



FIDELITY GUARANTEE COOPERATIVE APPLICATION FORM

Employer's Full Name: _____
Postal Address: _____
Nature of Business _____
Particulars of Work _____
Tel No.: _____ Fax No.: _____ Mobile: _____
E-Mail: _____
Insurance Required: From: _____ To: _____

Amount of proposed indemnity SR: _____
Aggregate limit of Indemnity SR: _____
(We recommend that you select an amount of indemnity to float over all or any group of employees, though, if required, a specific amount may apply for each employee)

1. a. Name, address and business of all subsidiary companies whose employees are to be included in the insurance should be provided.

Table (i) Please use below table in case the declaration is for selected personnel

S. No.	Employee Name	Designation	Department	Limit of Indemnity

(***Please attach additional sheet if required).

Table (ii) Please use below table in case the declaration is by designation

S. No.	Designation	No. of Persons	Limit of Indemnity

(***Please attach additional sheet if required).

Table (iii) : Please use below table in case all employees are to be insured

S. No.	No. of Employees	Limit of Indemnity

- b. Is the system of check and supervision exercised over the employee(s) of all subsidiary companies identical to

Yes
No

If NO, please give details of any variations:



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2. State the total number of employees (salaried or wage earnings) classified as follows:

a. Employees having direct or indirect responsibility for money, securities, stock and/or accounts:

i. Indoor (e.g. Executives, Managers, Accountants, Cashiers, Clerks, Book-keepers, Computer Programmers, Analysts, Control Duty, Technicians, Stock keepers, Foremen, Security Personnel and the like)

ii. Outdoors (e.g. Travellers, Collectors, Drivers, Messengers and the like)

b. Employees not having responsibility for money, securities, stock and/or accounts:

i. Office Staff, Technicians and the like

ii. All employees engaged in manual Labor (e.g. Mechanics, Factory Hands, Laborers and the like)

3. Please state the estimated total annual salaries and wages paid to all employees to

a. If any defaults have occurred in the last five years, please advise steps taken to improve the prevent recurrence:

- i.

- ii.

- ii.

- iv.

4. Before engaging any Employee (other than school leavers and those not responsible for money, securities, stock and accounts) do you obtain satisfactory written references direct from former Employers covering the preceding 2years employment?

Yes No

If No, please supply details

NB: These references must be presented in the event of claim



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5. Will all money received by an employee be passed to you (or to an employee authorized to receive such money) daily or banked daily?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
6. Will employees be required to submit a statement of Monies received?		
a. Weekly in the case of travelers and collectors	Yes	<input type="checkbox"/> No <input type="checkbox"/>
b. Monthly at least in respect of all other employees	Yes	<input type="checkbox"/> No <input type="checkbox"/>
7. Will statement of accounts and reminders in respect of unpaid accounts be sent directly by post to all Customers independently of Employees in a position to receive payment of an account at least monthly?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
8. Will the cash book entries or the other record of monies received be examined and checked against the bank statement numbered receipt counterfoils, vouchers and supporting documents and any balance in hand, tested independently of the persons making the cash book entries or paying into the bank at least monthly.	Yes	<input type="checkbox"/> No <input type="checkbox"/>
9. Will all petty cash and unpaid wages be independently checked at least monthly?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
10. Will all wages lists be checked independently for fictitious names and inflated amounts?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
11. Will all cheques drawn for amounts in excess of SR. 10,000.- bear two signatures? If not, give particulars of limits on sole cheque signing powers	Yes	<input type="checkbox"/> No <input type="checkbox"/>
12. When cheques are signed will supporting documents be examined independently of employees preparing cheques?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
13. Will all of the following operations be carried out by different employees acting independently?		
a. The ordering of goods and/or materials or the authorizing of sub-contracts or services.	Yes	<input type="checkbox"/> No <input type="checkbox"/>
b. The certificate of the receipt of such goods and/or materials or sub-contract works or services or part thereof	Yes	<input type="checkbox"/> No <input type="checkbox"/>
	Yes	<input type="checkbox"/> No <input type="checkbox"/>



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c. The authorizing of payments for such goods and/ or materials or the completion of the sub- contract Works or services or part thereof		
14.		
a. Will all stocks be independently and physically checked at least annually	Yes	<input type="checkbox"/> No <input type="checkbox"/>
b. Apart from the annual stock-taking, will an independent and physical stock check be carried out at least quarterly of:	Yes	<input type="checkbox"/> No <input type="checkbox"/>
i. Selected items of stock?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
ii. Non-ferrous metals?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
iii. Precious metals and stones or articles composed of any of them	Yes	<input type="checkbox"/> No <input type="checkbox"/>
iv. Complete goods?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
v. Returned goods?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
vi. Scrap?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
vii. Samples?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
viii. Securities?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
15. Do you use a computer? (If the answer is "YES" and you require an indemnity of SR 100,000 or more further information will be required)	Yes	<input type="checkbox"/> No <input type="checkbox"/>
<hr/> <hr/> <hr/>		
16. Are employees supplied with credit sales?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
If "YES" details fo restrictions imposed		
<hr/> <hr/> <hr/>		
17. Do you have a finance department involved in investment of monies?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
18. Have you ever sustained any loss by employee theft? If so, give details.	Yes	<input type="checkbox"/> No <input type="checkbox"/>
<hr/> <hr/> <hr/>		



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19. Give particulars of any other policies currently in force with any company covering employee theft	<input type="text"/>
20. Please give details of previous employee theft insurers in the last five years	<input type="text"/>
21. Have you, your Directors, Partners or family members involved with the business ever has a proposal for insurance of any kind or renewal of policy declined, or policy cancelled? If so, give particulars.	Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/> <hr/>
22. Have you ever had any special terms or conditions imposed (e.g. change in premium or, increased deductibles or, coverage restrictions or additional warranties etc.). If yes, please provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/> <hr/> <hr/>
23. Have you, your Directors, Partners or family members involved with the business ever been convicted or charged (but not yet tried) with any criminal offenses or charges? If yes, please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/> <hr/> <hr/>
24. Are there any other Material facts to disclose? (Material facts: Information which would influence the mind of the prudent Underwriter in deciding whether to accept a risk and what terms to apply)	Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/> <hr/>

Note: If you need extra space to complete your answers to any question, please attach a separate sheet or continue comments on reverse sides of Application form.



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DECLARATION:

I/We hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true and correct and that no material fact has been withheld, misstated or misrepresented.

Submitting this form does not bind you to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of Proposer &
Company Stamp: _____

Date: _____

Signature of proposer &
Company Stamp: _____

Date: _____