



**UNITED INDIA INSURANCE CO. LTD**  
**(Regd H.O. : No.24, Whites Road, Chennai – 600 014.)**

BRANCH / DIVISIONAL OFFICE í í í í í í í í í í í

**PROPOSAL FORM FOR FIDELITY GUARANTEE INSURANCE (EMPLOYER)**

**SCOPE OF COVER**

This Insurance Policy provides indemnity to Employees against any direct financial loss, including loss of goods, caused by fraud or/of employees.

**EXCLUSIONS**

The insurance policy does not cover loss:

- (a) Discovered more than 12 months after the termination either of the guarantee or of the service of employee concerned.
- (b) When there has been any change in the agreed system of check of accounting precautions without the Insurer's prior consent.
- (c) Caused by an employee after discovery of his previous fraud or dishonesty.
- (d) Such as stock taking shortages, trading losses not caused by fraud or dishonesty.

**Basis of Insurance**

Named employees can be selected and guaranteed for specified amounts. Employees can be guaranteed for a total amount overall or for separate amounts in respect of different categories.

**NOTE:**

- 1. THE FOREGOING IS ONLY A BROAD INDICATION OF THE COVER OFFERED.FOR DETAILS PLEASE REFER TO ANY OFFICE OF THE COMPANY.

Please reply fully to all the following questions. If the answer to any question is none state "NONE"

- 1. (a) Name and address of the Employer
- (b) Description of Business
- (c) Since when established

- 2. Details of Employees to be guaranteed

| Names | Duties | Since when in service | Place of Employment | Total remuneration | Amount to be guaranteed | Any other security taken |
|-------|--------|-----------------------|---------------------|--------------------|-------------------------|--------------------------|
|-------|--------|-----------------------|---------------------|--------------------|-------------------------|--------------------------|

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3. Is there a system to obtain references from previous employers?  
If not, specify practice followed.
4. State the estimate amount held by any employee at any one time and for how long?  
(a) Money : Amount : \_\_\_\_\_ (b) Stock: Amount: \_\_\_\_\_  
Period : \_\_\_\_\_ Period : \_\_\_\_\_
5. Has there been any occasion to question honesty or conduct of any person proposed for guarantee  
(a) How often are the employees required to account for money?  
(b) What independent system is there to check that all sums received by employees are accounted for?
6.
  - (a) Do employees pay out of money or draw cash from Employer's account?
  - (b) System of operation of Bank Account and precautions taken
  - (c) Whether such payments/withdrawals are authorised by a senior employee and compared with supporting documents?
7. How often the cash book is balanced, the entities checked with vouchers and Bank's Pass Book and with counterfoils of receipt books?
8. How often are the Proposer's books balanced?
9.
  - (a) System followed for purchase of goods and recording deliveries
  - (b) System followed for authorising despatch of goods and ensuring that despatch is recorded and charged to the customer?
10. How often and by whom stock verification is done?
11. System for collecting outstanding accounts
12. How often will statements of account be furnished by the proposer direct to Customer's?
13. What's the extent and frequency of audit?

14. Details of losses suffered on account of infidelity of any employees during last 5 years and steps taken to prevent recurrence
15. Has any company in respect of any fidelity guarantee insurance declined your proposal?  
Cancelled or refused to renew policy?  
Accepted your proposal on special terms and conditions.

I/We do hereby declare and warrant that the above statements and answers are true and that I/We have not withheld any information whatsoever regarding this proposal. I/We agree that this proposal and declarations shall be the basis of the contract between me/us and United India Insurance Company Ltd. Whose policy for this insurance is acceptable to me/us. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Place : Proposer's Signature

Date :

- NOTE: 1. The liability of the Company does not commence until the proposal has been accepted and premium paid.  
2. Premium will be quoted on application  
3. To obtain full indemnity insure for adequate guarantee for each employee.

Development Officers Report

The proposer is known to me/my agent for í í í í í í í í í .. years and I recommend acceptance of this proposal.

Place:

Date : Signature of Development Officer  
Name and Code No of Development Officer

**PROHIBITION OF REBATES**

The following is the copy of section 41 of the Insurance Act, 1938.

- 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 or risk relating to lives or property in India any rebate of the whole or part of commission payable or any rebate or the premium- shown on the policy not shall any person taking out or renewing continuing a policy except any 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 provision of this section shall be punishable with fine which may extend to five hundred rupees.

PROPOSAL FORM FOR FIDELITY GUARANTEE INSURANCE (EMPLOYEE)  
NOTE : PLEASE ANSWER EVERY QUESTION AND FULLY

1. Write 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 children?
4. How many persons in all, are dependent on you?
5. Give name, address and occupation of your father or nearest relative.
6. Are you a house holder?  
(a) If not do you reside with your relatives?
7. At what addresses have you resided during the last three years?
8. Amount of security required?
9. Nature of duties in respect of which this guarantee is required?
10. Full Name and 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.

- |   |  |                               |
|---|--|-------------------------------|
| <p>12. State clearly and separately how and where you have been occupied during the last seven years, given full names and addresses of all employers, your period of service and reasons of leaving, in each case please note the whole period of seven years must be accounted for.</p> | <p>Full name and address<br/>of the Employer</p> | <p>Reason for<br/>Leaving</p> |
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13. Have you any private or business liabilities? If so state the amount?

14. Were you ever bankrupt or insolvent or did you ever arrange with your creditors? If so, please state the circumstances which led to your financial difficulties, the name and address of the Trustee, and whether you are now free of all liability.

15. Is your life insured? If so, please state for what amount, where and whether the policy is in your possession

16. Do you possess any property, are you entitled to any in reversion?  
If so, state generally its nature and whether encumbered?

17. Have you any source of income besides the remuneration derived from the employment for which the guarantee is required? If so, give particulars.

18. Are you surety for anyone? If so, give particulars:

19. Have you ever applied for a Guarantee to this or any other insurer?  
If with, what company and at what date?  
Whether the application accepted or declined?

19. Give the names of two or more persons(not relatives) who have known you intimately for some time and to whom reference may be made.

Name of referees (Block Letters)

Occupation

Full Postal Address

I hereby declare that in all my replies on this proposal form I have stated the truth without any reservation.

Place :

Date :

Signature of Proposer

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BRANCH / DIVISIONAL OFFICE í í í í í í í í í í í

**PROPOSAL FORM FOR FIDELITY GUARANTEE POLICY FOR GOVERNMENT SERVANTS**  
**QUESTIONS TO BE ANSWERED BY THE EMPLOYEE**

1. Full Name and address of the applicant
2. Age of the applicant
3. Marital Status and the number of persons  
Dependant on the applicant
4. (a) Amount of Insurance required  
(b) Period for which cover is required
5. (a) In what capacity is the applicant  
working and in which department?  
  
(b) Is the applicant required to handle  
cash and or stock as part of his/her  
duties?
6. (a) Is the applicant in permanent service?  
If not state the tenure of his/her service?  
(b) Salary and other allowances the applicant  
draws in respect of this appointment
7. (a) If the applicant is required to handle  
cash please state whether the books  
balanced daily?  
(b) Is the applicant permitted to retain  
cash overnight? If so, what is the  
maximum amount so permitted to be  
retained any one time? How the cash is  
secured during night?
8. If the applicant is in charge of stock please  
state the nature and value of stock and whether  
they are physically verified periodically.
9. Is the applicant authorised to issue receipts  
on behalf of the employer? If so please state  
(a) Whether a printed serially numbered receipt  
Book with counterfoils is used  
(b) Whether his/her work is supervised by any  
other superior?
10. State the designation and address of the Officer  
to whom the policy is required to be issued.

11. State the designation and address of the Applicant's immediate superior to whom the policy should be sent?

12. Has any insurer previously granted a cover in respect of the risk proposed for insurance? If so please state  
 (a) Name of the insurer  
 (b) The period of insurance

13. Please give the names and addresses of 2 persons who are not related to the applicant but who are known to the applicant for at least 3 years to whom the company may refer if necessary

1.  
2.

14. Premium remitted by cheque/DD/Money order

No ₹ ₹ ₹ ₹ ₹ ₹ ..  
Date ₹ ₹ ₹ ₹ ₹ ₹ ₹

I hereby declare that the foregoing answers are correct without any reservation whatsoever on my part.

Date : \_\_\_\_\_ Signature of Employee ₹ ₹ ₹ ₹ ₹ ₹ ₹ .  
 Counter Signature of Superior Officer ₹ ₹ ₹ ₹ ₹ ₹ ₹ .  
 Designation ₹ ₹ ₹ ₹ ₹ ₹ ₹

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