



HIMALAYAN GENERAL INSURANCE CO. LTD.

Head Office: Babarmahal, G.P.O. Box 148, Kathmandu, Nepal.

Tel: 4231788, Fax: 4241517, E-mail: ktm@hgi.com.np

Branches: Birgunj - Biratnagar - Pokhara - Durbarmarg - Butwal - Lalitpur
525366 528524 462100 4231581 622315 5009119

QUESTIONNAIRE FOR BANKER'S INDEMNITY INSURANCE

| | | |
|-------|--|-------------|
| 1. a) | Name of the Bank | |
| b) | Address | |
| 2. a) | State the total number of employees | |
| b) | State the total number of branches | |
| 3. a) | Are you at Present insured under a Banker's Indemnity Policy ? If so, Please state the name of the company and the amount and period of insurance. | |
| b) | Have you made a proposal for insurance of this nature to any insurance company ? If so with what result ? | |
| c) | Has any proposal for insurance of this nature been declined by any company in the past ? | |
| d) | Has any Policy been cancelled or renewal thereof refused ? If so give details ? | |
| 4. | Have you ever sustained a loss or losses of money/securities | |
| a | Whilst lying at the premises | |
| b | due to the dishonest act by employees and or/agents | |
| c | misappropriation of Hypothecated goods | |
| d | whilst in transit | |
| e | whilst in postal transit | |
| f | arising out of false valuation by appraiser, if so please give details in respect of the past five years giving data of occurrence, date of discovery, amount of loss and brief particulars. | |
| 5 a) | What is the amount for which cover is required (i.e. basic sum insured) | |
| b) | What additional sum insured , If any, you require in respect of money and /or securities whilst | |
| i | On premises | |
| ii | In transit | |
| | (Please note the cover under (b) is for amount in addition to basic sum insured) | |
| 6. | Period of Insurance | From : To : |

We the undersigned do hereby warrant and declare the truth of all the above statements and that we have not withheld any material information and we agree that this declaration and proposal shall be the basis of the contract as mutually and finally agreed between us and Himalayan General Insurance Co. Ltd.

Date :

Signature :