

DIGIT SURETY INSURANCE FOR RECRUITING AGENT**PROPOSAL FORM****UIN: IRDAN158RPSU0005V01202526**

- a. This proposal will be the basis of the insurance policy that we issue. You must disclose all relevant facts that may affect the Company's decision to issue a policy or its terms. Non-compliance may result in avoidance of the policy.
- b. Liability of the Company does not commence until the Proposal has been accepted and the Premium Paid.
- c. If there is insufficient space for you to provide information, whether as requested or otherwise, please attach a separate sheet duly signed or affixed with thumb impression.
- d. If you are in doubt, you can get in touch with your agent/intermediary or call us at 1800-258-5956 or e-mail at hello@godigit.com.

*For Partner Use Only:

Partner Code	Partner Name

PERSONAL DETAILS

- 1) Proposer Name: _____
- 2) Address: _____
 _____ PIN CODE _____
- 3) Mobile Number _____ 4) Email Id _____
- 5) PAN _____ 6) GST Number _____ 7) Website _____
- 8) Profession of Surety Debtor _____
- 9) Trade Name _____
- 10) MEA License Number _____
- 11) MEA License Validity From: _____ To: _____
- 12) Year of Establishment _____ 13) Annual Turnover _____
- 14) Sum Insured / Bond Value _____
- 15) Territory _____ 16) Jurisdiction _____

POLICY PERIOD

Policy Period	From	DDMMYYYY	00:00 Midnight	To	DDMMYYYY	23:59 Midnight
---------------	------	----------	----------------	----	----------	----------------

Extended Claim Reporting Period _____

RISK DETAILS

Sr. No	Particulars	Details
1.	Average Number of Emigrants Handled by You per year	
2.	Please give details of Industry or sectors of Emigrants handled by You	
3.	Please give details of Countries of Deployment / Migrating Country handled by You	
4.	Give details of any past violation with MEA Regulations (If any)	
5.	Give details of your MEA license renewal history including any delays/ issue in renewing license	
6.	Do you have Internal Grievance redressal mechanism?	____ Yes / ____ No If yes, whether the detail of process is mentioned publicly __ Yes / __ No
7.	Give details of any Suit or cases filed against You in the Past (if any)	
8.	Voluntary deductible opted	INR _____
9.	Give details of any other policy / previous policy covering same risk	
10.	Give details of any previous claims	

NOMINEE DETAILS

Name of	Mobile	E-mail Id	Present	Permanent	Relationship	Details of	Details of Bank Account of
---------	--------	-----------	---------	-----------	--------------	------------	----------------------------

Nominee	number of Nominee	of Nominee	Address of the Nominee	Address of Nominee (Not required, if same as present address)	of Nominee with Insured Person	authorized person (If Nominee is minor)	Nominee
							i. Bank a/c no. _____ ii. IFSC code _____ iii. Branch _____ iv. Bank Name _____
							i. Bank a/c no. _____ ii. IFSC code _____ iii. Branch _____ iv. Bank Name _____

CUSTOMER BANK DETAILS

Bank Account No.	Branch	IFSC Code	Bank Name

PREMIUM PAYMENT DETAILS

Cheque No/NEFT Ref No	Bank Name	Date	Amount (Including applicable taxes)

DOCUMENTS TO BE ATTACHED ALONG WITH PROPOSAL FROM

i	Last 3 years annual financial statements, Annual Income Statement, Auditors report, Balance Sheet
ii	External Credit rating report with rating rational

DECLARATION

- I/We, hereby declare that the statements and particulars given in this Proposal form are complete, true and accurate and I/We agree that the Insurance company will not be liable under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect /misleading /Fraudulent in any respect on any matter to the grant of a cover or submission of claim in future.
- I/We hereby agree to receive all monies due from the Company by way of refund of premium, claims etc. into my/our bank account / payment mode as specified in the instrument / electronic transaction tendered towards insurance premium and such electronic transfer will constitute full and final discharge of Company’s obligation.
- I/We hereby declare that all statutory provisions relating to my / our business proposed for insurance are complied with.
- I/We further declare that I/we will notify in writing any change in the below details occurring after the proposal has been submitted but before communication of the risk acceptance by the Company and during the Risk Period:
 - Any changes in the facts and matters stated in this Proposal, and/or
- I/We authorize the Company to share information pertaining to my proposal for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.
- I/We hereby agree and undertake that I/we are agreeable not to receive the hard copy of the Policy and related documents. Please tick Yes, if You want hard copy. Yes/ No

Date: _____ Signature of the Proposer

Place: _____ Name of the Proposer

Declaration from Person filling the form in case proposer is unable to sign or signs in vernacular:
I hereby certify that the contents of the proposal form and/or any other documents used towards solicitation have been fully explained to the Proposer and that he/ she/they have fully understood the said contents. I hereby confirm that the responses have been recorded to the best of my ability.

Date: _____

Place: _____ Signature (on behalf of the Proposer)

Name & Relationship with Proposer:

INSURANCE ACT 1938 SECTION 41 – 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 fault in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.

Go Digit General Insurance Ltd, A Company incorporated under Indian Companies Act, 2013 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Reg No. 158, Corporate Identification Number L66010PN2016PLC167410, Reg. Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: www.godigit.com