

MONEY INSURANCE POLICY (COMMERCIAL) PROPOSAL FORM



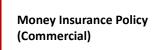


PROPOSAL FORM - MONEY INSURANCE POLICY (COMMERCIAL)

(Acceptance of this proposal is subject to the rules & regulations of Magma General Insurance Limited Money Policy. The property is not covered until the proposal is accepted and premium paid.)

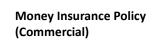
Agent/Broker Name												
Agent/Broker Code												
Agent Mobile Number		Email Address										
Name of the Proposer												
Address of the Proposer												
	0.1	01.1	D'. O. I.									
	City	State	Pin Code									
Mobile Number		Email Address										
Policy to be issued in favour of	(List of all the	parties who have insurable i	nterest)									
Business of the Proposer												
Period of Insurance		To										
Whether you have insured in respe	ct of loss of Mon	ey with any other Insuran	ce Company (Give	Yes/No								
details)												
Whether Insurance was declined by details)	/ any other Com	pany or imposed any Spe	ecial Conditions (Give	Yes/No								
Risk Location/s to be Insured –												
Give complete address with												
pincode	City	State	Pin Code									
Occupancy of the Risk Location												
	(Describe the	activities carried out in the p	remises)									
Note – in case of multiple locations please a	ttach annexure indic	cating risk location addresses an	nd occupancies of each location.									
Property to be insured:	Definition: - It	efinition: - It means Cash, Bank Drafts, Current coins, Bank and Currency Notes,										
	Treasury Note	es, Cheques, Postal Order, C	Current postage stamps whic	h are not part	of a							
	collection and	luncheon Voucher.										
ESTIMATED TOTAL AMOUNT OF	CASH IN TRAI	NSIT per annum: INR										
(Note: The estimated total amount of Money	/ in transit should no	t be less than turnover of Money	y in transit of previous policy per	riod except for								
occasional circumstances when due to busing					e less.							
Please state the reasons for such anticipate	u snortiali in estimat	ed total amount of Money in trai	Estimated total amou		,							
Money in Transit Coverage		Limit of Liability	(other than crossed cl									
		Any One Occurrence	transit during ensuing	Twelve								
For payment of Wages/ salaries			months.									
To payment of wages/ salaries												
Being other than Wages/ salaries												
Others (to be described)												
2												





				_					
Money in premises:									
• In safe									
In Counter									
Note - in case of multiple locations of	ease attach annevi	ıre	s/additional sheets	te.					
Note – in case of multiple locations please attach annexures/additional sheets									
Details of Transit:									
Is there any Transit to or from branch,	outlying								
contracts or elsewhere? If so, give pa									
including address.									
						_			
Mode of Transit:	Ow	/ne	d Car 🔲 🛮 F	Pul	blic tra	nsport 🗌			
Details if public Transport are being used									
Are the persons carrying the money accompan guard? If not state what protection is provided f	-								
Are the employees engaged in the ha Policy?	ndling of wages an	id/o	or Money guarante	eed	d under	a Fidelity	Yes/No		
Approximate distance between Bank	and proposer's pre	mis	ses				Kms		
Extension Coverage details			Riot, Strike & Mal	mage (RSMD)	Yes/No				
			Infidelity cover for casl		Yes/No				
			Employees up to disco						
What Protection is Provided to	Doors								
	Windows								
	Sky Lights, Ventilato	ore	Evhauet Fane Ligh						
	Air Conditioners, Tra		_						
	Any other openings		20010						
	,, carer spermige								
Are the whole of the premises occupie		_		Yes/No					
Will the premises at any time be left u				Yes/No					
Is a security present for 24 hours and	how many? If not,			Yes/No					
Alarm System Details			Is the premises fitt	Yes/No					
			system	ton		antro at?	Vaa/Na		
D. 1.11. (O. (/ 1.	A 1 1		Is it under a maint	Yes/No					
Details of Safe/ strong room installed at Risk Location.	Address of premis			s керt					
installed at Risk Location.	Is the safe fixed to								
(Note in case of multiple locations	No. of Keys availa			N/ /NI					
(Note – in case of multiple locations please attach annexure)	Can the safe (s) b			Yes/No					
picaso attaon annoxuroj	combination of two	uningga barra	Vaa/Na						
	Are the keys removed from the premises after business hours						Yes/No		
	Specification:			+	Safe		Counter		
	Maker's Name			1					





															_											
	Depth																									
			Width																							
	Weight																									
					Н	eight																				
Premium / Claim details for the past 5 years												С	Claim Amount							Premium Paid						
Date of Occurrence	Dotallo di Eddo																									
What precautions I	nave	bee	n ad	lopte	d to	prev	ent	suc	h re	ecur	rer	nce?														
Premium Paymen	+ Do	taile																								
Total Premium Am				oa C	QT\	INIE																				
Payee Name -	Ount	(IIIC	iuuii	iy G	31)-	<u> </u>	<u> </u>																			
Kindly select :	7 Ck	nequ					$\overline{}$	D	<u> </u>			Г	-	NEFT						Г	7				Cas	h
Cheque /DD/ PO /							Ш	Т	Т					NEF I		I			T						Ua5	11
Date		110.			<u> </u>			IFS(! 		 					一	$\overline{}$		
								IF S																		
Amount in Rs.																										
Bank Account No.																										
Bank Name									1	-					В	rand	ch									
PAN Number									<u> </u>	\perp	_															
Aadhaar Number																										
Documents to be attached as per requirement for fulfillment of KYC Norms.																										
GST Registered Yes/ No																										
·											N Nu	mb	er													
	GST State																									





INTERMEDIARY DECLARATION

Intermediary PAN number:									
Intermediary Aadhaar number:									
I, (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.									
License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)									
Date: DD MM YYYY Signature of the Insurance Advisor:									
I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is									

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/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Magma General Insurance Limited

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

I hereby consent to and authorize Magma General Insurance Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC.

I wish to get all policy related communications on my Whatsapp (other app) number.

Place
Date
Signature of Proposer



AML Guidelines

1.	of proceeds of crime and that such prunderstand that the Company has the	remiums are not dispro e right to call for docum / we are found guilty by	ents to establish sources of funds and to any competent court of law under any of the									
	Date: DD/MM/YYYY	Signature of the Propo	oser:									
	Are you or any of the proposal applic	Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?										
	☐ YES ☐ NO	□YES □NO										
	If yes, please share the details of "Po	ons"(PEPs):										
	,	ernments, senior politic	ominent public functions by a foreign country, cians, senior government or judicial or military important political party officials									
2.	Additional Information:											
	Nationality: Indian No	on-Indian	If, Non-Indian, please specify Country:									
3.	Type of Organisation:											
	(i) Corporations											
	(ii) Trust											
	(iii) Government											
	(iv) Partnership											
	(v) Non-Government Organisations											
	(vi) Co-operatives											
	(vii) Society											
	(viii) Private Limited Company											
	(ix) Public Limited Company											
	(x) others, please specify											

4. Source of Funds:



(DD-MM-YYYY)

Business: -----



	<u>VERNACULAR</u> !	<u>DECLARATION</u>
availing the insurance from ${\bf N}$ him/her. The same has been ${\bf f}$	Magma General Insurance fully understood by him/her a	f the proposal form and all other documents incidental to Limited to the proposer in the language understood by and the replies have been recorded as per the information fully understood and confirmed by the proposer.
Place:	Proposer's S	Signature
	Company stamp	
Date:	Name:	Designation

Salaried:----- Others (please specify)------

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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 rupees.