

## FIDELITY GUARANTEE INSURANCE PROPOSAL

FULL NAME OF PROPOSER .....

ADDRESS .....

OCCUPATION/BUSINESS.....

TELEPHONE NO. .... FAX .....

DATE OF BIRTH .....(DAY) .....(MONTH)

1. Have you satisfied yourself by enquiry that all the employees to be covered are of trustworthy character and of right habits? .....

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2. (a) Have you always been satisfied with the honesty and general conduct of the employees? (a)

(b) have their accounts always been in proper data (b)

(c) Are they so now (c)

3. (a) Are any of the employees in your debt? (a)

(b) If so, to what extent? (b)

4. (a) Have you sustained any losses through the declaration of any employee? (a)

(b) If so, please state to what extent and indicate the method of declaration and steps taken to prevent a recurrence. (b)

5. (a) Has any employee previously been in your employment without security having been obtained' (a)
- (b) If so, why is this insurance now required? (b)
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6. Will any other security be taken for any employee?

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7. (a) Will your accounts be professionally audited and if so, at what intervals (a)
- (b) Who are your present auditors (b)
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8. (a) Are you at present insured or have you ever proposed insurance in respect of fidelity risks? (a) Name of Company
- (b) If so, has any such proposal or renewal ever been (i) (b) (i)  
declined (ii) withdrawn or (iii)  
charged an increased (ii)  
rate or subjected to special restrictions? (iii)
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Please supply as fully and clearly as possible the following information in regard to the system of supervision and the employees duties and responsibilities.

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9. In what way will monies pass through the hands of employees, i.e. by collection, sales or how otherwise?

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10. (a) Will employees be required to give printed receipts from a book with counterfoils? (a)
- (b) If so, how often will the counterfoils be examined and checked? (b)
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11. Please state your method of payment of the following (i.e. by cheque, cash, retention from collections from customers, or how otherwise)
- (a) salaries (a)
- (b) commission (if any) (b)
- (c) travelling expenses (if any) (c)
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|-----|-----|--|-----|
| 12. | (a) | Are any employees to be responsible for bad debts?   | (a) |
|     | (b) | If so, to what extent?   | (b) |
| 13. | (a) | What is the usual credit given by you?   | (a) |
|     | (b) | In what manner do you treat overdue accounts?  | (b) |
| 14. | (a) | How often will you send by post statements of outstanding accounts to all customers with amounts against them in your book?  | (a) |
|     | (b) | Will this be done solely by employees not with direct collection of cash from customers?   | (b) |
| 15. | (a) | will any of the employees have control of securities, goods or stock?<br><br>If so, please state:-   | (a) |
|     | (b) | The nature and value thereof   | (b) |
|     | (c) | At what intervals they will be examined and checked independently of controlling employee  | (c) |
|     | (d) | Whether this examination will be made without controlling employee's foreknowledge   | (d) |
|     | (e) | The data when last examined and found correct  | (e) |
| 16. |     | Will all bank accounts be in the name of the employer?   |     |
| 17. |     | What signatures will be necessary to operate on the bank accounts  |     |
| 18. |     | Where it is necessary to allow an employee to draw cheques for disbursement on his own signature, will a separate bank account be kept which may be replenished from time to time by the employer? |     |

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19. Will any employee have power to overdraw any bank account or to pledge the employer's in any way?

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20. (a) How often will you examine the bank pass book and check the entries against the cash book independently of controlling employee? (a)

(b) Will this examination be made Without controlling employee's Foreknowledge (b)

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21. (a) what supervision will be exercised over petty cash transaction? (a)

(b) How often and by whom will all subsidiary cash books be checked? (b)

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22. (a) If cash payments are made to any employee for wages and/or commission please state if each total withdrawal for such cash payments is checked against the total of such payments (a)

(b) If so, by whom? (b)

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23. (a) Are any employees allowed to make ledger postings? (a)

(b) If so, what method do you employ to ensure that no cash receipts are posted to the ledger unless first posted to the cash book? (a)

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24. What is the precise procedure for the payment of wages?

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25. How often will you require employees to send in statements of cash received and to remit money?

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26. What will be the maximum duration of any journey?

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27. Are any employees allowed to represent other firms?

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Please complete the table below;

Full Name	Length of service	Nature of Duties (Traveller, state area worked, i.e. town country or both)	Largest sum be will hold and for how long	Terms of Remuneration (average amounts)			What if any, Security has been hitherto given?	Amount of Security Required
				Salary	Commis- sion	Allow- ance for travelling Expenses		

**DECLARATION**

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

**Date** .....

**Signature** .....

**Agent/Broker** .....