



PROPOSAL FORM - FIDELITY GUARANTEE

1. **Name of Insured:**
2. **Address of Insured:**
3. **Period of Insurance Proposed: From:** _____ **To:** _____
At _____ **o'clock**
4. **Situation of Risk: (if more than one please attach schedule of Locations)**
5. **Occupancy/Business at Situation:**
6. **Number of Employees:**
7. (a) **Name of External Auditors:**
(b) **Do they audit all operations? Yes/No**
If no, attach details of coverage for unaudited operations.
© **Have any recommendations been made about internal systems? Yes/No**
If yes, please attach details of recommendations made and actions taken to implement.
8. **Is there an Internal Audit Department? Yes/No**
If "yes", do they:
 - (a) **Have an established audit cycle for all operations? Yes/No**
 - (b) **Audit all premises on a regular basis? Yes/No**
 - (c) **Audit computer records in storage? Yes/No**

- (d) **Audit all EDP functions?** **Yes/No**
- (e) **Approve all amendments to computer programmes before they are released to users?** **Yes/No**
- (f) **Run a “test deck” to detect changes made without authorisation?** **Yes/No**
- (g) **Carry out regular random and surprise checks on stocks of raw materials, work in progress and finished goods?** **Yes/No**
9. **What procedures are used for recruiting staff and assessing their suitability for positions of trust?**
10. **Are all staff required to take two weeks uninterrupted holiday each year?** **Yes/No**
11. **Are wages/salaries independently checked against personal records?** **Yes/No**
12. **Are duties of employees segregated so that no individual can control any of the following transactions from commencement to completion?**
- (a) **Signing Cheques above Rupees 25,000.00** **Yes/No**
- (b) **Issuing Funds Transfer Instructions** **Yes/No**
- © **Issuing Amendments to Funds Transfer Procedures** **Yes/No**
- (d) **Investment in and custody of securities or other valuables (including blank cheques, travellers cheques, Bills of exchange etc.)** **Yes/No**
- (e) **Authorising Capital Expenditure** **Yes/No**
- If “no” to any of the above, please provide details.
13. **Are monthly statements of account sent to customers independently of employees receiving payment?** **Yes/No**

If no, attach complete details

14. **Is reconciliation of bank statements and client accounts carried out by persons not authorised to deposit/withdraw funds, issue funds transfer instructions or dispatch accounts to clients?** **Yes/No**
15. (a) **Does your computer system offer a dial up facility?** **Yes/No**
- (b) **If so, is this restricted solely to providing information or to providing an electronic mail function?** **Yes/No**
16. (a) **Are passwords used to afford varying levels of entry to the computer system depending on the need and authorisation of the user?** **Yes/No**
- (b) **Are passwords regularly changed when there is any turnover in knowledgeable personnel?** **Yes/No**
- If passwords are not used, describe the alternative method used:**
- (c) **Are all source documents secured to prevent unauthorised modifications or use of data before entering the computer system?** **Yes/No**
- (d) **Is there an error and exception log which is regularly reviewed and which identifies terminals and user identification number?** **Yes/No**
- (e) **Is the use of terminals restricted only to authorised personnel?** **Yes/No**
- (f) **Are unique passwords used to identify each terminal?** **Yes/No**
17. **What is the annual volume of funds transfer instructions given to financial institutions?**
18. (a) **What procedure is used to issue and authorise such instructions?**
- (b) **Are these all on a pre formatted basis?** **Yes/No**
- (c) **Are the banks required to authenticate any instructions before payment?**

- Yes/No**
- (d) Are all instructions confirmed in writing within 24 hours? **Yes/No**
19. Do you issue Credit/Charge cards to employees? **Yes/No**
- If so:
- (a) What is the maximum credit limit?
- (b) Are employees directly responsible to the credit card company for settling monthly statements? **Yes/No**
- (c) When an employee leaves the company is the credit/charge card issuer immediately advised that the card should be cancelled and that the employee is responsible for all outstanding debts? **Yes/No**
20. What is the maximum value of money, securities, precious metals and/or jewellery on premises?
- (a) During Business Hours?
- (b) Outside Business Hours?
21. What is the maximum value of stock held at any one location?
22. What physical protection methods are used to safeguard property? (i.e. locks on doors and windows, security cages, closed circuit television, metal shutters etc.)
23. Is access to all business premises controlled? **Yes/No**
- If no, attach complete details.
24. Are premises occupied outside business hours? **Yes/No**
- If no, attach complete details.
25. Are all premises fitted with alarms which are maintained in proper working order and connected at all times outside business hours? **Yes/No**

Are these connected to:

- (a) Central Station Yes/No
- (b) Police Station Yes/No

26. Have any security surveys been carried out in the last three years whose recommendations have not been taken up?

Yes/No

If yes, what were they and why were they not taken up?

27. Is transfer of money and negotiable securities usually made by armoured vehicle?

Yes/No

If not, please describe transit procedure in full:

28. Loss History:

Please provide brief details of any losses sustained during the past five years before application of any deductible and whether insured or not:

Date Discovered	Location	Nature of Loss	Amount

Please attach full details of the circumstances of any substantial loss and the corrective measures taken to prevent recurrence.

- 29. Has the proposer ever had:**
(a) a proposal for insurance declined or rejected, or special terms imposed by an Insurer?
(b) a claim under an insurance policy rejected?

(If the answer to either question 29(a) or 29(b) is “yes” please provide details on a separate sheet)

- 30. Is there any other information relevant to the acceptance of this proposal which the Insured knows to be material to the Company’s decision to accept the Risk proposed?**

DECLARATION:

I declare that the statements and particulars in this proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied, shall form the basis of any contract of insurance effected thereon. I undertake to inform the insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed for and on behalf of: (Name of Insured)

By: (Name and Position/Title of Proposer)

Date:

Signing this proposal does not bind the proposer to complete this insurance.

PLEASE ENCLOSE WITH THIS PROPOSAL FORM:

The current annual report and accounts (or equivalent) for the proposer.