





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

I am (please tick all that are applicable)

- High Net Worth Individual/s
- Non-Residential Indian/s
- Politically Exposed Person
- Non-Governmental Organisation
- Non-Profit Organisation

If you are an NGO/NPO, please provide Niti Ayog – Darpan Portal Registration Number:

\_\_\_\_\_

^Non-Profit Organisation 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, that is registered as a trust or a society under the Societies Registration Act, 1860 or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013.

If you are Differently Abled, please tick on the checkbox to provide confirmation.  Yes  No

(If Yes, kindly provide the below details)

- i. Type of Impairment: \_\_\_\_\_
- ii. Percentage of Impairment: \_\_\_\_\_
- iii. UDID Number: \_\_\_\_\_

<b>Part: 1 Money</b>	<b>Estimated annual amount of Money In Transit.</b>	<b>Highest amount In Transit at any one time (this will Be limit of the Company's liability for any one loss)</b>
<b>A.</b> Money for payment of wages, salaries and other earnings or for petty cash, in transit from the bank or the premises to be insured or other places specified, from the time the money is received by you or your authorised employee until delivered at the bank or premises to be insured or other place of disbursement specified and whilst at the insured premises or other premises specified until paid out, provided that outside business hours it shall be secured in a locked safe(s) or locked strong room on the premises to be insured. Cheques drawn by you to provide for such money are also covered whilst in transit, from the premises to be insured to the bank.	Rs.	Rs.
<b>B.</b> Money (other than described in Item A above) in transit from the premises to be insured or bank other specified premises.	Rs.	Rs.
<b>ESTIMATED total annual amount of money in transit</b>	Rs.	Rs.

**Part: 2**

Money (other than described in Part 1 A above) whilst on the premises to be insured during business hours or whilst secured in a locked Safe or Strong Room on the Insured Premises, outside business hours, against the risk of Burglary, housebreaking, dacoity, Robbery and hold up.

**A. Maximum amount of money held at any one time Rs.** \_\_\_\_\_

Money (other than described in Part 2A above) whilst in the Insured Premises during business hours

**B. Maximum amount of money held at any one time Rs.** \_\_\_\_\_

### Part: 3

#### 1. Questions regarding money in transit and safe

1.1. Addresses of premises between which the money will be carried

\_\_\_\_\_

1.2. Are employee/s authorized to carry money permanent?  YES  NO

1.3. Name of employee & their nature of Job.

\_\_\_\_\_

**2. How is money carried? What is the mode of Transport (i.e. whether in bags, trunks etc. & Own Car, Public vehicle, others)**

\_\_\_\_\_

**3. Are the persons carrying the money accompanied by an armed guard/s?**  YES  NO

**4. Do you need cover against Riot & Strike and Terrorist activities on payment of additional premium?**  
 YES  NO

**5. Details about safe & no of keys?**

\_\_\_\_\_

**Note:** It is expected, that the key is not in the same premises.

**6.**

6.1. Is the insured location protected by a burglary alarm system?  YES  NO

**AMC details if any**

\_\_\_\_\_

6.2. Other security arrangement if any.

\_\_\_\_\_

**7. Is the burglary alarm system under a maintenance contract?**  YES  NO

If yes:  quarterly maintenance  ½ yearly maintenance  annual maintenance

**8. Optional Covers in addition to base covers ?**

Sl. No	Optional Covers	Sum Insured (INR)
1	Riot And Strike	
2	Infidelity Of Cash Carrying Employees	

9. Past claim history and description if any: \_\_\_\_\_

10. Preventive measures if any past loss history: \_\_\_\_\_

**Section A (for building)**

1. What materials are used for the construction of

a) Walls:  Concrete  Bricks  Iron sheet  Timber  Others

b) Roof:  Concrete  Bricks  Iron sheet  Timber  Others

c) Floor:  Concrete  Bricks  Iron sheet  Timber  Others

2. Use / kind of building:

Residential and business building, No of flats

Business Building

Shop, department store, shopping centre

Barrack, improvised

Construction

Others

3. Are you the sole occupant of the building?  YES  NO

4. Is the building situated in

A pure residential area

A residential cum business area

A shopping street, pedestrian zone

A commercial or industrial area

Others

5. Has the risk been previously insured?  YES  NO. If yes, please give the following information:

5.1. The name of the Insurance Company: \_\_\_\_\_

5.2. Policy Number: \_\_\_\_\_

5.3. Period of Insurance: \_\_\_\_\_

5.4. Rate charged: \_\_\_\_\_

5.5. Any special term and condition imposed: \_\_\_\_\_

6. Do you have other Insurance policies currently? ( i.e. Fire etc.)  YES  NO

If yes, please mention the name of the insurance company \_\_\_\_\_

**PREMIUM 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. 10,000/-

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	

<b>E-Mail ID</b>	
<b>Address of Nominee</b>	
<b>Present address</b>	
<b>Permanent address: (if left blank, will be construed as being same as Present Address)</b>	
<b>Bank Account Details of Nominee</b>	
<b>Name of Account holder</b>	
<b>Bank Name &amp; Branch</b>	
<b>Bank Account Number</b>	
<b>IFS Code</b>	
<b>Authorized person details (in case nominee is a minor)</b>	

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., 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.

#### ANTI MONEY LAUNDERING

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

#### DECLARATION BY INSURED

- i. i. All statements and information provided in this proposal are complete and accurate. No relevant information has been withheld. This proposal and declaration, together, forms the basis of the insurance contract with Generali Central Insurance Co. Ltd. (GCICL), if issued, and I/We agree to accept the corresponding terms and conditions.
- ii. If GCICL finds out that I/We have misrepresented or suppressed any material fact or, committed a fraudulent act relating to this insurance proposal/policy, GCICL may render my insurance policy void ab initio, and forfeit the corresponding premium amount.
- iii. I/We understand that GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. So, I/We confirm that the policyholder(s), beneficiary(s), claimant(s), or nominee(s) will assist GCICL with relevant records/information/assistance, as necessary, to address anti-financial crime practices.
- iv. I/We, or a person having insurable interest in the insured asset, have/has paid/will pay the premium from legitimate source and not from crime proceeds, in line with The Prevention of Money Laundering Act, 2002



and rules thereunder. GCICL can verify the source of funds, call for documents, and reject or terminate the insurance policy and/or forfeit the premium amount, if found otherwise or if I/We are named on any recognized sanctions list or have violated any provision of law. Refund of premium, if any, shall be made to my/our designated bank account(s).

- v. I/We consent to
  - a. receive policy and service communications from GCICL and its authorized service providers, vide electronic and telecom means, including WhatsApp, and understand that no unsolicited information will be sent to me;
  - b. GCICL and its authorized service providers storing and processing my personal data for the purpose of this proposal and corresponding insurance policy as may be issued, throughout the period of necessary retention;
  - c. GCICL accessing my/our CKYC records from Central KYC Records Registry (CKYCR) for verification, and to receive information from the CKYCR through SMS/email on the mobile phone number/email address provided above;
  - d. abide by the obligations under the GCICL Privacy Policy at <https://generalicentralinsurance.com/> ;
  - e. GCICL reserving the right to reject this proposal or to terminate the insurance contract unilaterally and/or freeze the funds, if I/We, or persons associated with me/us, are named in any recognized sanctions list.
- vi. My/our KYC records in CKYCR are current and valid and I/We undertake to inform GCICL in case of change.

**Proposer’s Signature:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 GCICL 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 GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

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

Intermediary’s Code: \_\_\_\_\_

Intermediary’s Signature: \_\_\_\_\_

## 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 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.

\*\*\*\*\*END\*\*\*\*\*

**Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office:** Unit No. 801 & 802, 8<sup>th</sup> Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** [gccicare@generalicentral.com](mailto:gccicare@generalicentral.com) | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800