



**LONPAC INSURANCE BHD** (307414-T)

## **Fidelity Insurance Proposal Form**

STATEMENT PURSUANT TO SECTION 149 (4) OF THE 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

<b>GENERAL INSURANCE</b>	
1. Name of Proposer	
2. Address	Postcode
3. Trade of Business (Please include full details of all activities)	
4. How long has the business been established ?	Years
5. Have there been any losses (whether insured or not) due to the dishonesty of employees, partners or directors during the last five years ?  If "YES", please provide, on a separate sheet, details of a) Date b) Circumstances c) amount and d) steps taken to prevent recurrence.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has there been any occasion to question the honesty of any present or former employee during the last five years.  If "YES", please give full details.	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____
7. Has any insurer in respect of the risks to which this Proposal relates : a) declined a proposal, refused renewal or cancelled an insurance? b) required an increased premium or imposed special conditions ?  If "YES" to (a) or (b) , please give full details.	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____
8. a) Do you always obtain references directly from former employers for the three years immediately preceding engagement of employees responsible for money, goods or computer operations ?  b) Are the references in writing ?  If the answer is "NO" to (a) or (b), please describe your procedure.	<input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____

9. Please state largest amount any employee is responsible for at any one time.	a) Money _____
	b) Goods _____

SYSTEM OF CHECK	
1. Do you have an internal audit department ?  If "YES" a) to whom does the department manager report ? b) how frequently are all areas of the business audited ?	<div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div> <hr/> <hr/>
2. a) Do external auditors examine your accounts every twelve months ? b) Who are your external auditors ?	<div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div> <hr/> <hr/>
3. Are employees receiving cash and cheques in the course of their duties required to pay in all such monies and/or bank in full on the day of receipt or the next banking day ?	<div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div>
4. Are bank statements, receipts, counterfoils and supporting documents checked (independently of the employees responsible) at least monthly against the cash book entries and is the balance tested with cash and unpresented cheques ?	<div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div>
5. a) Is there a predetermined limit above which manually prepared cheques or other bank instruments are required to have two signatures?  If "YES", what is the limit ?  b) Does one signatory examine the supporting documentation before signing the cheque or instrument ?  c) i) In the case of computer or machine produced cheques is the supporting documentation examined before the requisition is input ?  ii) Is there a predetermined limit above which two signatures are required before the requisition for such a cheque is input ?  If "YES", what is the limit ?	<div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div> <hr/> <div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div> <div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div> <div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div> <hr/>
6. Is cash in hand and petty cash checked independently of the employees responsible at least weekly?	<div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div>
7. Is the wages and salary documentation checked, independently of the employees responsible, before payment are made ?	<div> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div>

[illegible]

SCOPE OF COVER	
1. Do you wish to pay the first part of each claim ?  If "YES", please state amount	<div style="display: flex; justify-content: space-around;"> <div><input type="text"/> YES</div> <div><input type="text"/> NO</div> </div>
2. Which of the following types of cover do you require ?	Please tick only one option and answer the relevant section questions which follow  <div style="display: flex; justify-content: space-between;"> <div>Cover for entire workforce</div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Cover for employees in selected categories of occupations only</div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Cover for named employees only</div> <div><input type="text"/></div> </div>

A) <u>Cover for entire workforce</u>	
i) Staff with direct responsibility for money, stock, accounts or computer operations  ii) Other Staff	<div style="display: flex; justify-content: space-between;"> <div><u>Number of Employees</u></div> <div><u>Estimated Annual Remuneration</u></div> </div>
Limit of Indemnity required	<div style="display: flex; justify-content: space-between;"> <div>Per employee</div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Total for all employees</div> <div><input type="text"/></div> </div>

<u>B) Cover for employees in selected categories of occupations only</u>		
Category	Limit of Indemnity	Number of Employees
a)		
b)		
c)		
d)		
e)		
	Total	
Total Limit of Indemnity required for all employees		

C) Cover for named employees only			
Name of Employee	Duties	Length of Service (Years)	Limit of Indemnity
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Total Limit of Indemnity required for all employees			

## DECLARATION

I/We hereby declare that the above statements are true, that I/We have not suppressed or mis-stated any facts, and that should any of the information given by me/us alter between the date of this Proposal and the inception date of the insurance to which this Proposal relates, I/We will given immediate notice thereof. I/We agree that this Proposal is for Insurance in the normal terms and conditions of this Fidelity Insurance Policy and shall be incorporated into and form the basis of the insurance contract.

**Signature** : \_\_\_\_\_

**Name** : \_\_\_\_\_

**Designation** : \_\_\_\_\_

**Date** : \_\_\_\_\_