



# INSURANCE COMPANY JAMAICA LIMITED

## FIDELITY GUARANTEE INSURANCE PROPOSAL FORM

Policy Form & Endorsements (For office Use only)		Policy No.
		Broker
PERIOD OF INSURANCE		RENEWAL DATE
FROM	20	TO
		20
1 <sup>ST</sup> PREMIUM		ANNUAL PREMIUM: \$
\$		

Please complete using BLOCK LETTERS

Full name of Employer	
Address	

Business or Profession (Please state whether wholesale or retailer where applicable.)	
1. Are written references obtained for the whole of the preceding three years of employment in confirmation of the honesty of each new employee? <b>NO CLAIM WILL BE ADMITTED FOR SUCH EMPLOYEE UNLESS THESE REFERENCES ARE PRODUCED WHEN A LOSS IS ADVISED</b>	
2. Has any application for Fidelity Insurance ever been made to any other insurer? If so, state date, name of Insurer and result	
3. Give Particulars of any losses suffered during the last five years through dishonesty of your employees and steps taken to prevent recurrence.	
4. (a) Has any employee power to operate on your banking account.	(a)
(b) Are two signatures required on all cheques?	(b)
(c) When cheques are signed, will supporting vouchers be examined independently of employees preparing cheques.	(c)
5. (a) Does any employee carry out both of the following duties? (i) Compile the payroll (ii) Make wage payments	(a)
(b) Is the payroll checked independently to ensure that the amount drawn for wages is correct?	(b)
6. Are all employees who receive monies, cheques or postal orders, required to bank or remit these to you the same or following day as received or collected?	
7. (a) How often are statements of account in respect of all sums due issued direct to all customers independently of employees receiving or collected?	(a)
(b) State subsequent procedure to collect outstanding sums due	(b)

<p>8. Apart from the professional audit, how often are physical checks made of the following independently of the employees who are respectively responsible:</p> <p>(a) Employee's receipt book counterfoils or copy receipts against their reported collections or sales?</p> <p>(b) Cash book entries against bank statements, paying in book counter foils and vouchers, and the balance tested with cash and unrepresented cheques?</p> <p>(c) Petty cash account against vouchers, receipts, and the cash balance?</p> <p>(d) Travellers' stock and samples (State nature and total value)</p> <p>(e) All other stock against verified stock records? (State Nature and total value)</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p>
<p>9. (a) What Checks are in place to ensure that all goods entering or leaving the premises are properly accounted for?</p> <p>(b) How often are these checks made?</p>	<p>(a)</p> <p>(b)</p>
<p>10. (a) Have you an internal audit department?</p> <p>(b) If so, state the maximum period, which lapses between the completion of two audit programmes?</p>	<p>(a)</p> <p>(b)</p>
<p>12. (a) How often and by whom is your professional audit conducted?</p> <p>(b) State the maximum interval between closing the books of account at the end of your financial year and submission of accounts for audit?</p> <p>(c) When were you last audited accounts received and for what period where they applicable?</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>
<p><b>DECLARATION</b></p> <p>I/We hereby declare that:</p> <ol style="list-style-type: none"> <li>The above particulars and statements are true and that this and any other written statement made by me/us on or my/our behalf for the purpose of the proposed insurance shall be the basis of and incorporated in the contract between me/us and the Insurer not only in respect or the employees included herein but also in respect of any other Employees who may hereafter be included in the same insurance.</li> <li>The conduct and accounts of all the employees to be included in this insurance have always been satisfactory.</li> </ol> <p>Note: The terms of this insurance require the system of check and supervision declared on this proposal form to remain fully operative during the currency of this policy. It is essential, therefore, that any alterations in check and supervision are advised to the insurer to ensure full protection in the event of a loss.</p> <p>Date _____ Signature of Employer _____</p>	