

## FIDELITY GUARANTEE PROPOSAL FORM

Please answer every applicable question and attach supporting documents

### HOW TO COMPLETE THIS FORM

1. Complete the form in BLOCK LETTERS.
2. Answer every question fully. Where a question does not apply, enter N/A.
3. Attach supplementary sheets where more space is required and identify the relevant question.
4. Tick the appropriate option wherever applicable.
5. Contact the Company's office or your agent for clarification where required.

Information supplied will be treated in strict confidence. 'You' and 'Your' refer to the proposer.

Period of insurance - From

To

### PROPOSER INFORMATION

Name of proposer (in full)

Physical address

Postal address

Telephone / mobile number

Email address

### RISK DETAILS

Occupation / business

Locations of risks to be covered

How long has the business operated?

Current number of employees

Do you vet prospective employees for trustworthiness before employment?

☐ Yes

☐ No

If No, provide details.

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### EMPLOYEES TO BE GUARANTEED

| Position / name | Designation | Length of service | Per event per person (UGX) | Per year (UGX) |
|-----------------|-------------|-------------------|----------------------------|----------------|
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Maximum aggregate liability during one period of insurance (UGX)

### FINANCIAL CONTROLS

What independent systems check that all employee transactions are accounted for?

How often are the account books audited?

How often is internal audit carried out?



Do you have an internal audit function?

☐ Yes

☐ No

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### INSURANCE AND LOSS HISTORY

Have you been insured before?

☐ Yes

☐ No

If Yes, give the insurer's name.

Are you currently insured for this type of cover?

☐ Yes

☐ No

If Yes, give the insurer's name.

### INSURER / UNDERWRITER DECISIONS

Has an insurer ever cancelled your policy?

☐ Yes

☐ No

Has an insurer ever declined to insure you?

☐ Yes

☐ No

Has an insurer ever refused to renew your policy?

☐ Yes

☐ No

Has an insurer ever imposed special terms or an increased premium?

☐ Yes

☐ No

Has an insurer ever repudiated a claim?

☐ Yes

☐ No

If Yes to any question above, give full details.

During the last three years, have you suffered loss from employee fraud or dishonesty?

☐ Yes

☐ No

Date of loss

Amount of loss (UGX)

Insurance company with which the claim was made

Measures taken to prevent recurrence

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Declaration and intermediary details

### DECLARATION

I/We declare that the answers and statements in this proposal are true and that I/we have not withheld any material information. I/We agree that this declaration, the answers given above, and any proposal, declaration or statement made in writing by me/us or anyone acting on my/our behalf shall form the basis of the contract between me/us and the Company. I/We further agree to accept indemnity subject to the conditions endorsed on the Company's policy.

Date of proposal

Signature and stamp of proposer

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID.

### AGENT / BROKER / CONTACT PERSON

Name

Date

Signature

Comments