ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED.

Corporate Office: Zenith House, Keshavrao Khadye Marg, Mahalakshmi, Mumbai – 400 034 Tel: (+91 22) 2490 6999 Fax: (+91 22) 2492 7624

Money Insurance Policy

Proposal Form No: Business Sector: Urban Rural C 1. CLIENT INFORMATION: Pin Code: I I I I I I I (With STD Code) Particulars of Work: Warehouse Godown Shop Office Any other Note: Please use additional sheet if Multiple Hypothecation details **CONTACT DETAILS** Mailing Address: City / Town: I I I I I I Pin Code: I I I I I I I Contact No : I__I__I__I__I__I__I__I Mobile No : I__I__I__I__I__I__I__I__I (With STD Code)

E-Mail ID) : IIIIII Capital (Incase of Customer T	_ _ _ _ _ _ _ _	_ _ _		! <u></u>	
2. RISK [<u>DETAILS</u>	ype is Corporate).		''		
	f Insurance: From I_I_ of the location(s) to be insure	_llll ed:	10	·	1_1_1_1	
_ _ _ _			_ _		_ _ _ _ _ _	
City/Tow Pin Code		_I_I State: I	ll_		_ _	
	rovide the details of money to Money in Transit	o be insured in the	e follo	owing format:		
Item I	Description of Money	Transit			Single Carrying Limit (SCL) (Rs.)	
		From	То			
(a)	Money in transit, from the bank to specified premises.					
(b)	Money in transit from the specified premises to the bank for remittance					
(c)	Money in transit to the specified premises or bank and in personal custody of Proposer or his employee for a period not exceeding 48 hours from time of collection.					
	the Estimated Annual amour	nt of money in Tra	nsit (EAT)?		
ltem II -	- Money in Premises					
Item II	Description of Money			Maximum amount of money held at one time (in Rs.)		
(a)	Cash whilst on the Proposer's premises during the business hours or whilst secured in locked safe(s) or in strong room on the Proposer's premises as specified in the schedule outside business hours, against risks of burglary, house breaking, dacoity, robbery and hold up.					
(b)	Cash stored in – (Please tick the appropriate box)			Locker Strong Room Others		
(c)	Money in counter / in specified premises during business hours against the risk of holdup					
How is t	he money carried ? Bags	Tru	nks		Other	

What is the c	designati	on of the er	mployee handling	money ? I	ll		
What means	of trans	port do the	persons carrying t Public Tran Bus Trains Other	•	use?	Private T Car Scooter Other	ransport :
If any other ,	please s	specify: I	_lll	_	ll_	_	_ _
Please provide For safe(s) a			ticulars of the safe	(s) and/ or s	strong r	ooms where mo	oney is held:
Maker's Name			Weight (kgs)	Identificat	ion Nun	nber	
			_				
Are the prem	nises gua	arded? Yes	□ No □				
If yes	24 Hou	ırs 🔲	Day time 🔲	Only at N	ight 🗀		
Has the risk l	been pre	viously ins	ured? Yes 🗀		No 🗀		
If yes, please	provide	details in t	he following forma	nt (attach se	parate s	sheet if required):
Policy number	· · · · · · · · · · · · · · · · · · ·		Commencement of cover (DDMMYY)	Expiry of cover (DDMMYYYY)		Sum insured (EAT + Item II value (Rs.)	Premium
Please provio	de detail	s for the las	t three years claim	s in the foll	owing f	ormat: (attach s	eparate sheet
· · · · · · · · · · · · · · · · · · ·		Description of loss		Amount of loss			
		<u> </u>			I		
3. EXTENSION Do vou want		de Riot & St	trike cover? Yes	□ No [
Terrorism			Yes [No [
Is this a stand	d-alone i	oolicv Yes/		No [
		•	siness potential fro		t in the	following forma	rt
Nature of	Policy	Date of rea	newal Premiu	m	Claim	<u> </u>	1

Potential

1 1		[1	
If yes then what busir	ness do we have fron	n this client			
Nature of Policy	Premium	Claim	s		
Note: Please use add	itional sheets if space	e is not sufficient to c	omplete de	tails	
	STATUTORY WAR	NING PROHIBITION	OF REBATE	<u>ss.</u>	
	(Under Section	on 41 of Insurance A	ct 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 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.					
	g default in complyir lay extend to five hur	•	s of this sec	tion shall be punishable	
Place: I_I_I_I_I_I	_ _ _	Proposer's Signature	e:		
Date: I_I_I_I_I_I		Name: III	_ _ _ _		
PAYMENT INFORMAT	ΓΙΟN :				
MODE OF PAYMENT	: Cheque / DD / Sav	ing Bank A/C			
Cheque No : I_I_I	Cheque No : IIIII Demand Draft No : IIIII				
Drawn On:					
Saving Bank A/C No:					
Amount In Figures: _ _ _ _ _ _ _ _ _					
Credit Card No: I_I_	<u> </u>		Expiry Date	:: I_I_I_I	
Card Type: Vis	a Mas	ster		m m y y	
Bank Name:					
Amount In Figures: I		<u> </u>			
(FOR OFFICE USE ONLY) VERTICAL INFORMATION.					
1) Agent Name : I			_ _ _		
2) MO Name : II_	_ _ _	_ _ _ _		_ _ _	

Received date & time by MO.	Date: IIIIII	Time: IIIII