

**COMMERCIAL FIDELITY GUARANTEE INSURANCE PROPOSAL FORM**

1. **NAME OF PROPOSER** \_\_\_\_\_
2. **PHYSICAL ADDRESS** \_\_\_\_\_
3. **NATURE OF BUSINESS** \_\_\_\_\_

4. **STATE THE TOTAL NUMBER OF EMPLOYEES AND BREAK THEM DOWN INTO THE FOLLOWING CATEGORIES**  
*(If employees fall into more than one category they should be included once only)*

<b>CATEGORY</b>	<b>NUMBER</b>	<b>CATEGORY</b>	<b>NUMBER</b>
Executive management		<b>Security personnel</b>	
Management		Your own	
Accounts/Financial (with access to money/ securities)		Others	
Stock and Warehousing		Blue collar workers	
Purchasing and sales		Technical (engineers etc)	
General Administration		Others (specify)	

**TOTAL NUMBER OF EMPLOYEES** \_\_\_\_\_ **(ALL EMPLOYEES ARE TO BE INCLUDED)**

5. **HAVE ANY EMPLOYEES INCLUDING DIRECTORS BEEN IMPLICATED FOR THEFT AND/OR FRAUD IN THE PAST 3 YEARS?** \_\_\_\_\_
6. **LIMIT OF INDEMNITY (SUM INSURED)** \_\_\_\_\_

We declare that the statements and particulars in this proposal are true and that we have not misstated or suppressed any material facts. We agree that this proposal together with any other information supplied by us shall form the basis of any contract of insurance effected thereon and shall be incorporated therein. We also declare that no other policy is in force, or will be effected during the currency of the policy now proposed other than a Money Policy or the policy declared under 2.1 of this proposal.

We undertake to inform the Company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.

Signing this proposal form does not bind the proposer to complete this insurance, nor does it bind the company to accept the proposal.

**SIGNATURE OF PROPOSER** \_\_\_\_\_

**DESIGNATION** \_\_\_\_\_

**DATE** \_\_\_\_\_