

## INDEMNITY BOND

(Form - 1)

## For SLI Duplicate Policy

*(To be executed by the Policy Holder in Stamp Paper worth ₹ 500.00)*

THIS BOND OF INDEMNITY made on the ..... day of ..... 20.....  
 (date) (month) (year)  
 by Sri/Smt ..... S/o / D/o / W/o  
 (name of the Policy Holder)  
 Sri/Smt. .... aged ..... years,  
 (name of the Policy Holder's father/mother/husband) (age of the Policy Holder)  
 residing at .....  
 (Permanent address of the Policy Holder)  
 ..... and now working as ..... at  
 (designation of the Policy Holder)  
 .....  
 (official address of the Policy Holder)  
 ..... (hereinafter called the **First Party**) in favour of the Governor of Kerala, represented by  
 the Director, Kerala State Insurance Department (hereinafter called the **Department**)

WHEREAS the First Party is the holder of the State Life Insurance Policy issued by the said Department numbered  
 KSID/LI/..... for an assured sum of ₹ .....  
 (Policy Number as printed in the Policy Certificate/Pass Book) (The amount of Sum Assured)

AND WHEREAS the First Party declares that in spite of extensive searches he/she could not find in his/her  
 possession or custody or at any reasonable place the original Policy Certificate issued by the said Department.

AND WHEREAS the Department has agreed to issue a Duplicate Policy Certificate in case the First Party executes  
 an Indemnity Bond in favour of the said Department; the First Party executes this Bond subject to the condition hereinafter  
 contained.

NOW THE CONDITION of the written Bond is such that when the above said Department issues a duplicate  
 certificate for the above said Policy, the First Party undertakes to indemnify the Department from and against all actions,  
 losses, damages, proceedings, claims, expenses and liabilities whatever by reason of the issue of such Duplicate Certificate.

The First Party further declares that he/she has not pledged or deposited by way of security the original Policy  
 Certificate and that he/she shall deliver the original Certificate to the Department if and when it is found.

**Signature of the First Party***(Signature of the Policy Holder)*

In the presence of witnesses:

1. ....  
*(Name, official address and Signature of the witness)*
2. ....  
*(Name, official address and Signature of the witness)*