



INSURANCE COMPANY (JAMAICA) LIMITED

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FIDELITY GUARANTEE INSURANCE PROPOSAL FORM

Please complete using BLOCK LETTERS

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|---|--|--|----|------------|-------------------|--------------|--|
| Policy Form & Endorsements (For Office Use Only) | | | | Policy No. | | | |
| PERIOD OF INSURANCE | | | | Broker | | | |
| FROM | | | TO | | | RENEWAL DATE | |
| 1st PREMIUM \$ | | | | | ANNUAL PREMIUM \$ | | |

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| Full name of Employer | | | |
| Address | | | |

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| Business or Profession (Please state whether wholesale or retail where applicable) | | | |
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| 1. Are written references obtained for the whole of the preceding three years of employment in confirmation of the honesty of each new employee ? NO CLAIM WILL BE ADMITTED FOR SUCH EMPLOYEE UNLESS THESE REFERENCES ARE PRODUCED WHEN A LOSS IS ADVISED | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has any application for Fidelity Insurance ever been made to any other Insurer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| If so, state date, name of Insurer and result | | | |
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| 3. Give Particulars of any losses suffered during the last five years through dishonesty of your employees and steps taken to prevent recurrence. | | | |
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| 4. (a) Has any employee power to operate on your banking account? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Are two signatures required on all cheques? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) When cheques are signed, will the supporting vouchers be examined independently of employees preparing cheques? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. (a) Does any employee carry out both of the following duties? (i) Compile the payroll (ii) Make wage payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Is the payroll checked independently to ensure that the amount drawn for wages is correct? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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 receiving or collected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| 7. (a) How often are statements of account in respect of all sums due issued direct to all customers independently of employees receiving or collecting? | | | |
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| (b) State subsequent procedure to collect outstanding sums due | | | |
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| 8. Apart from the professional audit, how often are physical checks made of the following independently of the employees who are respectively responsible: | | | |
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| (a) Employee's receipt book counterfoils or copy receipts against their reported collections or sales? | | | |
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| (b) Cash book entries against bank statements, paying in book counterfoils and vouchers, and the balance tested with cash and unrepresented cheques? | | | |
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| (c) Petty cash account against vouchers, receipts, and the cash balance? | | | |
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| (d) Travellers' stock and samples (State nature and total value)? | | | |
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| (e) All other stock against verified stock records? (State nature and total value) | | | |
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| 9. (a) What checks are in place to ensure that all goods entering or leaving the premises are properly accounted for? | | | |
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| (b) How often are these checks made? | | | |
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| 10. (a) Have you an internal audit department? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
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| (b) If so, state the maximum period which lapses between completion of two audit programmes? | | | |
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| 11. (a) How often and by whom is your professional audit conducted? | |
| (b) State the maximum interval between closing the books of accounts at the end of your financial year and submission of accounts for audit? | |
| (c) When were your last audited accounts received and for what period were they applicable? | |

DECLARATION

I/We hereby declare that:

1. The above particulars and statements are true and that this and any other written statement made by me/us or on 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.
2. The conduct and accounts of all the employees to be included in this insurance have always been satisfactory.

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 be advised to the insurer to ensure full protection in the event of a loss. General Accident has provided the insured with written notice of the Average Clause.

Signature of Insured

Date