



INSURANCE COMPANY.....

FIDELITY GUARANTEE PROPOSAL FORM

SCHEDULE OF EMPLOYEES FOR WHOM INSURANCE IS REQUIRED

Completed proposal form (employee's statement) required for each employee

Full Name	Nature of Duties	Length of service	In what way does money come into Employee's hands and what is the maximum amount held at any one time	Salary per annum	Sum Insured

DECLARATION I/We declare that all the particulars set forth in this Proposal together with any supplementary declaration or statement are true and I/We agree that they shall form the basis of the contract between me/us and the Insurer and I/We will immediately advise the Insurer of any required change in my/our present system of check and will not alter such system without prior reference to and acceptance by the Insurer. I/We further declare that the conduct of all employees has been satisfactory and nothing is known indicating that they are not wholly trustworthy.

SIGNATURE OF EMPLOYER\*.....DATE.....

\*This should not be a person to be guaranteed, other than an executive official authorized to sign on behalf of a Limited Company and/or the Associated and Subsidiary Companies.

BLOCK LETTERS

FULL NAME OF EMPLOYER \_\_\_\_\_) If associated or subsidiary  
 ADDRESS \_\_\_\_\_) Companies are to be included  
 BUSINESS \_\_\_\_\_) addresses and details of  
 \_\_\_\_\_) Businesses must be supplied.

DATE OF COMMENCEMENT OF COVER \_\_\_\_\_ RENEWAL DATE REQUIRED \_\_\_\_\_  
 TERRITORIAL LIMITS REQUIRED \_\_\_\_\_

IMPORTANT - PLEASE ANSWER EACH QUESTION Please tick appropriate box

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Does the schedule overleaf comprise all employees?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, state reason for exceptions.....   |                          |                          |
| 2. Is the sum insured requested herein the only security in respect of these employees?.....  |                          |                          |
| If NO, State details.....   |                          |                          |
| The systems of check set out below are the minimum requirements normally acceptable to the Insurer. Place a tick in the "YES" box where you carry out the requirements at present or you agree to carry out the required procedure as from the date of commencement of cover. Where your procedure differs from that stated below give details of variations. |                          |                          |
| Independent checks stated in 4,5,8 and 9 must be carried out by a Principal or employees senior to the person normally responsible for the Statement of account or stock.   |                          |                          |
| 3. Employees are required to render a statement of money received and to reconcile accounts for which they are responsible.   |                          |                          |
| (a) Travellers and Collectors AT LEAST WEEKLY .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) All other Employees AT LEAST MONTHLY.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Such statements and accounts are independently checked AT LEAST MONTHLY against money actually received.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The cash books are independently balanced and reconciled with the Bank Statements, Receipt Counter- foils and Vouchers AT LEAST MONTHLY.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. All Books are balanced and checked by professional auditors AT LEAST ANNUALLY...   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Accounts and reminders are prepared and sent direct to customers independently of staff (including travellers and collectors normally responsible for collection of monies, AT LEAST MONTHLY.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. (a) Traveller's and Collectors' Stocks are independently checked AT LEAST MONTHLY..  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Bar Stewards' stock is independently checked AT LEAST MONTHLY.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Other Stocks are checked AT LEAST ANNUALLY.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Surprise and spot checks on stocks are independently operated AT LEAST SIX times per year at irregular intervals without prior notice to employees being given....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. National Hospital Insurance Funds cards or other cards and documents of like nature are checked at least monthly to ensure that they have been stamped and that money allocated for the purpose of such stamps has been properly used.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In the event of guaranteed employees dealing with wages:  |                          |                          |
| (a) the wages sheets are checked independently of the employees making out the sheets to ensure that fictitious names and inflated amounts are not included.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) the wages cheques are signed and reconciled with the wages sheets by persons not responsible or making out such sheets.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. In the event of guaranteed employees signing cheques, dual signatures and required where the amount exceeds £ 250 or currency equivalent.....   | <input type="checkbox"/> | <input type="checkbox"/> |

N.B. If a cheque signing machine is operated a supplementary proposal form must be completed.

12. Have there been any defalcations within the last 5 years of (a) Money.....    
(b) Stock?.....

If YES state how many and give the circumstances and amount of each:

- (a) .....  
(b) .....

Has. your system of check been improved to prevent any recurrence?.....

If YES state how..... ..

13. Have you ever proposed for Fidelity Guarantee to this or any other Insurer?.....

If YES state when, to whom and whether accepted or declined or and if accepted at what premium? .....

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