

1 General Information: معلومات عامة

a) Full Name of Proposal اسم طالب التأمين بالكامل

CR No. رقم السجل

Nationality الجنسية

Year Established سنة التأسيس

Activity النشاط

b) Address Locations عنوان الموقع

Building : رقم المبنى	Street : الشارع
Dist : الحي	City : المدينة

P.O.Box صندوق البريد

Postal Code الرمز البريدي

Phone No رقم الهاتف

E-mail ID الايميل

c) Contact Person الشخص المسؤول

Name الاسم

Mobile جوال

Email الايميل

2. a) Period of Insurance:

From:/...../..... **To**/...../.....

b) Aggregate Amount of Guarantee Required :

(in case of a group of employees, please attach the list containing, name, ID number, profession and amount of guarantee required per person)

INDOOR OFFICIALS

3.

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:

Yes/No

c) i. Is any balance retained?

Yes/No

ii. If yes, 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 arrears

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

ii. By whom?

4. 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

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

SR



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Al Tahliya St. Al Deghaither Tower, Office 113 & 114
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JEDDAH

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AL-KHOBAR

Eastern Region, Operations Office
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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?

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

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?**

6. **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?**
i. How often?



ii. By whom?

b) Petty cash payments checked and employee concerned required to produce 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?

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

i. How often?

ii. By whom?

7. a) What stock records are maintained?

b) State:

i. How often?

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



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iii. How misappropriation would be detected?

OUTDOOR OFFICIALS

8.

a) How is money received recorded?

b) i. How are such records checked?

ii. How often is this carried out?

c) Is all money received:

i. Paid over daily?

Yes/No

ii. Banked for your credit daily?

Yes/No

GENERAL

9. a)

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

ii. By whom?



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

c) (Indoor officials)

i. Are counterfoil and numbered receipt books used? Yes/No

If so:

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

iii. By whom?

d) (Outdoor Officials)

i. Are counterfoil and numbered receipt books used? Yes/No

If so:

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

iii. By whom?

10. a) Are your accounts audited by professional accountants?

Yes/No

b) If yes, how often?

c) Is the audit a full and complete one?

Yes/No



11.	a)	Have you experienced any losses through dishonesty of employees during the last ten years?
<u>Yes/No</u>		
If yes, please give full details, stating:		
i. The amount		
ii. How the defalcations were carried out?		
iii. What steps you have taken to prevent a recurrence?		
12.	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
If yes, please state:		
i. Name of the employee:		
ii. Name of the Insurer:		
iii. Whether the proposal was accepted or declined:		

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer’s decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance. It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

Date :

Stamp & Signature of Proposer



قائمة متطلبات وثائق خيانة الأمانة

Pricing Requirements for Fidelity Guarantee

1.	Signed and Stamped Broker of Record (BOR) Letter	خطاب تفويض موقع ومختوم على مطبوعات المنشأة الرسمية بتاريخ حديث.	1.
2.	Copy of the Company Valid Registration (CR)	صورة من السجل التجاري للمنشأة ساري الصلاحية	2.
3.	National Address (WASSAL)	العنوان الوطني	3.
4.	Claim Experience For the Past 5 Years From the Previous Insurance Company(s)	تقرير معدل الخسائر لمدة خمس سنوات ماضية من شركة او شركات التأمين السابقة	4.
5.	Letter From Client showing the Claims Detail in the past 5 years or To Confirm the NIL Losses, In Case The Client Never Hold a Same Coverage Previously.	خطاب من العميل يوضح تفاصيل الخسائر ان وجدت أو تأكيد بعدم وجود خسائر للخمس سنوات السابقة في حال عدم وجود تأمين سابق لنوع التغطية المطلوبة.	5.
6.	FG Proposal Form Filled Duly	تعبئة نموذج طلب التأمين الخاص وثائق خيانة الأمانة حسب الاصول	6.
7.	List of Employees Contains : Name, Nationality, ID/Iqama # , Position, Branch/City , Limit of Indemnity.	قائمة بالموظفين المراد التأمين عليهم تتضمن : الاسم , الجنسية , رقم الهوية /الإقامة , الوظيفة , الفرع او المدينة و مبلغ التأمين لكل موظف.	7.
8.	Copy Form Employees ID/Iqama.	صور من هويات / إقامات الموظفين المطلوب التأمين عليهم.	8.



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