

PROPOSAL FORM FOR FIDELITY GUARANTEE

1	Name of Proposer	
	Address	
2	Trade or Business	
3	Period of Insurance	From: To:

INDOOR OFFICIALS

	a) State the system of dealing with money from the time of receipt until paid into the bank?	
	b) Is all money received banked on the day of receipt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c) i) Is any balance retained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	If so: ii) For what purpose?	
	iii) How often is such balance checked by actual inspection?	
	iv) By whom?	
	d) i) How often money received is paid into the bank?	
	ii) By whom?	

iii) In what way is it checked?

e) Are any of the employees handling cash allowed to?

☐ Make ledger postings

☐ Render account to customers, who are in arrear

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f)

i) How often is the bank statement checked with the cash book?

ii) By whom?

a) Are all disbursements other than petty cash made by crossed cheque?

☐ Yes

☐ No

b)

i) What documents or authority are produced with cheques for signature?

ii) Who has power to sign cheques?

iii) If an employee has such power, is a second signature required on all cheques?

☐ Yes

☐ No

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iv) If not, what is the limit on the amount of cheques bearing only one signature?

SR

c)

i) What authority is required before petty cash payments are made?

ii) What system is employed for recording petty cash?

iii) If the imprest system is used, what is the amount of the float?

SR

a) Are wage and salary sheets prepared independently of the employees who pay the wages and salaries?

☐

Yes

☐

No

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b) What is the method of checking the wage or salary sheets?

c) What is the method of dealing with wages and salaries not paid over?

d) How would the introduction of fictitious names or amounts be detected?

In respect of the following state:

i) How often they will be carried out independently of the employees concerned?

ii) By whom?

a) Cash book balanced and checked against bank statement, receipt counterfoils and vouchers?

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i) How often?

ii) By whom?

b) Petty cash payments checked and employee concerned required producing the balance?

i) How often?

ii) By whom?

c) Insurance cards examined to ensure that they are fully stamped to date and compared with wages and salary sheets?

i) How often?

ii) By whom?

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d) Verification that the amount drawn weekly for Insurance stamps is correct

i) How often?

ii) By whom?

a) What stock records are maintained?

b) State:

i) How often?

ii) By whom a physical check of stock is made?

iii) How misappropriation would be detected?

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OUTDOOR OFFICIALS

a) How is money received recorded?

b)

i) How are such records checked?

ii) How often is this carried out?

9

c) Is all money received:

i) Paid over daily?

☐

Yes

☐

No

ii) Banked for your credit daily?

☐

Yes

☐

No

GENERAL

a)

i) How often are accounts sent
direct to customers by post?

ii) By whom?

b) What steps are taken to verify
accounts reported to be in arrear?

c) (Indoor Officials)

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i) Are counterfoil and numbered
receipt books used?

☐

Yes

☐

No

If so:

ii) How often will the counterfoils
be examined and checked?

ii) By whom?

d) (Outdoor Officials)

i) Are counterfoil and numbered receipt books used?

☐

Yes

☐

No

10

If so:

i) How often will the counterfoils be examined and checked?

ii) By whom?

a) Are your accounts audited by professional Accountants?

☐

Yes

☐

No

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b) If so, how often?

c) Is the audit a full and complete one?

☐

Yes

☐

No

a) Have you experienced any losses through dishonesty of employees during the last ten years?

☐

Yes

☐

No

If so, please give full details, stating:

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i) The amount?

SR

ii) How the defalcations were carried out?

iii) What steps you have taken to prevent a recurrence?

a) Has a proposal for Fidelity Guarantee Insurance in respect of any of your employees previously been made to this or any other Insurance?

☐

Yes

☐

No

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If so, please state:

i) The name of the employee?

ii) The name of the Insurer?

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iii) Whether the proposal was
accepted or declined?

Please read the following declaration very carefully and read the questions and answers, especially if not completed in your own hand, before signing the form.

I/We declare that the above answers are true to the best of my/our knowledge and belief and that I/We have disclosed all particulars affecting the assessment of the risk. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers.

Date: _____

Name: _____

Position: _____

Signature: _____

Stamp: _____