

### APPLICATION FORM FOR FIDELITY GUARANTEE INSURANCE POLICY

### GUIDELINES FOR COMPLETION OF THE FORM

- 1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
- 2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
- 3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect 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 proposer or any one acting on his behalf.
- 4. Kindly contact the Company's Offices or Agents for any doubts or clarifications on the proposal form.

#### NOTE

The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid and upon full realization of the premium payment by the Company, which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective and the insurance cover shall only be effective from the date as intimated by the Company. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest. The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of this Proposal by the Company along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Company and does not result in a concluded contract of insurance.

1.	State your full name address and nationality	
	(a) Age	
2.	Are you single, married or a widower?	
3.	a) Have you a family ?	
	b) If so, state number of your children	
4.	How many persons, in all, are dependent on you?	
5.	Give name, address and occupation of your	
	father or nearest relative.	
6.	a) Are you a householder?	
	b) If not, do you reside with relatives?	
7.	At what addresses have you resided during	
	the last three years?	
8.	Amount of security required?	Rs.
9.	Nature of duties in respect of which this	

Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. UIN: IRDAN144CP0014V01201819



	Guarantee is required			
10.	Full name, address and business of			
	Employer for whom this Guarantee is			
	required.			
11.	State salary and give full particulars of any			
	other remuneration from the employment			
12.	State clearly and accurately how and where	Full name and Address of	Reason for	
	you have been occupied during the last	Employer	leaving	
	seven years, giving full names and			
	addresses of all Employers your period of			
	service and reasons for leaving in each case.			
	Please note that the whole period of Seven			
	years must be accounted for.			
	From to with			
	From to with			
10				
13.	Have you any private or business debts or		_	
L	liabilities? If so, state the amount.			
14.	Where you ever bankrupt or insolvent, or did			
	you ever arrange with your creditors?			
	If so, please state when the circumstances			
	which led to your financial difficulties, the			
	name and address of the Trustee and whether			
	you are now free of all liability.			
G:	6.0. Cd. F			
	ature of the Employee seeking			
Fideli	ity guarantee			
Date:				
Date.				
Place:				
1 1400	•			
Payment Details				
Please draw your Cheque (a/c payee only) in the name of "SBI General Insurance Company Ltd."				
Char	o No. — Ponk Nome — — — —	.b	)ata	
cnequ	e NoBank NameBranc	nL	vate	

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## **Declaration**

- I / We authorise the Company and their agents to exchange, share or part with all the information provided to other Agencies/ Statutory Bodies as may be required and I / We will not hold the Company and their agents liable for use of this information.
- I / We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me / us or anyone acting on my/ our behalf to obtain any benefit under this Policy.
- I/ We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I / We desire to effect an insurance as described herein with the Company and I / We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/ We agree to accept a Policy subject to the conditions prescribed by the Company.
- I / We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

Place:		Proposer's Signature
Date:	(DD MM YYYY)	Name:



# **SECTION 41 OF INSURANCE ACT, 1938**

- 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 or 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 prospectuses or
  tables of the Insurer
- 2. 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.

Insurance is the subject matter of solicitation