

Allianz Insurance Company Lanka Limited

No103/7, Galle Road, Colombo 03

Tel: 5340555 / 5340777 Fax: 2323646

Web site: www.allianz.lk**FIDELITY GUARANTEE INSURANCE PROPOSAL FOR PERMANENT EMPLOYEES ONLY**Intermediary Name:
Code :

Please use BLOCK LETTERS

1. Name of Proposer:
2. Postal Address:.....
.....
3. Contact Number: Telephone:..... Fax/e-mail.....
4. Description of Business, Trade of Occupation:.....
5. How long have you been in this business:.....
6. Period of Cover required: From:..... To:.....
7. Have you suffered any loss during the past 5 years through the dishonesty of any of your employees? Yes No
If 'Yes', please describe the name of the employee, amount of loss, date of loss and steps taken to prevent recurrence:.....
.....

8. Details of cover required:

7.1 On named basis

Name of Employee	Date Joined	Nature of Duties	Salary (Rs.)	Cash Security furnished	Limit of Indemnity
1.....	Rs.....	Rs.....
2.....	Rs.....	Rs.....
3.....	Rs.....	Rs.....
4.....	Rs.....	Rs.....
5.....	Rs.....	Rs.....

7.2 On unnamed basis

Category	No. of Employees	Amount of Indemnity Per Employee
A. Travelers and Sales Personnel		Rs
B. Accountants, Cashiers and Office Staff		Rs
C. Warehouse Managers, Stock Controllers, Supervisors and Store Keepers (not handling cash)		Rs
D. Any category not included above (Please name category)		Rs

7.3 On floater basis

Category	No. of Employees	Limit of Indemnity Per Event	Limit of Indemnity Per Annum
a).....	Rs.....	Rs.....
b).....	Rs.....	Rs.....
c).....	Rs.....	Rs.....
d).....	Rs.....	Rs.....

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|-------|---|-----|----|
| 9. | Are all monies received, banked by the following working day | Yes | No |
| 10. | .How often are bank reconciliation statements prepared? | | |
| 11. | How often are cash books checked with the receipt counterfoils and vouchers by a responsible official ? | | |
| 12. | Are duties of employees segregated in such a manner that no one individual can control any single transaction from commencement to completion? | Yes | No |
| | If 'No', please explain:..... | | |
| 13. | Are passwords used to permit varying levels of entry to the computer systems depending on the need and authorizations of the use? | Yes | No |
| | If 'No', why?..... | | |
| 14. | Are passwords regularly changed? | Yes | No |
| 15. | .Is the use of terminal restricted only to authorized personnel? | Yes | No |
| | If 'No', why?..... | | |
| | | | |
| 16. | Auditors | | |
| | 16.1 Names of External Auditors:..... | | |
| | 16.2 Names of Internal Auditors:..... | | |
| | 16.3 Do they audit all operations? | Yes | No |
| | If 'No', why?..... | | |
| | 16.4 Have any recommendations been made about internal systems? | Yes | No |
| | If 'Yes', please describe:..... | | |
| | 16.5 Do they have an established Audit cycle for all operations? | Yes | No |
| | If 'Yes', please describe:..... | | |
| | 16.6 Do they audit all operations on a regular basis? | Yes | No |
| | If 'No', why?..... | | |
| | 16.7 Do they audit computer records in storage? | Yes | No |
| | If 'No', why?..... | | |
| | 16.8 Do they carryout regular and random checks on operations? | Yes | No |
| | If 'No', why?..... | | |
| 17. | Has any Insurer declined a Proposal in respect of any Fidelity Guarantee Cover, from the Proposer, cancelled or declined to renew any policy or demanded and increase rate or required special terms to insured or grant any renewal? | Yes | No |
| | If 'Yes', please give details:..... | | |
| 18. | .Has the Proposer ever made a claim under any Fidelity Guarantee Policy | Yes | No |
| | If 'Yes', please describe:..... | | |

I / We hereby confirm and agree that:

- (a) all information and particulars given are true and complete and that no information which might influence the Company's decision regarding this insurance has been withheld and that I/we will accept Insurance subject to the terms and conditions agreed with the Company.
- (b) This Proposal will form the basis of our contract, and that no Insurance will be in force until this Proposal has been accepted, the full premium has been paid and cover has been confirmed in writing by the Company.
- (c) If the information and particulars given cease to be true and complete I/we undertake to give immediate notice to the Company.

.....
Signature

.....
Designation

.....
Date