



FIDELITY GUARANTEE INSURANCE PROPOSAL FORM
PLEASE COMPLETE IN CAPITAL LETTERS AND TICK WHERE APPROPRIATE

SECTION A: PROPOSER'S DETAILS

Name:

Address:

Occupation:

Period of Insurance: From To.....

SECTION B: (Kindly fill this section if it is an individual cover)

DETAILS OF EMPLOYEE (S) TO BE INSURED

Name	Duties	Year of Employment	Limit Per Occurrence (Dhs.)	Aggregate/ Annual Limit (Dhs.)

Please use additional sheet if space is not sufficient.

(a) Is there a system to obtain references from previous employer?

Yes No

(b) If not, specify practice followed.....

(c) The maximum amount held by any employee at any onetime and for how long

SECTION C: (Kindly fill this section if it is a Floater Cover)

(a) No. of employees to be covered:

(b) Total amount to be insured:

(c) Is there a system to obtain references from previous employer?

Yes No

(d) If not, specify practice followed.....

(e) The maximum amount held by any employee at any onetime and for how long

.....

GENERAL INFORMATION

1. How often are the employees required to account for money?

2. Do employees pay out money or draw cash from proposer's account?

Yes No

3. If yes, are such payments/withdrawal authorized by a senior employee?

Yes No

4. How often is the cash book balanced, the entries checked with vouchers and other Bank's documents?

5. What is the system followed for purchase, authorizing dispatch, ensuring dispatch and recording deliveries of goods?

6. How often and by whom stock verification is done?

7. What is the extent and frequency of audit?

8. Details of losses suffered on account of infidelity of any employee in the last five years.

Name of Employee	Number of Incidents	Loss Amount	Steps taken to prevent recurrence

Please use additional sheet if space is not sufficient.

9. Has any company decline, cancelled, refused or accepted your proposal on special terms and conditions?

Yes No

DECLARATION

I/We to the best interest of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, misrepresented or misstated any material fact. I/We agree that the statements and declaration contained in this proposal shall be the basis of the contract between me/us and the Insurance Company

Name & Signature of Proposer:

Date:

The liability of the United Insurance Company does not commence until this proposal has been accepted by them.