

**Employer's Details**

- **Employer's Name (in full, BLOCK LETTERS):** .....
- **Address (BLOCK LETTERS):** .....
- **Business:** .....

I/We warrant that all the statements herein are true and that I/we have not withheld or concealed anything affecting the proposed insurance and I/we agree that this proposal shall be the basis of the contract between me/us and Galloways. I/we agree also to accept Galloways' policy applicable to the risk.

**Date:** .....

**Signature of Employer:** .....

**List of Employees to be Guaranteed**

Full Name	Length of Service	Nature of Duties (If a traveller, state area worked i.e. Town, country or both)	Largest sum he will hold and for how long	Terms of Remuneration (Salary / Commission / Allowance for Travelling Expenses)	What, if any, Security has he hitherto given?	Amount Security Required

**Questionnaire**

11. Please state your method of payment of the following (i.e. By cheque, cash, retention from collections from customers, or otherwise):
  - (a) Salaries: .....
  - (b) Commission (if any): .....
  - (c) Travelling expenses (if any): .....
12. (a) Are any employees to be responsible for bad debts?
  - (b) If so, to what extent?
    - (a) ..... (b) .....
13. (a) What is the usual credit given by you?
  - (b) In what manner do you treat overdue accounts?
    - (a) ..... (b) .....
14. (a) How often will you send by post statements of outstanding accounts to ALL customers with amounts against them in your books?
  - (b) Will this be done solely by employees not directly concerned with collection of cash?
    - (a) ..... (b) .....
15. (a) Will any of the employees have control of securities, goods or stock? If so, please state:
  - (b) The nature and extreme value thereof: .....
  - (c) At what intervals they will be examined and checked independently of controlling employee: .....
  - (d) Whether this examination will be made without controlling employee's foreknowledge: .....
16. Will all bank accounts be in the name of the employer? .....
17. What signatures will be necessary to operate on the bank accounts? .....
18. Where it is necessary to allow an employee to draw cheques for disbursement on his own signature, will a separate bank account be kept which may be replenished from time to time by the employer? .....
19. Will any employee have power to overdraw any bank account or to pledge the employer's credit in any way? .....
20. (a) How often will you examine the bank pass book and check the entries against the cash book independently of controlling employee?
  - (b) Will this examination be made without controlling employee's foreknowledge?
    - (a) ..... (b) .....

21. (a) What supervision will be exercised over petty cash transactions?  
(b) How often and by whom will all subsidiary cash books be checked?  
(a) ..... (b) .....

22. (a) If cash payments are made to any employee for wages and/or commission please state if each total withdrawal for such cash payments is checked against the total of such payments.  
(b) If so, by whom?  
(a) ..... (b) .....

23. (a) Are any employees allowed to make ledger postings?  
(b) If so, what method do you employ to ensure that no cash receipts are posted to the ledger unless first posted to the cash book?  
(a) ..... (b) .....

24. (a) In whose control are National Insurance cards?  
(b) Who authorises payment for National Insurance stamps?  
(c) Is payment made by cheque?  
(d) What is the maximum value of stamps purchased at any time?  
(e) Are the stamps affixed to cards by someone other than the person authorising purchase?  
(a) ..... (b) .....

(c) ..... (d) .....

(e) .....

25. What is the precise procedure for the payment of wages? .....

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#### **Outdoor Staff**

26. How often will you require employees to send in statements of cash received and remit money? .....

27. What will be the maximum duration of any journey? .....

28. Are any employees allowed to represent other firms? .....

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#### **Character & Previous Records**

1. Have you satisfied yourself by enquiry that all the employees to be covered are of trustworthy character and of correct habits?  
(N.B. Any references obtained should be forwarded for perusal). .....

2. (a) Have you always been satisfied with their honesty?  
(b) Have their accounts always been in proper order?  
(c) Are they so now?  
(a) ..... (b) ..... (c) .....

3. (a) Are any of the employees in your debt?  
(b) If so, to what extent?  
(a) ..... (b) .....

4. (a) Have you sustained any losses through the defalcations of any employee?  
(b) If so, please state to what extent and indicate the method of defalcation and steps taken to prevent recurrence.  
(a) ..... (b) .....

5. (a) Has any employee previously been in your employment without security having been obtained?  
(b) If so, why is this insurance now required?  
(a) ..... (b) .....

6. Will any other security be taken for any employees? .....

7. (a) Will your accounts be professionally audited and if so, at what intervals?  
(b) Who are your present auditors?  
(a) ..... (b) .....

8. (a) Are you at present insured or have you ever proposed for insurance in respect of fidelity risks?  
(b) If so, has any such proposal or renewal ever been declined, withdrawn, charged an increased rate, or subjected to special restrictions?  
(a) .....  
(b) (i) Declined: .....

(ii) Withdrawn: .....

(iii) Charged increased rate / restrictions: .....

9. In what way will monies pass through the hands of employees, i.e. by collection, sales or otherwise? .....

10. (a) Will employees be required to give printed receipts from a book with counterfoils?

(b) If so, how often will the counterfoils be examined and checked?

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

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**Consent**

I allow you to use the data I have supplied limited for the purpose of processing insurance.

YES       NO