

PROPOSAL FORM FOR FIDELITY GUARANTEE INSURANCE PROPOSAL INSURANCE

"AN INSURANCE AGENT WHO ASSISTS AN APPLICANT TO COMPLETE AN APPLICATION OR PROPOSAL FORM FOR INSURANCE SHALL
BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT"

Client No	Policy No
Client Name	
Address	
Postcode	
Contact Name	
	Fax No
PLEASE ATTACH ADDIT	IONAL PAGES AS NECESSARY
1. Business (Describe fully)	
Please provide details of current insurance	
3. Has your Organisation changed its mode of operc	ations during the last 3 years?
Yes No (If yes, please provide detai	ils)
4. Does your Organisation plan to expand or vary the	e type of operations during the coming 12 months? Yes
	operate?
	950.00
	during the last 5 years?
	dolling line last 5 yearsy
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9. Do the audits include all locations? Yes	
10. Do the results of audits go directly to the Board?	YesNo
11. Are employees' duties so arranged that no one e beginning to end? Yes	employee is permitted to control a transaction fromNo
12. Do all manually signed cheques require two or m	ore signatures? Yes
13. What is the largest amount of cash held at the pr	remises at any onetime?

14	. Are all paid employees required to take an uninterrupted holiday of al least 2 weeks in each calendar year during which they perform no duties and are required to stay away from the Organisation's premises?	
15	. How are cash and negotiable instruments handled, recorded and banked?	
16	. How are the purchase and sale of goods and property recorded and accounted for?	
17	. From what address are payroll and accounting carried out?	
18	. What computer system is used?	
19	Are passwords used to afford varying levels of entry to the computer system depending on the need and authorization of the user? Yes	
20	. Does the system enforce regular password changes? Yes	
21	. If passwords are not used, please describe the methods used to protect logical access to the computer system	
22	. Are unique passwords used to identify each terminal? Yes	
23	. Are passwords withdrawn when people leave? Yes	
24	. Are terminals kept in physically secure locations accessible to authorized personnel only? Yes No (If no, please describe the steps taken to prevent an authorized user from utilizing a terminal	
25	. Please provide any other information that you feel will assist with understanding security	
26	. Where computers are not used, what bookkeeping or accounting procedures are used and what security is in place	
27	. What is the annual turnover of the Organisation?	
28	8. What is the largest turnover at any one location?	
	Please provide any other information that will assist in understanding the mode of operations and procedures of the organization	
30	. Limit of indemnity Any one person	
31	. Total Number of Employees and Volunteers	
	A: Executives/Officials other than "B"	
32	. Period of Insurance: From	

I declare that my answers are true and correct.			
SIGNED	NAME		
DATE	POSITION IN ORGANISATION		