



FIDELITY GUARANTEE INSURANCE PROPOSAL FORM

**SECTION A: PROPOSER'S DETAILS**

Name: .....

Address: .....

Occupation: .....

Period of Insurance: From ..... To.....

**SECTION B: (Kindly fill this section if it is an individual cover)**

**DETAILS OF EMPLOYEE (S) TO BE INSURED**

| Name | Duties | Year of Employment | Limit Per Occurrence (Dhs.) | Aggregate/ Annual Limit (Dhs.) |
|------|--------|--------------------|-----------------------------|--------------------------------|
|      |        |                    |                             |                                |
|      |        |                    |                             |                                |
|      |        |                    |                             |                                |
|      |        |                    |                             |                                |

*Please use additional sheet if space is not sufficient.*

(a) Is there a system to obtain references from previous employer?

Yes No

(b) If not, specify practice followed.....

(c) The maximum amount held by any employee at any onetime and for how long

**SECTION C: (Kindly fill this section if it is a Floater Cover)**

(a) No. of employees to be covered: .....

(b) Total amount to be insured: .....

(c) Is there a system to obtain references from previous employer?

Yes No

(d) If not, specify practice followed.....

(e) The maximum amount held by any employee at any onetime and for how long

**GENERAL INFORMATION**

1. How often are the employees required to account for money?

.....

**UNITED FIDELITY INSURANCE COMPANY**

In Conformity with the Federal Law No. 6/2007 Reg. No (8) dated 22/12/1984. Authorized paid-up Capital Dh. 100,000,000

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info@fidelityunited.ae



2. Do employees pay out money or draw cash from proposer's account?

Yes                      No

3. If yes, are such payments/withdrawal authorized by a senior employee?

Yes                      No

4. How often is the cash book balanced, the entries checked with vouchers and other Bank's documents?

5. What is the system followed for purchase, authorizing dispatch, ensuring dispatch and recording deliveries of goods?

.....

6. How often and by whom stock verification is done?

.....

7. What is the extent and frequency of audit?

.....

8. Details of losses suffered on account of infidelity of any employee in the last five years.

| Name of Employee | Number of Incidents | Loss Amount | Steps taken to prevent recurrence |
|------------------|---------------------|-------------|-----------------------------------|
|                  |                     |             |                                   |
|                  |                     |             |                                   |
|                  |                     |             |                                   |

***Please use additional sheet if space is not sufficient.***

9. Has any company decline, cancelled, refused or accepted your proposal on special terms and conditions?

Yes                      No

**DECLARATION**

I/We to the best interest of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, misrepresented or misstated any material fact. I/We agree that the statements and declaration contained in this proposal shall be the basis of the contract between me/us and the Insurance Company

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***The liability of the United Fidelity Insurance Company does not commence until this proposal has been accepted by them.***

**Name & Signature of Proposer:**

**Date:**