



*A New Dimension In Insurance*

**FIDELITY GUARANTEE  
PROPOSAL FORM**

Please ensure that all questions are answered fully and accurately

**A General Questions**

1. Name of Proposer in full

2. Address  
P.O. Box \_\_\_\_\_ Post Code \_\_\_\_\_ Town \_\_\_\_\_ Country \_\_\_\_\_  
Tel \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

3. Trade or 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? Yes  No

If "Yes" provide details of a) date, b) circumstances, c) amount and d) steps taken to prevent recurrence

6. Has any insurer in respect of the risks to which the proposal relates

a) Declined a proposal? Yes  No

b) Refused renewal? Yes  No

c) Cancelled an Insurance? Yes  No

d) Required an increased premium or imposed special conditions? Yes  No

If "Yes" to any of the above, please give full details.

7. (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? Yes  No

(b) Are the references in writing? Yes  No

If the answer is "No" to a) or b), please describe your procedure below:-

8. Please state largest amount any employee is responsible for at any one time.  
 b) Goods (Value)

9. Is there any outstanding account or cash balance now due to you by any one or more of the persons named in the schedule? Yes  No

If so, furnish particulars

10. a) Are numbered Receipt forms with counterfoils used and are these made out by a clerk or official other than the one who receives the cash?  
Yes  No

If not, what forms are used?

11. Is any person in your employment authorised to pay any expenses out of money collected? Yes  No

12. Is this guarantee the only security required by you? Yes  No

**B. SYSTEMS OF CHECK**

1. Do you have internal audit department? Yes  No

If "Yes"

- a) To whom does the department manager report?  
b) How frequently are all areas of business audited?

2. a) Do external auditors examine your accounts every twelve months? Yes  No   
b) Who are your external auditors?

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? Yes  No

4. Are bank statements , receipts, counterfoils and supporting documents checked (independently of the employees responsible) at lease monthly against the cash book entries and is the balance tested with cash and unrepresented cheques? Yes  No

5. a) Is there a predetermined limit above which cheques or other bank instruments are required to have two signatures? Yes  No

If "Yes", what is the limit?

b) Does one signatory examine the supporting documentation before signing the cheque or instrument? Yes  No

c) i) In case of computer or machine produced cheques is the supporting documentation examined before the requisition is input? Yes  No

ii) Is there a predetermined limit above which two signatures are required before the requisition for such a cheque is input? Yes  No

If "Yes", what is the limit?

6. Is cash in hand and petty cash checked independently of the employees responsible at least weekly? Yes  No

7. Is the wages and salary documentation checked, independently of the employees responsible before payments are made? Yes  No

8. Is a reconciliation by means of a formal stock-taking process carried out on all stock independently of the employees responsible for such stock? Yes  No

If yes, at what interval?  Months

9. Are different employees, acting independently, responsible for the ordering of stock and materials, the recording of the receipt of such and authorizing the payment of them? Yes  No

10. a) Are statements of account for all amounts due sent to customers by post at least monthly? Yes  No

b) Is it your practice to ensure that employees who receive cash or cheques cannot interfere with the dispatch of statements of accounts and reminders for payment? Yes  No

c) Is action taken at management level if an account becomes three months overdue? Yes  No

11. Are any of your accounting, salary or stock control functions computerized? Yes  No

If "Yes"

a) Are responsibilities for authorization of transactions, processing of transactions and handling of output exercised by different employees? Yes  No

b) i) Do your internal auditors supervise computer security (Please leave blank if you have no internal auditors) Yes  No

ii) Do your external auditors examine your computer security? Yes  No

a) Do you use a computer server? (i.e. not a 'personal computer') Yes  No

If "Yes",

i) Is access to the systems controlled by passcode procedures so that only staff with the appropriate authority can enter? Yes  No

ii) Do procedures exist to ensure that all changes to programmes are authorized at the appropriate level? Yes  No

iii) Is there an adequate system to check that these procedures have been complied with? Yes  No

iv) Is a log kept showing all changes to programmes? Yes  No

C. **Details of Employee covered**

| Specification of Employees to be insured |                  |                          |                                 |                        |
|--|------------------|--------------------------|---------------------------------|------------------------|
| No.                                      | Name of Employee | Position/<br>Designation | Length of<br>Service<br>(Years) | Amount of<br>Guarantee |
|  |                  |                          |                                 |                        |

I/We declare that these statements made by me/us or on my/our behalf are to the best of my/our knowledge and belief true and complete and shall be incorporated in the contract between me/us and the Company. I/We agree to accept a policy in the Company's usual form for this class of insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Signatory: \_\_\_\_\_