

PROPOSAL FOR FIDELITY GUARANTEE INSURANCE

AGENT / BROKER / BRANCH

Name	
Code No.	

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate.

GENERAL INFORMATION

1. Full name of Proposer(s) including Trading Name (if any)						
2. Postal Address						
(b) Telephone/Fax Nos./E-mail	Home Telephone		Office Telephone		Mobile	
	E-mail				Fax	
4. Full description of business, trade or occupation						

5. Policy to commence on

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Policy to be renewed on

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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6. How long have you been in business?

<input type="text"/> <input type="text"/>	Years
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7. In respect of any of the covers to which this proposal relates and any business in which you or any of your partners or directors are, or have been engaged:

(a) has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms? Yes No

If "Yes" give details.

(b) Have you suffered any loss within the last 5 years through the dishonesty of employee(s)? Yes No

If "Yes" state the circumstances and the steps taken to prevent a recurrence :

Date of Occurrence	Details of Loss	Amount involved
.....
.....

Steps taken to prevent a recurrence

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The Cover will not include employees remunerated by commission only or mainly by commission unless specifically described and agreed with the company.

8. Please state :-

(a) Categories of persons to be covered :

Category	Nos.	Categories	Nos.
1.		5.	
2.		6.	
3.		7.	
4.		8.	

(IF YOU WISH TO COVER ONLY NAMED EMPLOYEES, PLEASE PROVIDE A SEPARATE SCHEDULE OF NAMES AND DESIGNATIONS TOGETHER WITH THE ANSWERS TO QUESTIONS 8 (b), 8(c), & 8(d)).

(b) Total number of persons employed by you.

(c) Limit of Indemnity required any one occurrence/year Rs.

You will be required to bear the first Rupees five thousand or 10% of any one claim whichever is higher.

(d) If you are willing to bear the first portion of any claim for an amount higher than the compulsory excess of 10% of the claim, please indicate the percentage.

 %

Note:

Name, address and business of all subsidiary companies whose employees are to be included in this insurance should be mentioned in the space provided below.

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	Yes	No
9. (a) Do you have a system of regular maintenance of books of Account ?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Does the Accounting System adopted in your organisation <u>ensure checks are adopted</u> for every monetary transaction, particularly		
(i) Securing accuracy of accounts	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Money received being banked daily	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Employees receiving money on behalf of the Company, rendering accounts to the organisation on a regular periodicity	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Cash book entries being independently and regularly checked against bank statement and corresponding vouchers	<input type="checkbox"/>	<input type="checkbox"/>
(v) All payments being done on proper authorisation by competent authorities.	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Limiting moneys entered to the employees at any one time	<input type="checkbox"/>	<input type="checkbox"/>
(vii) Sending of monthly outstanding statements to all of your clients/suppliers .	<input type="checkbox"/>	<input type="checkbox"/>
(viii) Do you presently have a system of continuous internal Audit ?	<input type="checkbox"/>	<input type="checkbox"/>
(ix) Are all books of account balanced and checked by professional Auditors at least annually ?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above queries is 'No', please give reasons.

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Very Important

YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS WHICH THE INSURER WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT, PLEASE ASK YOUR INSURANCE BROKER OR AGENT OR JANASHAKTHI OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY OR MAY RESULT IN YOUR POLICY NOT OPERATING FULLY.

DECLARATION

I /We declare that the information given in this Proposal is to the best of my/our knowledge and belief correct and complete in every detail, and will be the basis of the contract between me/us and Janashakthi Insurance Co. Ltd.

Day Month Year

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Signature :

FOR OFFICE USE

Rated By		Processed By		Credit Approved By	
Rate Approved By		Authorised By		Authorised Date	