

FIDELITY GUARANTEE – Proposal Form

Statement pursuant to Section 25(5) of the Insurance Act (Cap. 142)(or any subsequent amendments thereof) – You are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Intermediary: _____	Code: _____	Tel No: _____
Email: _____		Fax No: _____

Please write or tick where applicable.

1. The Proposer

Full Name: _____

Mailing Address: _____

Tel: _____ Fax: _____ Email: _____

Nature of Business (Please provide full description.): _____

Business Registration No.: _____ Number of Years in Business: _____

2. Period of Insurance From _____ To _____

3. Named Basis: Particulars of Employees for whom Fidelity Guarantee is required

Full Name	NRIC/ Passport No.	Designation	Amount of Guarantee (S\$)	No. of Years in Service	Annual Salary and Commission (S\$)

4. Unnamed Basis		
Amount of Guarantee Required	S\$ _____	
<p>State total number of employees (including all employees of subsidiary and associated companies to be included within the scope of the policy) subdivided as follows:</p> <p>(a) Employees having responsibility for money, stock and/or accounts:</p> <p style="padding-left: 40px;">(i) Indoor (e.g. executives, managers, cashiers, wages clerks, book-keepers, stock-keepers, site clerks, etc)</p> <p style="padding-left: 40px;">(ii) Outdoor (e.g. commercial travellers, collectors, salesmen, van and lorry drivers, etc)</p> <p>(b) Employees not having responsibility for money, stock and/or accounts:</p> <p style="padding-left: 40px;">(i) Office Staff</p> <p style="padding-left: 40px;">(ii) All other employees (e.g. factory hands, mechanics, etc)</p> <p style="text-align: right;">Total Number of Employees</p> <p>Premium Adjustment: Within one month of the expiry of each period of insurance, a statement will be furnished to the Company of the number of persons employed at that time classified above and the premium adjusted accordingly.</p>	<p>No. of Employees in Each Section</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>=====</p>	
5. Other Information		
a	<p>Is written reference being obtained for the preceding 3 years of employment in confirmation of the honesty of each employee named?</p> <p>If No, please state what enquiries are made as to the honesty of each?</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
b	<p>Are any employees empowered to operate your banking account?</p> <p>If Yes, please state name(s) of employees.</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
c	<p>Are two signatures required on all cheques?</p> <p>If No, please state the maximum amount of any one cheque authorised by only one signature.</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
d	<p>When cheques are signed, will supporting vouchers be examined independently of employees preparing cheques?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
e	<p>Do you have a system to prevent the inclusion of fictitious names in the Pay Roll?</p> <p>If Yes, please state the system that is used.</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

f	<p>Are employees required to account for receipt of monies, cheques or postal orders? If Yes, please state how soon after receipt of monies, cheques or postal orders are they required to account for these.</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
g	<p>Are your employees required to bank collections in full to your credit at once or remit to you forthwith?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
h	<p>Apart from the professional audit, do you conduct physical independent checks of the following (if Yes, state how often)?</p> <p>(a) Employees' receipt book counterfoils or copy receipts against their reported collections or sales.</p> <p>(b) Cash book entries with bank statements, receipt, counterfoils and vouchers.</p> <p>(c) Petty cash against vouchers and receipts, and the capability of the employees to produce the balance tested.</p> <p>(d) Travellers' stock and samples.</p> <p>(e) All other stock.</p> <p>If Yes, please state nature and value.</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <p>_____</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>_____</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>_____</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>_____</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
i	<p>Do you have an Internal Audit Department? If Yes, please state the maximum period which elapses between the completion of two audit programmes</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
j	<p>Do you balance and reconcile your books of accounts? If Yes, please state frequency.</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
k	<p>Are your accounts audited by professional audit firms? If Yes, please state:</p> <p>(i) the name of the audit firm: _____</p> <p>(ii) frequency of the audits conducted: _____</p> <p>(iii) the maximum interval between the closing of your books of accounts at the end of your financial year and the submission of accounts for audit: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
l	<p>Has any insurer ever declined your application for Fidelity Guarantee Insurance or refused to renew your Fidelity Guarantee Policy?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

m	Has your insurance been cancelled solely or in part due to a breach of premium payment warranty in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6. Details of Expiring Insurance

Please provide the following information:

- (a) Insurer: _____ (b) Guarantee Amount (S\$): _____
- (c) Annual Premium (S\$): _____ (d) Excess: _____
- (e) Special Terms and Conditions: _____

- (f) Expiry Date: _____

Premium Payment Warranty: Please note that the total premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days from the inception date of the coverage, failing which the Policy shall be automatically terminated and the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$25.00.

Declaration

WE/I DO HEREBY DECLARE AND WARRANT that the answers/information given above in every respect are true and correct and we/I have not withheld any information likely to affect the acceptance of this Proposal and we/I agree that this Proposal & Declaration shall be the basis of the Contract between the Company and ourselves/myself and we/I further agree to accept the Company's Policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.

_____ Date

_____ Signature of Proposer & Company Stamp

The liability of the Company does not commence until this Proposal has been accepted by the Company.

<u>Underwriter's Quotation</u>	
Class: _____	Insured: _____
Date of Proposal Form: _____	
_____ Quotation Date	_____ Signature
Validity Date: 14 days from quotation date.	
(Underwriter: _____)	