

# TSEHAY INSURANCE S.C

## FIDELITY GUARANTEE EMPLOYER'S PROPOSAL FORM

1. Name of Proposer:

\_\_\_\_\_

2. Address of Proposer:

\_\_\_\_\_

P. O. Box: \_\_\_\_\_ Tel: \_\_\_\_\_, \_\_\_\_\_

3. Business/Occupation of Proposer:

\_\_\_\_\_

4. What references were received concerning the applicant (from referees or previous employees)?

\_\_\_\_\_

How has the applicant been occupied during the last five years?

Name of Employer

Address of employer

i. \_\_\_\_\_

\_\_\_\_\_

ii. \_\_\_\_\_

\_\_\_\_\_

iii. \_\_\_\_\_

\_\_\_\_\_

iv. \_\_\_\_\_

\_\_\_\_\_

v. \_\_\_\_\_

\_\_\_\_\_

5. If the applicant is now or has been at any time in your service, please answer the following questions.

(a) How long has he/she been in your service?

\_\_\_\_\_

(b) Have his/her honesty and general conduct always been satisfactory?

\_\_\_\_\_

(c) Is any thing at present due to the employer from him?

\_\_\_\_\_

6. Duties of the applicant.

(a) What are to be his/her duties?

\_\_\_\_\_

(b) In what way will money (and other properties) reach his/her hands?

(c) Give the largest amount he/she will have at any time, and for how long he/she will have

it. \_\_\_\_\_

(d) How often is he/she required to submit to the employer a statement of amounts

received? \_\_\_\_\_

(e) Is he/she allowed to retain a balance in hand? If so, is it seen when his/her accounts are checked that he/she has that amount in his/her possession?

\_\_\_\_\_

(f) How often the cash books (and other relevant checking documents) are checked \_\_\_\_\_ with \_\_\_\_\_ vouchers \_\_\_\_\_ etc?

(g) How often are the employer's books balanced?  
\_\_\_\_\_

(h) Are all payments of money acknowledged on printed and numbered forms out of a book with counterfoils, and is the attention of customers drawn to this? \_\_\_\_\_  
\_\_\_\_\_

(i) Will the applicant sign these receipts?  
\_\_\_\_\_

(j) Will the applicant be empowered to open letters addressed to the employer?  
\_\_\_\_\_

7. If the applicant's duties are those of a bank manager, traveler, collector of other outdoor offices, please also state:

a) The district (area) over which his/her duties will extend  
\_\_\_\_\_

b) How often will statement of account be furnished by the employer direct, and not by the applicant?  
\_\_\_\_\_

8. Applicant remuneration:

a) What are to be the applicant's remuneration and allowance and how will they be paid?  
\_\_\_\_\_

b) Will there be a guaranteed annual minimum?  
\_\_\_\_\_

c) Is the amount to be subject to any deduction or liability?  
\_\_\_\_\_

9. Has the applicant, to your knowledge, any debts or liabilities?  
\_\_\_\_\_

10. Has any person in the employer's service been detected in any fraud, dishonesty, theft embezzlement? If so, give particulars of the manner in which the default was carried out, and the steps taken to prevent repetition.  
\_\_\_\_\_

11. Do you know any other fact material to or affecting the risks on this proposal?  
\_\_\_\_\_

12. Do you have a continuous professional audit?  
\_\_\_\_\_

13. State the amount of guarantee required?

\_\_\_\_\_

14. State the amount of excess

\_\_\_\_\_

I/We declare that the above statements and particulars are true and complete and I/We agree that they shall be the basis of the Contract between Me/Us and the Company.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Agent/Broker \_\_\_\_\_

Underwriter Decision \_\_\_\_\_

## EMPLOYEE'S PROPOSAL FOR FIDELITY GUARANTEE

1. Employee's full name: \_\_\_\_\_ Age: \_\_\_\_\_
2. Employee's residential Address:  
\_\_\_\_\_  
P.O. Box \_\_\_\_\_ Tel: \_\_\_\_\_, \_\_\_\_\_
3. What are the full name, address and business of the employer?  
\_\_\_\_\_
4. What are the duties in respect of which this guarantee is required?  
\_\_\_\_\_
5. What are the applicant's (employee's) salary or remuneration and what are the deductions (if any)  
\_\_\_\_\_
6. Are you single or married?  
\_\_\_\_\_
7. How many children or other persons are wholly dependent upon you?  
\_\_\_\_\_
8. State the nature and amount of any debts or of any other liabilities existing  
\_\_\_\_\_
9. Have you ever been bankrupted or insolvent?  
\_\_\_\_\_
10. Do you have any means of support in addition to the remuneration from the employment for which this Insurance is required? If so give particulars.  
\_\_\_\_\_
11. Do you own building, vehicle or any other property? If so, please state  
\_\_\_\_\_
12. How long have you lived at your present address?  
\_\_\_\_\_
13. Give the name, address and occupation of two references who are not related to, but have been intimately known to you in private life for some years, to whom the Company may refer if necessary?  
\_\_\_\_\_  
\_\_\_\_\_
14. How have you been occupied during the last five years? The names and addresses of all employers should be given.  
\_\_\_\_\_  
\_\_\_\_\_
15. Have you ever applied for a guarantee? If so, to which insurer and when  
\_\_\_\_\_
16. Was the application under item 15 is accepted or declined?  
\_\_\_\_\_
17. What other type of Insurance policy do you have currently?  
\_\_\_\_\_
18. What is the amount of Guarantee required?  
\_\_\_\_\_

I hereby declare that all the above statements are true and correct on my part and I request the Company to furnish security on my behalf in accordance with the above particulars. I undertake to indemnify the employer against any loss that may arise by reason of the Company's having such security.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Agent/Broker \_\_\_\_\_

Underwriter Decision \_\_\_\_\_