

PROPOSAL FORM FOR FIDELITY GUARANTEE

AGENCY ACCOUNT NUMBER CLIENT NO

All questions must be answered in full. Please use block letters or tick as appropriate

SECTION 1 - PROPOSER DETAILS

- a. Full Name of Proposer/Business
- b. Contact Details: (tel): (fax):
 (mobile): (web):
 (email):
 (postal): (code): (town/ city):
- c. Proposer Pin Number :

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- d. Profession / Occupation Contact Person
- e. Period of Insurance From : To :

PLEASE ANSWER ALL QUESTIONS :

1. Does the schedule overleaf comprise all employees ? Yes No
 If NO, state reason for exceptions :

2. Is the sum insured requested herein the only security in respect of these employees ? Yes No
 If NO, State details :

The systems of check set out below are the minimum requirements normally acceptable to the insurer. Place a tick in the "YES" box where you carry out the requirements at present or you agree to carry out the required procedure as from the date of commencement of cover. Where your procedure differs from that stated below give details of variations.

Independent checks stated in 4, 5, 8 and 9 must be carried out by a principal or employees senior to the person normally responsible for the statement of account or stock.

3. Employees are required to render a statement of money received and to reconcile accounts for which they are responsible.
- a) Travellers and Collectors AT LEAST WEEKLY Yes No
 b) All other employees AT LEAST MONTHLY Yes No
4. Such statements and accounts are independently checked AT LEAST MONTHLY against money actually received ? Yes No
5. The cash books are independently balanced and reconciled with the Bank statements, Receipt counter foils and Vochers AT LEAST MONTHLY. Yes No
6. All books are balanced and checked by professional auditors AT LEAST ANNUALY Yes No
7. Accounts and reminders are prepared and sent direct to customers independently of staff (including travellers and collectors normally responsible for collection of monies) AT LEAST MONTHLY Yes No

PLEASE ANSWER ALL QUESTIONS :

8. a) Traveller's and Collectors' Stocks are independently checked AT LEAST MONTHLY Yes No
 b) Bar Stewards' stock is independently checked AT LEAST MONTHLY Yes No
 c) Other Stocks are checked AT LEAST ANNUALLY Yes No
 d) Surprise and spot checks on stocks are independently operated AT LEAST SIX times per year at irregular intervals without prior notice to employees being given Yes No
9. National Hospital Insurance Funds cards or other cards .and documents of like nature are checked AT LEAST MONTHLY to ensure that they have been stamped and that money allocated for the purpose of such stamps has been properly used. Yes No
10. In the event of guaranteed employees dealing with wages :
- a) the wages sheet are checked independently of the employees making out the sheets to ensure that fictitious names and inflated amounts are not included. Yes No
- b) the wages cheques are signed and reconciled with the wages sheets by persons not responsible for making out such sheets Yes No
11. In the event of guaranteed employees signing cheques, dual signatures and required where the amount exceeds Sterling Pounds 250 or currency equivalent. Yes No
 N.B If a cheque signing machine is operated a supplementary proposal form mustbe completed.
12. Have there been any defalcations within the last 5 years a) Money ? Yes No
 b) Stock ? Yes No

If YES state how many and give the circumstances and amount of each :

Has your system of check been improved to prevent any recurrence ?

If YES state how

13. Have you ever proposed for Fidelity Guarantee to this or any other Insurer ? Yes No
 If YES state when, to whom and whether accepted or declined or and if accepted at what premium ?

[For a Schedule of Employees for whom Insurance is required - Refer to Page 3](#)

DECLARATION

I/We declare that all the particulars set forth in this proposal together with any supplementary declaration or statement are true and I/We agree that they shall form the basis of the contract between me/us and the Insurer and I/We will immediately advise the insurer of any required change in my / our present system of check and will not alter such system without prior referance to and acceptance by the insurer. I/We further declare that the conduct of all employees has been satisfactory and nothing is known indicating that they are not wholly trustworth.

SIGNATURE OF EMPLOYER : _____ DATE : _____

** This should not be a person to be guaranteed, other than an executive official authorised to sign on behalf of a limited Company and/or the Associated and Subsidiary Companies.*

