



FIDELITY GUARANTEE INSURANCE PROPOSAL FORM

Proposal No..... Agent Code:.....

Please fill this form in block letters and tick the BOXES & YES/NO where appropriate

[Please answer all questions completely. This policy commences only after the proposal is accepted to subject policy to realization of premium]

• **CLIENTS INFORMATION**

Proposer's Name:- _____

Communication (Postal Address):- _____

Contact No (Phone/Mobile No.):- _____

Fax No.:- _____ Email Address:- _____

• **RISK DETAILS**

Please provide details of the employees to be guaranteed in the following format:

Name and Designation	I/Card No.	Since when in service (dd/mm/yy)	Place of employment	Limit per occurrence	Amount to be guaranteed (Sum Insured)	Premium

(attach separate sheet if necessary)

- Period of Insurance from To
- Risk of location to be covered.....

Is there a system to obtain references from previous employers? If not, specify practice followed	Yes	No
Has there been any occasion to question the honesty or conduct of any person proposed for guarantee? If yes please provide steps taken to prevent recurrence?	Yes	No
How often are the employees required to account for money held on behalf the proposed? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly or more		
Is <input type="checkbox"/> there any independent system to <input type="checkbox"/> account for all the sums handled by employees?	Yes	No
Do the employee pay out money or draw cash from employer's account	Yes	No
If yes, are such payment/withdrawals authorized by senior employee and compared with supporting documents?	Yes	No
What is the system followed for operations of bank account? Single Signature		

Multiple Electronic

Signature Transfer

Electronic Signature

How often are the cash-book balance entries checked with vouchers?

Daily

Weekly

Monthly

How often are the bank's passbook entries checked with counterfoil's of receipts books?

Daily

Weekly

Monthly

How often
Daily
Yearly

are your books

of accounts balanced/reconciled?

Monthly

Yes

No

Do you maintain a stock register?

If

yes, what is

Daily

the periodicity

Weekly

of entry in the register?

Monthly

How
done?

Weekly
Yearly

often is

Monthly

physical verification of stocks

Quarterly

Is physical verification of stock done?

Internally

Externally

If stock verification is internal, please provide the level
the following manner:

occupied

by the verifier in

Sr.
Jr.

Management
Management

Middle

Management
Supervisory

level

What is the periodicity of reconciliation of outstanding accounts such as debtors, bill receivable etc.?

Daily
Yearly

Weekly

Monthly

How often do you directly furnish statements of accounts to your customers / suppliers?

Monthly

Quarterly

Yearly

What

is the

Monthly
Annually

frequency

of Audit?

Quarterly

Half-yearly

What is the extend of Audit?

Sample

Detailed

Has any insurance company in respect of cancelled or refused to renew your proposal?

any fidelity

guarantee declined /

If yes, to any of the above, please provide details in a spate sheet.

.....
Details of loss suffered on account of infidelity of any employee during last 3 years and steps taken to prevent recurrence of such loss?.....
.....

DECLARATION

I /we hereby declare that the above statement, answer and particulars made by me/us in this proposal form are true, accurate and complete and I/we declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basic of the contact between me/us and the company.

Signature of the proposer

Date

YOUR INSURER OF CHOICE

Chorten Lam, Post box no.779, Ph.339893/339894, Fax no.339895, Toll Free.201