FIDELITY GUARANTEE INSURANCE PROPOSAL FORM

1) Name of Proposer_____

2) Address_____

3) Nature of Business _____

4) Contact Person _____Telephone No. _____ Fax No. _____

5) Cell No. _____ Email. _____

6) NTN _____ STN _____ CNIC(if individual)_____

7) Period of Insurance From: _____ To: _____

8) No. of employees to be covered _____ Total amount to be insured Rs. _____

9) Details of Employees to be covered:-

Name of Employee	Nature of Duties	Salary per month	Length of Service	CNIC NO.	Amount of Guarantee

10) What are the precautionary or security measures to be held in respect of any of the employees? _____

_____

_____

11) Has there been any occasion to question the honesty or conduct of any persons proposed for guarantee? ☐ yes ☐ no

If yes, please provide information in the following format:

Name of Employee	No of accidents	Claim Amount	Action taken

12) Please provide details of losses, if suffered on account of infidelity of any employee during the last 3 years:

Year of loss	No of accidents	Nature of accidents	Amount of loss (Rs)

13) Have you previously been insuring employees? ☐ yes ☐ no

If yes, (a) State the name of insurer _____

(b) Reasons for leaving the previous insurers?
☐Policy Cancelled ☐Renewal Refused ☐Claim Declined

14) Give brief details of standard operating procedure for prevention and detection of fraud / misappropriation etc.

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15) Brief particulars are required of the Employer's office system as regards Cash, and of the steps taken to prevent and discover defalcations of the employee proposed to be guaranteed.

_____

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DECLARATION

I / We hereby declare that the statements, answers provided by me/us in this proposal form are true to the best of my /our knowledge. I also declare that I have withheld no information material to the insurance.

_____ _____

Date Signature of the Proposer