## Reliance General Insurance



## Reliance Fidelity Guarantee Policy Proposal Form for Employees

| FIC      | roposer's Details (To be filled in BLOCK  |           | )       |            |             |            |         |     |          |      |            |     |          |
|----------|---|-----------|---------|------------|-------------|------------|---------|-----|----------|------|------------|-----|----------|
| 1.       | . a) Name of the Proposer   |           |         | 1 1        |             |            | 1 1     |     |          |      |            | 1 1 |          |
|          | Address of the Proposer   |           |         |            |             |            |         |     |          |      |            |     |          |
|          | Flat Building   |           |         |            |             |            | <br>1 1 |     |          |      |            |     |          |
|          | Road/Street/Sector  |           |         |            |             |            | 1 1     |     |          |      |            |     |          |
|          | Area  |           |         |            |             |            |         |     |          |      |            |     |          |
|          | Taluka/Village/District/City  |           |         |            |             |            | <br>1 1 |     | Pin Code |      |            |     |          |
|          | State   |           |         |            |             |            | 1 1     |     | Country  |      |            |     |          |
|          | Phone   |           |         |            |             |            |         | Mob | ile      |      |            |     | <br>     |
|          | Email   |           |         |            |             |            | Fax     |     |          |      |            |     |          |
|          | b) Age  |           |         |            | Natior      | ality      |         |     |          |      |            |     |          |
| 2.       | . Are you Single, Married?  |           |         |            |             |            |         |     | Single   | 🗌 Ma | arried     |     |          |
| 3.       | . If married, state number of your ch   | ldren ∟   |         |            |             |            |         |     |          |      |            |     |          |
| 4.       | . How many persons, in all, are depe  | ndent on  | you?    |            |             |            |         |     |          |      |            |     |          |
| 5.       | . Give name, address and occupation   | of your   | father  | or neare   | st relative | 2          |         |     |          |      |            |     |          |
|          |   |           |         |            |             |            |         |     |          |      |            |     | <br>     |
|          |   |           |         |            |             |            |         |     |          |      |            |     | <br>     |
|          |   |           |         |            |             |            |         |     |          |      |            |     | <br>     |
|          |   |           |         |            |             |            |         |     |          |      |            |     | <br>     |
| 6.       | <ul> <li>Do you own a house?</li> <li>If not do you live in rented house,</li> </ul>  | company   |         | nmodati    | on/with     | relatives? |         |     | Yes      | 🗌 No | )          |     |          |
|          |   | company   |         |            | ,           |            |         |     |          |      |            |     |          |
| 7.       | . Please list addresses where you have  | e been li | ving fo | or the lag | st three v  | ears.      |         |     |          |      |            |     | <br>     |
|          |   |           |         |            | ,           |            |         |     |          |      |            |     |          |
|          | . Flease list addresses where you have  |           |         |            |             |            |         |     |          |      |            |     | <br>     |
|          |   |           |         |            |             |            |         |     |          |      |            |     | <br>     |
|          |   |           |         |            |             |            |         |     |          |      |            |     | <br>     |
| 8.       |   | n this Gu | arantee | e is requ  | ired        |            |         |     |          |      |            |     | <br>     |
| 8.       |   | n this Gu | arantee | e is requ  | ired        |            |         |     |          |      |            |     | <br>     |
| 8.<br>9. | . Nature of duties in respect of whic   |           |         | -          |             | s required |         |     |          |      |            |     | <br>     |
|          | . Nature of duties in respect of whic   |           |         | -          |             |            |         |     |          |      |            |     |          |
|          | . Nature of duties in respect of whic<br>   |           |         | -          |             |            | 1 1     |     |          |      |            |     |          |
|          | <ul> <li>Nature of duties in respect of whic</li> <li>Name, Address and Business of Email</li> <li>Name of the Employer</li> </ul>  |           |         | -          |             |            |         |     |          |      |            |     | <br><br> |
|          | <ul> <li>Nature of duties in respect of whic</li> <li>Name, Address and Business of Em</li> <li>a. Name of the Employer</li> <li>b. Address of the Employer</li> </ul>  |           |         | -          |             |            |         |     |          |      | - I<br>- I |     |          |
|          | <ul> <li>Nature of duties in respect of whic</li> <li>Name, Address and Business of Em</li> <li>a. Name of the Employer</li> <li>b. Address of the Employer</li> <li>Flat Building</li> </ul>                   |           |         | -          |             |            |         |     |          |      |            |     |          |
|          | Nature of duties in respect of whic<br>Name, Address and Business of Em<br>a. Name of the Employer<br>b. Address of the Employer<br>Flat Building<br>Road/Street/Sector   |           |         | -          |             |            |         |     |          |      |            |     |          |
|          | Nature of duties in respect of whic<br>Name, Address and Business of Em<br>a. Name of the Employer<br>b. Address of the Employer<br>Flat Building<br>Road/Street/Sector<br>Area                                 |           |         | -          |             |            |         |     |          |      |            |     |          |
|          | Nature of duties in respect of whic<br>Name, Address and Business of Em<br>a. Name of the Employer<br>b. Address of the Employer<br>Flat Building<br>Road/Street/Sector<br>Area<br>Taluka/Village/District/City |           |         | -          |             |            |         |     | Country  |      |            |     |          |



|  | c. | <b>Business</b> | of | Emp | lover |
|--|----|-----------------|----|-----|-------|
|--|----|-----------------|----|-----|-------|

10. State salary and give full particulars of any other remuneration from the Employment

|  | sons for leaving, in each case. Please note    | ast SEVEN YEARS, giving full names and addresses<br>note that the whole period of SEVEN YEARS mu |                          |  |
|--|--|--|--------------------------|--|
| Do you have any private or business Liabilities?   | ?  | Yes  | No                       |  |
| If so, state the amount  |  |  |                          |  |
| Were you ever bankrupt or insolvent or credi   | t default?                                     | Yes  | No                       |  |
| If so, please state the circumstances which free of all liabilities.   | led to your financial difficulties, the name a | nd address of the Trus   | tee, and whether you are |  |
| Is your life insured?<br>If so, please state for what amount, and who  | ether the policy is in your possession         | Yes  | No                       |  |
| Do you possess any property, are you entitle<br>If so, state generally its nature and whether                      | Yes  | No   |                          |  |
| Have you any source of Income besides the<br>employment for which the Guarantee is requ<br>If so, give particulars | Yes  | No No  |                          |  |
| Are you surety for anyone?<br>If so, give particulars  |  | Yes  | No                       |  |
| Have you ever applied for a Guarantee to this c<br>If yes, with which Company and at what date                     | Yes  | No   |                          |  |
| Give the names of two or more persons (not   |  | or some time and to  | whom reference may be m  |  |
| Name of of Referee (Block Letters)   | Occupation                                     | F  | ull Postal Address       |  |
|  |  |  |                          |  |
|  |  |  |                          |  |
|  |  |  |                          |  |

I hereby declare that in all of my replies on this Proposal Form I have stated the truth without any reservation.

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