

FIDELITY INSURANCE PROPOSAL

Please ensure that all questions are answered fully and accurately

GENERAL QUESTIONS

1. Name of Proposer in full:

.....

2. Address:

.....
.....

3. Trade or Business

(Please include full details of all activities)

.....
.....

4. How long has the business been established?

..... Years

5. Have there been any losses (whether insured or not) due to the dishonesty of employees, partners or directors during the last five years ?

Yes No

If 'Yes', please provide, on a separate sheet, details of a) date, b) circumstances, c) amount and d) steps taken to prevent recurrence

6. Has there been any occasion to question the honesty of any present or former employee during the last five years?

Yes No

If 'Yes', please give full details.

.....

7. Has any insurer in respect of the risks to which the Proposal relates.

a) declined a proposal, refused renewal or cancelled an insurance?

Yes No

b) required an increased premium or imposed special conditions ?

Yes No

If 'Yes' to a) or b), please give full details

.....

8. a) Do you always obtain references directly from former employers for the three years immediately preceding engagement of employees responsible for money, goods or computer operations? Yes No
- b) Are the references in writing? Yes No

If the answer is 'No' to a) or b), please describe your procedure below:-

9. Please state largest amount any employee is responsible for at any one time

a) Money

b) Goods

SYSTEM OF CHECK

1. Do you have an internal audit department? Yes No
 If 'Yes',

a) to whom does the department manager report?
 how frequently are all areas of the business audited?

2. a) Do external auditors examine your accounts every twelve months? Yes No

b) Who are your external auditors?

3. Are employees receiving cash and cheques in the course of their duties required to pay in all such monies and/or bank in full on the day of receipt or the next banking day? Yes No

4. Are bank statements, receipts, counterfoils and supporting documents checked (independently of the employees responsible) at least monthly against the cash book entries and is the balance tested with cash and unrepresented cheques? Yes No

5. a) Is there a predetermined limit above which manually prepared cheques or other bank instruments are required to have two signatures? Yes No

If 'Yes', what is the limit?

b) Does one signatory examine the supporting documentation before signing the cheque or instrument? Yes No

c) i) In the case of computer or machine produced cheques is the supporting documentation examined before the requisition is input? Yes No

ii) Is there a predetermined limit above which two signatures are required before the requisition for such a cheque is input? Yes No

If 'Yes', what is the limit?

6. Is cash in hand and petty cash checked independently of the employees responsible at least weekly? Yes No
7. Is the wages and salary documentation checked, independently of the employees responsible, before payments are made? Yes No
8. Is a reconciliation by means of a formal stock-taking process carried out on all stock independently of the employees responsible for such stock? Yes No

If 'Yes', at what intervals?

9. Are different employees, acting independently, responsible for the ordering of stock and materials, the recording of the receipt of such and authorising the payment of them? Yes No
10. a) Are statements of account for all amounts due sent to customers by post at least monthly? Yes No
- b) Is it your practice to ensure that employees who receive cash or cheques cannot interfere with the despatch of statements of account and reminders for payment? Yes No
- c) Is action taken at management level if an account becomes three months overdue? Yes No
11. Are any of your accounting, salary or stock control functions computerised? Yes No

If 'Yes',

- a) Are responsibilities for authorisation of transactions, processing of transactions and handling of output exercised by different employees? Yes No
- b) i). Do your internal auditors supervise computer security?
 (Please leave blank if you have no internal auditors) Yes No
- ii). Do your external auditors examine your computer security? Yes No
- c) Do you use a "Mainframe" computer? (ie not a "personal computer")
 If 'Yes'
- i). Is access to the systems controlled by passcode procedures so that only staff with the appropriate authority can enter? Yes No
- ii). Do procedures exist to ensure that all changes to programmes are authorised at the appropriate level? Yes No
- iii). Is there an adequate system to check that these procedures have been complied with? Yes No
- iv). Is a log kept showing all changes to programmes? Yes No



SCOPE OF COVER

1. Do you wish to pay the first part of each claim?

Yes No

If 'Yes', please state amount

2. Which of the following types of cover do you require? (please tick only one option and answer the relevant section questions which follow)

A) Cover for entire workforce

B) Cover for employees in selected categories of occupations only.

C) Cover for named employees only.

3. A) Cover for entire workforce:-

Number of Employees

Estimated Annual Remuneration

a). Staff with direct responsibility for money, stock, accounts or computer operations

b). Other staff

Limit of Indemnity required

Per employees	
Total for all employees	

B) Cover for employees in selected categories of occupations only:-

Category	Limit of Indemnity	Number of Employees
a)		
b)		
c)		
d)		
e)		
Totals:-		

Total Limit of Indemnity required for all employees

C) Cover for named employees only:-

Name of Employee	Duties	Length of Service : Years	Limit of Indemnity
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

(Please continue on a separate sheet if more than 10 employees)

Total Limit of Indemnity required for all employees

I/We declare that these statements made by me/us or on my/our behalf are to be best of my/our knowledge and belief true and complete and shall be incorporated in the contract between me/us and the Company. I/We agree to accept a Policy in the Company's usual form for this class of insurance.

Signature:

Date:

Title of Signatory:

Signing this form does not oblige you to complete the insurance.