

FIDELITY GUARANTEE INSURANCE - EMPLOYER'S PROPOSAL FORM

IMPORTANT NOTICE

Insurance Act 1996, You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

A. DETAILS OF PROPOSER

1. Name of Proposer : _____
2. Address & Telephone No. : _____
_____ Tel : _____
3. Occupation or Profession or Nature of Business (if more than one please state all):

4. Year Established : _____
5. Period of Insurance : From : _____ to _____

B. GENERAL QUESTIONNAIRE

Note : All questions must be answered by the proposer and appropriately marked (/) where applicable.

1. Particulars of person or persons to which this guarantee apply

Name of employee	Age	Position or capacity	Guarantee amount required	Salaries including other remuneration or commission	Years of service	If traveling, state the locations & period of stay at those locations

Note : The maximum liability granted under this cover will be the limit set forth above against each person(s) and in the aggregate

2. Has any person (currently employed) previously work with you before ? Yes No

If Yes, please state particulars & reasons for leaving your employment.

Was guarantee required then ? Yes No

If No, state reasons why guarantee is now required.

3. Has any employee or person holding the same or similar position committed any default ? Yes No

If yes, give full particulars and the amount involved.

4. Are you presently insured or have you ever propose for a similar insurance of this nature ?

Yes No

If yes, please state name of insurer and Policy No.

5. Have you ever sustain a loss of embezzlement, misappropriation or default or made a claim of such nature ? If yes, please state name of insurer and describe circumstances and amount involved.

Yes No

6. State

(a) the largest amount any employee is allowed to retain : _____

(b) how often such amounts are accounted for and by whom checked : _____

(c) how often a bank statement is send to the management : _____

(d) what steps are then taken to check independently that all sums received by employees are accounted for : _____

(e) Are pre-numbered official receipts with counterfoils used as confirmation of the receipt of money: _____

7. Will any of your employees named in the Schedule have any stock under their control ?

Yes No

8. Are your employees authorized to sign cheques ?

Yes No

If Yes

(a) Will they be countersigned any by whom ? _____

(b) If not countersigned, up to what limits may they be authorized to sign? _____

9. Does one person act as both Cashier and Bookkeeper?

Yes No

10. (a) Who are Employer's auditors ? _____

(b) What is the extend and frequency of the audit ? _____

11. Has any Insurer ever :

(a) declined your proposal? Yes No

(b) refused to renew your policy? Yes No

(c) cancelled your policy? Yes No

(d) require any increased rate or impose restrictions or conditions ? Yes No

If any answer above is Yes, please give particulars and reasons.

Note : Ensure that the information in this form is accurate and complete as inaccuracy or non disclosure of the requested information or other material facts could preclude recovery of any claim under the policy.

C. DECLARATION AND SIGNATURE

I/We do hereby declare that :

1. I am/we are authorized to make this proposal.
2. The answers stated in this proposal are true and complete and I have not withheld any information which may influence the acceptance of this application.
3. This application and declaration hereby given shall be the basis of the contract with the Company and I/We will accept the terms, exclusions and conditions which will be set out in the policy to be issued.
4. The liability of the Company does not commence until the application has been accepted.

Proposer's Signature and company stamp :

Date of Signature :

Place of Signature :