# PROPOSAL FORM FOR FIDELITY GURANTEE INSURANCE

*(To be completed by the Employer)*

Liability of Solarelle Insurance Pvt Ltd does not commence until the Proposal is accepted and cover confirmed in writing.

1. a) Name of Employer (Proposer) (in Block Letters) :

   b) Address :

   c) Business :

   d) Telephone No :

2. a) Name of Employee to be guaranteed :

   b) Employee's Private Address :

   c) Amount of Insurance required :

3. a) In what capacity will the employees be employed :

   b) Date of appointment :

   c) Is the post pensionable or with Provident fund :

   d) Has the Proposer satisfied himself that he is fit normally and otherwise for the situation :

   e) Has the Applicant furnished a Cash Security? It so, state amount :

**MONEY**

4. a) Does the employee handle cash :

   b) Is the employee authorized to make payment out of the Cash in his hand? If so, up to what limit? :

   c) Will the employee deposit money in or withdraw money from the Bank :



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d) How often will the Bank balance be independently checked and by whom? :

e) Will any blank cheques signed or otherwise be left in the Custody of the employee? :

f) Will the employee be allowed to retain any balance in hand? If so, the amount? How often are such balances checked physically (including Petty Cash) and by whom? :

g) Will the cash book be balanced daily? Entries checked with Vouchers and Bank Pass book and with Counterfoils of Receipts Books and by whom? :

h) What other checks are there to discover any irregularities (Such as a Continuous Internal Audit). :

**STOCKS**

5. a) Will any stock be under his Control? If so, what will be its maximum value And nature of stock? :

b) How often will such stock be checked (physically) with stock record? And by whom? :

c) How often will statements of account be furnished by the proposer direct to customers and do they return these certifying the debit and credit balance :

d) Will the sums appearing in the books as owing to you be checked with these certificates at each balancing time? If so, by whom? :

6. Will any deductions be made by the Proposer from the employees remuneration towards bad debts? :

7. a) Is the employee at present indebted to the Proposer or Proposer's knowledge, is he



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indebted to any other person or firm? :

b) What will be the amount of the employee's remuneration and how often payable? :

**PREVIOUS EMPLOYMENT**

8. a) Was he reported honest and trustworthy by his previous employers? :

b) What positions has he previously held? :

c) Is the Proposer satisfied with his honesty and integrity?

9. Is the Proposer aware of any other fact material to the risk proposed? :

**CLAIMS**

10. a) Has the Proposer ever sustained any loss arising out of any act of fraud or dishonesty committed by any employee? If so, give particulars. :

b) What steps are being taken to prevent a repetition of the method of fraud then used? :

c) Has the Proposer ever made any claim under any Fidelity Guarantee Policy? If so, please give details. :

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| Date of Discovery | Details of Loss | Name of Insurer | Amount Recovered |
|---|---|---|---|
| | | | |

11. Has any Office / or Insurer in respect of any fidelity Guarantee Cover :



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a) Declined a proposal from the Proposer, or :

b) Cancelled or declined to renew any policy, or :

c) Demanded an increased rate, or :

d) Required special terms to insure or grant any renewal? :

if the answer to any of the above questions is "yes" give details below :

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**Politically Exposed Person (PEP) Declaration**

Are you, or any beneficial owner, director, authorised signatory, or person acting on behalf of the proposer, a Politically Exposed Person (PEP), or a close associate or immediate family member of a PEP?

☐ Yes ☐ No

If "Yes", please provide full details: _____

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**Declaration**

I/We hereby declare and warrant that the statements and particulars given in this Proposal Form are true, complete, and accurate to the best of my/our knowledge and belief, and that no material facts have been withheld or misrepresented.

I/We understand and agree that this Proposal Form, together with any supplementary information provided, shall form the basis of and be incorporated into the contract of insurance between myself/ourselves and the Insurer.

I/We further undertake to notify the Insurer immediately of any material alteration to the information provided before the commencement of the insurance or during the currency of the policy.

I/We acknowledge that any non-disclosure, misrepresentation, or fraudulent statement may render the policy voidable and may result in denial of claims.

I/We consent to the Insurer collecting, obtaining, verifying, and sharing relevant information and documents from or with reinsurers, loss adjusters, brokers, regulatory authorities, other insurers, or any other relevant parties for underwriting, risk assessment, claims handling, fraud prevention, recovery proceedings, and policy administration purposes.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer Company Stamp:



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