

## COMPANY CERTIFICATE



**Star Health and Allied Insurance Co.Ltd.,**

22-Jun-2022

To,

**Ms.VAISHAKHI SUDESH VIRNODKAR,**  
**SHABA0000699372,**  
B/16,  
Dattani Park Building No:2,  
Western Express Highway,  
Mumbai.  
Maharashtra - 400101.  
Mob No:8879907011.

Madam,

### **Sub: Letter of Appointment to act as Health Insurance Agent**

1. We refer to your application in Form 1A requesting for appointment to act as an Insurance Agent of our company and are pleased to appointment you as an Agent of Star Health and Allied Insurance Company Ltd (herein after called as Company) for the purpose of soliciting or procuring health insurance business including business relating to continuance, renewal or revival of policies of insurance. You have been allotted agency code number SHABA0000699372 and attached to our **Branch Office - Kudal (171152)**.
2. Your appointment as Insurance Agent in the Company is subject to the regulations prescribed under Insurance Regulatory and Development Authority of India (Appointment of Insurance Agents) Regulations 2016 (herein after called as Regulations).
3. You shall undergo the required product or such other training from time to time as may be prescribed by the Company.
4. As an Agent of the Company, you will be paid commission on the business procured by you at the rates specified under the Insurance Act or notified by IRDAI (herein after called as Regulator) from time to time. However, the Company reserves the right to vary, alter and change the rates of commission subject to the rules & regulations mentioned above.
5. You are required to achieve a minimum business target of Rs.15,000 premium per year or as would be specified by the Company from time to time.
6. In case of your performance not being satisfactory, the Company reserves the right to take appropriate action including termination of appointment.



*H. Deshmukh*

**Director**  
PTVA's Institute of Management  
Chitraker Kerkar Marg,  
Behind M. L. Dahanukar College,  
Vile Parle (E), Mumbai-400 057.

- a. Violates the provisions of the Insurance Act, 1938 (4 of 1938), Insurance Regulatory and Development Authority Act, 1999(41 of 1999) or rules or regulations, made there under as amended from time to time;
  - b. Attracts any of the conditions for disqualification stipulated under Section 42 (3) of the Act;
  - c. Fails to comply with the code of conduct stipulated under clause 7;
  - d. Violates terms of the appointment;
  - e. Fails to furnish any information relating to your activities as an Agent as required by the Company or the Authority;
  - f. Fails to comply with the directions issued by the Authority;
  - g. furnishes wrong or false information; or conceals or fails to disclose material facts in the application submitted for appointment of Agents or during the period of its validity;
  - h. Does not submit periodical returns as required by the Company/ Authority;
  - i. Does not cooperate with any inspection or enquiry conducted by the Authority;
  - j. Fails to resolve the complaints of policy holders or fails to give a satisfactory reply to the Authority in this behalf;
  - k. Either directly or indirectly involves in embezzlement of premiums/cash collected from policy holders/prospects on behalf of the Company. However these proviso does not permit you to collect cash/premium without specific authorization by the Company.
13. If you wish to surrender your agency with the Company; you shall surrender your appointment letter and identity card to the designated official of the Company. The Company shall issue the cessation certificate within a period of 15 days from the date of resignation or surrender of appointment.
14. You will be issued an identity card by the Company along with the appointment letter.

**For Star Health and Allied Insurance Company Limited.**



**Designated Officer**



**Director**  
PTVA's Institute of Management  
Chitraker Kerkar Marg,  
Behind M. L. Dahanukar College,  
Vile Parle (E), Mumbai-400 057.