

FIDELITY GUARANTEE PROPOSAL FORM

A. GENERAL QUESTIONS

1. Name of Proposer in full (in capital letters)

2. Postal Address Postal Code Town Country

Tel Mobile

Email Address

3. Trade or Business (Please include full details of all activities)

4. How long has the business been established? Years

5. Have there been any losses (whether insured or not) due to the dishonesty of employees, partners or directors during the last five years? Yes ☐ No ☐

Yes If "Yes" provide details of a) date, b) circumstances, c) amount and d) steps taken to prevent recurrence

6. Has any insurer in respect of the risks to which the proposal relates

(a) Declined a proposal? ☐ Yes ☐ No

(b) Refused renewal? ☐ Yes ☐ No

(c) Cancelled an Insurance? ☐ Yes ☐ No

(d) Required an increased premium or imposed special conditions? ☐ Yes ☐ No

If "Yes" to any of the above, please give full details.

7. (a) Do you always obtain references directly from former employers for the three years immediately preceding engagement of employees responsible for money, goods or computer operations? ☐ Yes ☐ No

(b) Are the references in writing? ☐ Yes ☐ No

If the answer is "No" to a) or b), please describe your procedure below:

8 (a) From what source will money reach the employees hands?

(b) What is the largest amount any one employee is likely to have at any time?

(i) cash

(ii) Goods/stock

9. (a) Are numbered Receipt forms with counterfoils used and are these made out by a clerk or official other than the one who receives the cash? ☐ Yes ☐ No If not, what forms are used?

10. Is any person in your employment authorised to pay any expenses out of money collected? ☐ Yes ☐ No

B. SYSTEMS OF CHECK

1. Do you have internal audit department? ☐ Yes ☐ No

If "Yes": (a) To whom does the department manager report?

(b) How frequently are all areas of business audited?

2. (a) Do external auditors examine your accounts every twelve months? ☐ Yes ☐ No

(b) Who are your external auditors?

3. At what intervals will you require employees to:

(i) submit a statement of cash received

(ii) Pay the money to you or the bank

(iii) produce any floating balance in hand?

(iv) Will they be required to give printed receipts from a book with the counterfoils or carbon copies?

if so at what intervals will the counterfoils or carbon copies be independently examined and checked?

(v) If any money is paid straight into a bank what system do you have to ensure:

(a) That this has been done in time?

(b) That all moneys required to be banked have actually been banked?

(vi) If for any reason money is not banked when it should be in whose custody will it be in until the next banking?

(vii) What security arrangements do you have for taking money to the bank?

(viii) How many of your employees are involved in banking and what system of check do you have to ensure they do not collude in a default?

4. At what intervals will statements of account be sent directly by post to all customers, independently of employees in a position to receive payment of an account?

5 (a) Will all wages lists including those of casuals or periodic employees be prepared or checked in every detail independently of employees who handle wages?

(b) What precautions will be taken regarding unpaid wages until actual payment?

6. (a) If any employee will have securities, stock or samples under their control, please state extreme values

(b) At what intervals will such securities, stock or samples be independently examined and checked?

(c) Has any employee past or present been detected in any defalcation?

If so state the amount involved, give the particulars of the manner in which default was carried out and the steps taken to prevent a recurrence.

(d) Are any payments for stocks etc. made by cheque?

If so what system do you have to ensure that such cheques are authentic?

7. For indoor employees only:

(a) At what intervals will cash Book entries be examined and checked independently of the person responsible for making the cash Book entries or paying into the bank against the Bank statement, receipt counterfoils and vouchers, and any balance in hand tested?

(b) At what interval will the petty cash book be checked independently of the persons responsible for the petty cash accounts against vouchers and actual cash in hand examined?

(c) Who are authorized to draw on your Banking Account?

What limitation of amount per cheque is applied before dual signatures are required?

(d) At what intervals will the National Hospital Insurance Fund cards and stamps be checked for purchasing or affixing the stamps?

(e) At what intervals will you balance your books?

8. What defaults have occurred during the past five years?

9. Are any of your accounting, salary or stock control functions computerized?

☐ Yes

☐ No

If "Yes"

(a) Are responsibilities for authorization of transactions, processing of transactions and handling of output exercised by different employees?

☐ Yes

☐ No

(b)

(i) Do your internal auditors supervise computer security (Please leave blank if you have no internal auditors) ☐ Yes

☐ No

(ii) Do your external auditors examine your computer security?

☐ Yes

☐ No

10. (a) Do you use a computer server? (I.e. not a 'personal computer')

☐ Yes

☐ No

If "Yes",

(i) Is access to the systems controlled by passcode procedures so that only staff with the appropriate authority can enter?

☐ Yes

☐ No

(ii) Do procedures exist to ensure that all changes to programmes are authorized at the appropriate level?

☐ Yes

☐ No

(iii) Is there an adequate system to check that these Procedures have been complied with?

☐ Yes

☐ No

(iv) Is a log kept showing all changes to programmes?

☐ Yes

☐ No

(b) Details of Employee covered- (Please fill the form below)

No	Name of employee	Position/Designation	Length of service(years)	Amount of guarantee(Ksh.)

DECLARATION

I/We declare that above statements made by me/us or on my/our behalf are to the best of my/our knowledge and belief true and complete and shall be incorporated in the contract between me/us and the Company. I/We agree to accept a policy in the Company's usual form for this class of insurance.

I/we consent that the data provided can be shared with third parties outside our jurisdiction for the purpose of provision and processing of the insurance.

Signature:

Date:

Title of Signatory:

THE GUARANTEE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY

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Regulated by the Insurance Regulatory Authority

