

Proposal Form

Fidelity Guarantee Insurance

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid)

1. Information given herein will be treated in strict Confidence.
2. Put a (✓) mark wherever applicable.
3. If space is not sufficient in any column, please give details on a separate sheet of paper.
4. Kindly answer all questions completely in order to help us to serve you better.

ITEM 1. NAME OF INSURED:

Principal address or location:

ITEM 2. PERIOD OF INDEMNITY: From 4:00pm on

To 4:00pm on
local time of the Principal Address above as to both of said dates

ITEM 3. LIMIT OF INDEMNITY:

PROPOSAL (please indicate your answer with a tick, where appropriate)

1. The Applicant is a: Corporation ☐ Partnership ☐
Proprietorship ☐ Other ☐

2. The Applicant's predominant business is

3. The Applicant operates as a
Manufacturer or Processor ☐ Retailer or Servicer ☐
Wholesaler or Distributor ☐ Other ☐

4. The Applicant acts as a:
Parent Company ☐ Subsidiary Company ☐
Other ☐

5. a) How frequently are Audits made? All Cash and Accounts / Inventory or Stocks?
Explanation:

b) By whom – Public Accountant or Auditor?
Explanation:

c) Staff Accountant or Internal Auditor
Explanation:

d) Name and address of present outside accounting firm. Date of last Audit.
Explanation:

e) Are all locations audited? Yes ☐ No ☐

if not, please explain

Explanation:

f) Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?

Yes ☐ No ☐ How often?

Explanation:

g) Will countersignature of cheques or drafts be required?

Yes ☐ No ☐ If not, by whom signed?

Explanation:

h) Will securities be subject to joint control by two or more responsible employees?

Yes ☐ No ☐

Explanation:

6. Any losses during the past five years? Yes ☐ No ☐

Description of Loss	Date of Loss Discovered	Amount K	Describe Corrective Measures Taken
.....			
.....			
.....			

7. Prior Fidelity coverage carried

Original effective Date

Form of Policy	Expiration Date	Amount (K)	Name of Insurer
.....			

8. Has any employee dishonesty insurance carried by the applicant been declined or cancelled within the last five years by any insurer?

Yes ☐ No ☐ If answered affirmatively, name insurer.

.....

9. Does applicant have all new employees complete personal applications? Yes ☐ No ☐

10. Is there likely to be a substantial increase in the number of employees or of premises during the premium period by reason of:

a) Seasonal activity or other circumstances peculiar to applicants' business? Yes ☐ No ☐

b) Expansion or merger? Yes ☐ No ☐

11. Does the applicant agree that attached employee classification listing (s) includes all present employees and that the conduct and accounts of such employees have always been satisfactory to the best of its knowledge and belief?

Yes ☐ No ☐

DEFINITION OF EMPLOYEES

"Employees" as used in the Fidelity Policy means all of the natural persons (except directors or trustees of the applicant if a corporation, who are not also officers or employees thereof in some other capacity), while in the regular service of the applicant in the ordinary course of the applicants' business during the Fidelity Policy Period, and whom the applicant compensates by salary, wages or commission, and has the right to govern and direct in the performance of such service, within Papua New Guinea but not to mean broker, factors, commission merchants, consignees, contractors or other agents or representatives of the same general character.

CLASSIFICATION OF EMPLOYEES

This constitutes the Applicants' entire personal as of date of this Application.

CLASS 1

No of Employees

Employees having responsibility for money or negotiable

Instruments and/or accounts

- | | | |
|----|--|-------|
| a) | Executive, Officials and Employees other than those referred to in Class B and C. | |
| b) | Executives, Officials and Employees primarily engaged in duties as Cashiers, Treasurers, Paymasters. Accountants handling money or negotiable instruments. Indoor Sales Staff handling money or negotiable instruments. Stock and store Supervisors. | |
| c) | Employees engaged outdoors handling money or negotiable Instruments. Employees primarily engaged in the delivery of goods. | |

CLASS 2

All other Employees not having responsibility for money or negotiable instruments, stock and/or accounts

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If addition Fidelity Coverage is desired on Employees in certain positions, complete the following:

Name of Employee	Position	Location such Employee	Amount of additional coverage desired by
.....			
.....			
.....			

Signature of Applicant:

Date:

Name:

.....

Title:

IMPORTANT NOTE

- 1. Specimen copy of the Policy Form and other terms applicable to risk is available, on request by the Proposer.*
- 2. Please note that the above is for your general information only. For further details and specific information, please refer to the Policy whose terms and conditions, exceptions, clauses and warranties are applicable to this insurance.*
- 3. The Policy holder shall keep a record of all information including copies of letters supplied to the insurers for the purpose of entering into the contract. A copy of the completed Proposal Form will be supplied to the Proposer on request after its completion*