



**Telephone  
No**
**Mobile No**
**5. Business of the Proposer**
**6. Since when Established:** \_\_\_\_\_

**7. CKYC No. (if available)** \_\_\_\_\_

**8. Have there been any reported losses (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 details (Please attach a separate sheet of paper if necessary)**

Date	Circumstances	Amount of loss (Rs)

**9. Has any Insurer in respect of the risks to which this proposal relates ever**
**a. declined a proposal, refused renewal or cancelled an insurance?** ☐ Yes ☐ No

**b. Required an increased premium or imposed special conditions?** ☐ Yes ☐ No

**If yes please provide details (Please attach a separate sheet of paper if necessary)**
**10. Which of the following types of cover do you require? (Please tick only one option) ☒ Cover entire workforce (please complete Question 9)**
**→ Cover for selected categories of employees only (please complete Question 10)**
**→ Cover for named employees only (please complete Question 11)**
**→ Cover for selected categories of employees and named employees (please complete Questions 10 and 11)**
**9. Cover for entire workforce**

Category of staff	No. of employees	Estimated annual wages (Rs)	Employee Sum Insured (Rs)
Staff with direct responsibility for money, stock, accounts or computer operations			
Other staff			

**10. Cover for selected categories of employees**

Category of staff	No. of employees	Employee Sum Insured (Rs)

**11. Cover for named employees (Please attach a separate sheet of paper if necessary)**

Name	Designation	Duties	Since when, in service	Total remuneration (Rs)	Employee Sum Insured (Rs)

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**12. Is there a system to obtain references from previous Employers?** ☐ Yes ☐ No. If NO, specify practice followed

**13. State the estimate of maximum amount held by any employee at any one time and for how long?**

	Money	Stock
Amount (Rs)		
Period (no. of years)		

**14.**

- Has there been any occasion to question honesty or conduct of any person proposed for guarantee? ☐ Yes ☐ No. If yes, please provide details.
- How often are the employees required to account for money?  
\_\_\_\_\_
- What independent system is there to check that all sums received by employees are accounted for?  
\_\_\_\_\_

**15.**

- Is the division of responsibilities between departments, sections and different employees well defined in respect of ordering of stocks and materials, the recording of receipt of such and authorizing payment for them, so that no one person handles a transaction from beginning to end? ☐ Yes ☐ No, If yes, please provide details.  
\_\_\_\_\_
- How often is the cash book balanced, the entries checked with vouchers and Bank's Pass Book and with counterfoils of receipt books?  
\_\_\_\_\_
- How often is the cash book balanced and the stock books reconciled with control records?  
\_\_\_\_\_
- Is there a requirement of at least two signatories to authorise payments? Yes No If yes, please give description of such authorised signatories and confirm that the requirement for co-signatories is followed.  
\_\_\_\_\_

**16.**

- Is there a requirement of dual signatories for cheques issuance, and is such requirement met? ☐ Yes ☐ No
- Do the employees who receive cash and cheques in the course of their duties issue pre-numbered official receipts as confirmation of the receipt? ☐ Yes ☐ No
- Are all the cash and cheques received banked in daily or at the latest the next banking day? ☐ Yes ☐ No If no please specify  
\_\_\_\_\_
- Is there an imprest system for handling of petty cash funds? ☐ Yes ☐ No If yes, please specify the persons who are authorised to manage the petty cash funds.  
\_\_\_\_\_

e. What is the system of operation of Bank account followed and what are the precautions taken?

\_\_\_\_\_

f. Whether such payments/ withdrawals are authorized by a senior employee and compared with supporting documents?

☐ Yes ☐ No

**17.**

a. How often are the bank reconciliations and check of receipt counterfoils and vouchers being carried out?

\_\_\_\_\_

b. Under what circumstances will your customers qualify for credit privileges?

\_\_\_\_\_

c. How often is the balancing and control of debtor accounts with statements sent to all debtors?

\_\_\_\_\_

d. Are there stocks (of any kind) kept for the conduct of your business?

\_\_\_\_\_

e. How often are stock-takings conducted?

\_\_\_\_\_

f. Please list the persons responsible for carrying out stock-taking

\_\_\_\_\_

**18.**

c. Please state the maximum amount of stocks each employee can requisition at any one time? Is this ever exceeded?

\_\_\_\_\_

d. Is there close supervision of storage and custody of all stocks maintained?

\_\_\_\_\_

e. Are all deliveries to and from stores properly authorised?

\_\_\_\_\_

**19.**

a. Please state the maximum amount of stocks each employee can requisition at any one time? Is this ever exceeded?

\_\_\_\_\_

b. Is there close supervision of storage and custody of all stocks maintained?

c. Are all deliveries to and from stores properly authorised?

20. When was the last stock audit undertaken, by whom, and what did it reveal?

21. When was the proposer last audited, by whom, and what did the audit reveal?

**Payment details:**

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

**Note :** Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

**Bank details of proposer for refund or claim purpose:**

Name of bank account holder (*mention specifically, if different from name of policyholder*): \_\_\_\_\_

Bank Name & Branch: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

IFS Code: \_\_\_\_\_

**Nominee Details:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship with the proposer: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ E-Mail ID: \_\_\_\_\_

Address of Nominee: \_\_\_\_\_

Present address: \_\_\_\_\_

Permanent address: ((if left blank, will be construed as being same as Present Address))

Bank Account Details of Nominee: \_\_\_\_\_

Name of Account holder: \_\_\_\_\_  
Bank Name & Branch: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
IFS Code: \_\_\_\_\_

Authorized person details (in case nominee is a minor): \_\_\_\_\_

**Declarations:**

- i. 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 agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR

"I/We hereby confirm that the premium payment have been paid by \_\_\_\_\_, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."

- iv. I/we am/are (please tick all that are applicable)  
☐ High Net Worth Individual/s      ☐ Non-Resident Indian/s      ☐ Politically Exposed Person  
☐ Non-Governmental Organisation
- v. I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable

officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by FGII hereafter. In case of any modification, the applicable information will be provided to FGII for updating the CKYC Registry Records.

- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the FGIICL Privacy Policy, available at <https://general.futuregeneralii.in/privacy-policy>.

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this proposal, where available/chosen, your eIA and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box ☐

Date:

Place:

Signature of the Proposer(s)

*(Affix stamp, where proposer is a juridical person)*

### For Intermediary Use Only

I, \_\_\_\_\_, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

\_\_\_\_\_

Intermediary's Code: \_\_\_\_\_

Intermediary's Signature \_\_\_\_\_

### ANTI MONEY LAUNDERING

FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

#### **SECTION 41. OF INSURANCE ACT, 1938-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 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. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.



**Future Generali India Insurance Company Limited**, IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287  
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