

MONEY & FIDELITY GUARANTEE CLASS PROPOSAL FORM

Agency _____

1. Full Name _____ PIN NO _____

2. Postal Address _____ Residential Address _____

3. Telephone numbers mobile _____ Office _____ Email _____

Are you a politically exposed? Yes No

4. Trade or Occupation _____ Contact Person If corporate _____

5. What class of cover is required? Money (I) Fidelity Guarantee (II)

6. Kindly fill limits where applicable, **Transit I, Guarantee II**

Transit	Limit Guaran/ Liability
a) Transit Limit _____	a) any one person _____
b) In premises _____	b) Occurrence _____
c) In safe _____	c) Period _____
	d) Est. Ann. Carry _____

7. Please state/provide a list of total number of staff, principal or partners & specific Occupations/ responsibilities and limits

8. Provide brief company write up reflecting procedures & operations, cash & Valuables handling, Authority levels, Signatories, established controls & checks

SECTION I TRANSIT

a) Highlight the security measures undertaken

watchman Alarm physical security (Briefly describe) _____ Others(Briefly describe) _____

(Warranted that alarm system should be maintained in good working condition.)

b) Describe construction of premises: Walls _____ Roof _____

c) Are the Premises left unoccupied at anytime? Yes No If so how long/often _____

d) Is all the money kept in safe? Yes No If not, where is it kept and who is responsible for it _____

What is the maximum amount kept in safe overnight? _____

i) How many times a week is money carried to or from the bank? _____

ii) What is the average amount? _____ Highest amount _____ How often _____

iii) State the name address of Bank(s) from which money is drawn and to which money is conveyed _____

By how many employees _____ How far from premises _____

iv) Do you employ a commercial security company exclusively for the carriage of money? Yes No

If so, please name the carrier and (change must be advised to the company) _____

e) How many persons have fore knowledge of the route and time? _____

SECTION II FIDELITY

1. Has satisfactory reference been obtained on the character and honesty of employees YES NO

2.a) Have you sustained any losses through the defalcation of any employee? YES NO

b) If so please state to what extent and indicate the method of defalcation and steps taken to prevent a recurrence _____

3. What security measures are taken to prevent employee infidelity? _____

4. Will your account be professionally audited YES NO If so at what intervals? _____

5. In what ways will monies pass through the hands of the employees (ie by collection, sales or how otherwise?) _____

6. At what intervals they will be examined and checked? _____

7. The date when last examined and found correct _____

8. Are any of the employees to be responsible for bad debts? _____

a) if so to what extent? _____

b) What is the usual credit given by you? _____

c) In what manner do you treat overdue accounts? _____

9. Will all bank accounts be in the name of the employer? YES NO

10. What signatures will be necessary to operate on the bank account? _____

11. Will any employee have power to to overdraw say bank account or to pledge the employer's credit in any way? YES NO

12. How frequently will you examine the bank pass book and check the entries against the cash book independently of controlling employ _____ Will this examination be made without controlling employees foreknowledge? YES NO

APPLICABLE TO ALL SECTIONS

1. Are you at present or in the past been insured for the risks proposed? YES NO

Name of Company _____ Period of cover _____ Pol. No. _____

2. Has any proposal or renewal been:
Declined? Yes No
Withdrawn? Yes No
Charged an increased rate? Yes No
Required special restrictions? Yes No

Give particulars of all losses over the past three years _____

3. Period of insurance from _____ to _____

I/We declare that to my knowledge that the answers and particulars given in this proposal are true and complete and that I have not held any material information. I have also read and understood that this proposal and declaration shall be the basis of the contract between me and PACIS Insurance Company Limited.

Date of completion of proposal form _____ Proposers signature: _____