

PROPOSAL FOR FIDELITY GUARANTEE INSURANCE

AGENT:	POLICY NO.
---------------	-------------------

FULL NAME

FULL ADDRESS:

TELEPHONE No.

AGENCY.....

AMOUNT OF INDEMNITY REQUIRED

AMOUNT OF AGGREGATE/COLLUSION GUARANTEE.....

PERIOD OF INSURANCE:	From:	To:
-----------------------------	--------------	------------

1. State total number of employees (including all employees of subsidiary and associated companies to be included within the scope of the policy) subdivided as follows

A. Employees having responsibility for money stock and/or other accounts.

(i) Indoor (e.g., executives, managers, cashiers, wages clerks, book-keepers, stock-keepers, site clerks, etc.)

(ii) Outdoor (e.g., commercial travelers, collectors, salesmen, van and lorry drivers, etc.)

B. Employees not having responsibility for money stock and/or accounts.

(i) Office staff

(ii) All other employees (e.g., factory hands, mechanics, etc.)

Total number of Employees_____.

Number of employees in each section_____.

PREMIUM ADJUSTMENT – Within one month of the expiry of each period of insurance the Insurer must be advised of the number of persons employed at that time classified as above and the premium adjusted accordingly.

7. Has any application for Fidelity Insurance ever been made to any other Insurer?

Yes No

If so, state date, name of Insurer and result

8. Give particulars of any losses suffered during the last five years through the dishonesty of your employees and the steps taken to prevent recurrence

9. Are written references obtained for the whole of the preceding three years of employment in Confirmation of the honesty of each employee under class A? (see Question 1)

NO CLAIM WILL BE ADMITTED FOR SUCH EMPLOYEE UNLESS THESE REFERENCES ARE PRODUCED WHEN A LOSS IS ADVISED

NOTE: It is recommended that the Insurer obtains such references on your behalf; for which a small fee is payable.

For details enter "X" here_____

10. (a) Has any employee power to operate on your banking account?

Yes No

(b) Are two signatures required on all cheques?

Yes No

If not, state maximum amount of any one cheque authorized by only one signature.

(c) When cheques are signed, will supporting vouchers be examined independently of Employees preparing cheques?

Yes No

11. (a) Does any employee carry out both of the following duties?

(i) Compile the payroll

(ii) Make wage payments

Yes No

(b) Is the cast of the payroll checked independently to ensure that the amount drawn for wages is correct?

Yes No

12. Are all employees who receive or collect monies, cheques or postal orders, required to bank or remit these to you the same or following day as received or collected?

Yes No

13. (a) How often are statements of account in respect of all sums due issued direct to all Customers independently of employees receiving or collecting the money?

(b) State subsequent procedure to collect outstanding sums
Due

14. Apart from the professional audit, how often are physical checks made of the following Independently of the employees who respectively are responsible:

(a) Employees' receipt book counterfoils or copy receipt against their reported collections or sales?

(b) Cash book entries against bank statements, paying-in book counterfoils and vouchers, and the balance tested with cash and un-presented cheques?

(c) Petty cash account against vouchers, receipts and the cash balance?

(d) Travelers' stock and samples? (State nature and total value)

(e) All other stock against verified stock records?(State nature and total value)

(f) National Insurance cards to ensure that they are stamped up to date and the balance of stamps in hand is correct?

15. Have you an Internal Audit Department?

Yes No

If so, state the maximum period which elapses between the completions of the two audit programs

16. (a) How often and by whom is your professional audit conducted?

(b) State the maximum interval between the closing of your books of account at the end of your financial year and submission of accounts for audit

17. Are the answers given in this proposal form applicable to all addresses from which your business operates?

DECLARATION:

I/WE hereby declare and agree thatThe above particulars and statements are true and that this and any other written statement made by me/us or on my/our behalf for the purpose of the proposed Insurance shall be the basis of and incorporated in the Contract between me/us and the Insurer not only in respect of the Employees included herein but also in respect of any other Employees who may hereafter be included in the said insurance. The conduct and accounts of all the employees to be included in this Insurance have always been satisfactory

NOTE: The terms of this Insurance require the system of check and supervision declared on this proposal form to remain fully operative during the currency of the policy. It is essential, therefore, that any alterations in check and supervision are advised to the Insurer to ensure full protection in the event of loss

Date. _____ Signature of Proponent _____