERNACULAR DECLARATION

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression /signature after fully understanding the contents thereof.

Signature / Stamp of the Proposer*

Place* Date*

Signature of Intermediary / Sales Person*

DECLARATION IN CASE THE PROPOSER/ POLICYHOLDER IS PERSON WITH DISABILITY (PWD) (Applicable for individual customers)

I hereby declare that I _____, am a person with a disability and require assistance in completing this proposal form. I authorize _____ [Name of Representative], to act as my authorized representative and provide necessary declaration on my behalf for this Insurance Policy.

Signature/Thumb impression of Proposer

Place* Date*

Signature of Authorised Representative*

DECLARATION FOR AGENT

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the thumb impression / signature after fully understanding the features thereof.

Signature / Stamp of the Proposer*

Place* Date*

Signature & Stamp as applicable of the Insurance Advisor/Specified person of Corporate Agent/Authorised Employee of Broker/Sales person*

STATUTORY WARNING

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938 as amended)

- 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 provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.

Zurich Kotak General Insurance Company (India) Limited

(Formerly known as Kotak Mahindra General Insurance Company Limited)

CIN: U66000MH2014PLC260291. IRDAI Reg. No. 152. Registered & Corporate Office: 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai - 400063. Maharashtra, India. Toll free: 1800 266 4545; Email: care@zurichkotak.com; Website: www.zurichkotak.com