

## PROPOSAL FORM FOR FIDELITY GUARANTEE INSURANCE

### 1. Particulars of Proposer.

- (i) Name of Proposer (In full) \_\_\_\_\_  
Postal Address (ii) P.O. BOX \_\_\_\_\_ TOWN \_\_\_\_\_
- (iii) Tel: \_\_\_\_\_
- (iv) Profession or Occupation \_\_\_\_\_  
(Nature of Business)
- |                                | DAY   | MONTH | YEAR  |
|--------------------------------|-------|-------|-------|
| (v) Period of Insurance. From: | _____ | _____ | _____ |
| To:                            | _____ | _____ | _____ |
- (vi) Personal Identification (PIN) \_\_\_\_\_

### 2. Particulars of Insurance.

- (i) Have you ever been insured for this type of cover before? YES ☐ NO ☐  
If yes please give name of the insurers \_\_\_\_\_
- (ii) Are you currently insured for the type of cover proposed before? YES ☐ NO ☐  
If yes please give name of the insurers \_\_\_\_\_
- (iii) Has any office of Insurance Company or Underwriter ever:
- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| (a) Cancelled your policy?       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) Declined to insure you?      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) Refused to renew your policy | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) Imposed any special terms?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (e) Repudiated any claim?        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If the answer to any of the above questions is yes please give details.

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### 3. Claims Experience.

- (i) Have you ever suffered a loss in connection with the type of Insurance now proposed? YES ☐ NO ☐  
If yes give details of last loss as under.
- (a) Date of loss \_\_\_\_\_
- (b) Amount of loss \_\_\_\_\_
- (c) Cause of loss. \_\_\_\_\_

Name of Insurance Company with  
which the claim was made. \_\_\_\_\_

(d) If you have suffered more than one loss give particulars of each loss.

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#### 4. Important- Please answer each question.

(i) Does the schedule under item No. 7 comprise all employee YES ☐ NO ☐

If no, state reason for exceptions \_\_\_\_\_

(ii) Is the Sum Insured requested herein the only security in respect of these employees? YES ☐ NO ☐

If no, state details \_\_\_\_\_

#### 5. The Systems of check set out below are the minimum requirements normally acceptable to the Insurer.

Place a tick in the "YES" box where you carry out the requirements at present or you agree to carry the required procedure as from the date of commencement of cover. Where your procedure differs from that stated below give details of variations.

(i) Employees are required to render a statement of money received and to reconcile Accounts for which they are responsible.

(a) Travellers and collectors at least weekly YES ☐ NO ☐

(b) All other employees at least monthly YES ☐ NO ☐

If your procedure is different from that stated above, give details.

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(c) Such statements and accounts are YES ☐ NO ☐

Independently checked at least monthly against money actually received.  
If your procedure is different from that stated above, give details

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(ii) All books are balanced and checked by professional auditors at least annually YES ☐ NO ☐

If your procedure is different from that stated above, give details .

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- (iii) Account and reminders are prepared and sent direct to customers independently of staff (including travellers and collectors who are normally responsible for collection of monies, at least monthly

YES ☐ NO ☐

If your procedure is different from the one stated above, give details.

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- (iv) In the event of guaranteed employees dealing with wages:

(a) The wages sheets are checked independently of the employees making out sheets to ensure that fictitious names and inflated amounts are not included.

YES ☐ NO ☐

(b) The wages cheques are signed and reconciled with the wages sheets by persons not responsible for making out such sheets

YES ☐ NO ☐

If your procedure is different from that stated above, give details.

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- (v) In the event of guaranteed employees signing cheques, two or more signatures are required where the amount exceeds Kshs. 5,000.

If procedure is different from the one stated above, give details. YES ☐ NO ☐

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**6. Independent checks stated under must be carried out by a Principal or Employee Senior to the person normally responsible for the statement of account or stock.**

- (i) The cash books are independently balanced and reconciled with the bank statements, receipts, counterfoils and vouchers at least monthly

YES ☐ NO ☐

If your procedure is different from the one stated above, give details

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- (ii) (a) Travellers' and Collectors' stocks are independently checked at least monthly. YES ☐ NO ☐
- (b) Bar Stewards stock is independently checked at least monthly YES ☐ NO ☐
- (c) Other stock are checked at least annually YES ☐ NO ☐
- (d) Surprise and spot check are independently operated at least six times per year at irregular intervals without prior notice. YES ☐ NO ☐

If your procedure is different from that stated above, give details.

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- (iii) National Hospital Insurance Funds cards or other cards and documents of like nature are checked at least monthly to ensure they have been stamped and that money allocated for the purchase of such stamps has been properly used. YES ☐ NO ☐

If your procedure is different from that stated above, give details.

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- (iv) If you have suffered a loss due to defalcations (See Question 3), has your system of check been improved to prevent any recurrence? YES ☐ NO ☐
- If yes state how

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## 7. **Schedule of Employees for whom insurance is required:**

A completed proposal form (employees statement) will be required for each employee.

Full Name of Employee	Nature of Duties	Number of Years in Employers Service	Salary and Commission Per Year	Amount of cover required Any one event	Any one event

I/We declare that all the particulars set fourth in this proposal together with any supplementary declaration or statement are true and I/We agree that they shall form the basis of the contract between Me/Us and the Insurer and I/We will immediately advise the system without prior reference to and acceptance by the Insurer. I/We further declare that the conduct of all employees has been satisfactory and is known indicating that they are not wholly trustworthy.

Name of Authorised Signatory

Date of Proposal \_\_\_\_\_ Signature and stamp of proposer \_\_\_\_\_

- \* This should not be a person to be guaranteed, other than an executive official authorised on behalf of a limited company and/or the associated and subsidiary companies.

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID.**