



**PROPOSAL FOR FIDELITY
GUARANTEE INSURANCE**

AGENT / BROKER / BRANCH

Name	
Code No.	

IMPORTANT: Please answer all questions. Failure to disclose material facts could result in your policy being invalidated. Material facts are those points which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose such fact also.

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.

GENERAL INFORMATION (Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate)

1. Full name of proposer (s) including Trading Name (if any)					
2. Postal Address					
3. NIC/ Passport No. Business Registration Number		Preferred Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Sinhala	Tamil	English
4. VAT registration number		SVAT Registration			
5. Contact details	Home		Office		Mobile
	E- mail			Fax	
6. Full description of business, trade or occupation					

7. Period of cover required from

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
to	<input type="text"/>	<input type="text"/>

8. How long have you been in business?

<input type="text"/>	<input type="text"/>	Years
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9. In respect of any of the covers to which this proposal relates and any business in which you or any of your partners or directors are, or have been engaged.

(a) has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms? Yes No

If "Yes" give details.

(b) Have you suffered any loss within the last 5 years through the dishonesty of employee(s)? Yes No

If " Yes" state the circumstances and the steps taken to prevent a recurrence :

Date of Occurrence	Details of Loss	Amount involved
.....
.....

Steps taken to prevent a recurrence

The Cover will not include employees remunerated by commission only or mainly by commission unless specifically described and agreed with the company.

10. Please state :-

(a) Categories of persons to be covered :

Category	Nos.	Categories	Nos.
i.		v.	
ii.		vi.	
iii.		vii.	
iv.		viii.	

(IF YOU WISH TO COVER ONLY NAMED EMPLOYEES, PLEASE PROVIDE A SEPARATE SCHEDULE OF NAMES AND DESIGNATIONS TOGETHER WITH THE ANSWERS TO QUESTIONS 10 (b), 10 (c), & 10 (d).

(b) Total number of persons employed by you.

(c) Limit of Indemnity required any one occurrence/year

Rs.

You will be required to bear the first Rupees five thousand or 10% of any one claim whichever is higher.

(d) If you are willing to bear the first portion of any claim for an amount higher than the compulsory excess of 10% of the claim, please indicate the percentage

%

Note

Name, address and business of all subsidiary companies whose employees are to be included in this insurance should be mentioned in the space provided below. Please use a separate sheet if the given space is not sufficient.

		Yes	No
11.	(a) Do you have a system of regular maintenance of books of Account?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Does the Accounting System adopted in your organization <u>ensure checks are adopted</u> for every monetary transaction, particularly		
	(i) Securing accuracy of accounts	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) Money received being banked daily	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) Employees receiving money on behalf of the Company, rendering accounts to the organization on a regular periodically	<input type="checkbox"/>	<input type="checkbox"/>
	(iv) Cash book entries being independently and regularly checked against bank statement and corresponding vouchers	<input type="checkbox"/>	<input type="checkbox"/>
	(v) All payments being done on proper authorization by competent authorities	<input type="checkbox"/>	<input type="checkbox"/>
	(vi) Limiting moneys entered to the employees at any one time	<input type="checkbox"/>	<input type="checkbox"/>
	(vii) Sending of monthly outstanding statements to all of your clients/suppliers	<input type="checkbox"/>	<input type="checkbox"/>
	(viii) Do you presently have a system of continuous internal Audit?	<input type="checkbox"/>	<input type="checkbox"/>
	(ix) Are all books of account balanced and checked by professional Auditors at least annually?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above queries is 'No', Please give reasons.

DECLARATION

I/We declare that the information given in this proposal is to the best of my/our knowledge and belief correct and complete in every detail, and will be the basis of the contract between me/us and Allianz Insurance Lanka Limited.

I/We hereby agree to receive via SMS and/or via e-mail to mobile number and/or email address provided by me/us here in above respectively for any digital marketing purpose/s and communication relevant information including special promotional offers of Allianz Insurance Lanka Limited / Allianz Life Insurance Lanka Limited.

I/We hereby grant my/our consent and authorize Allianz Insurance Lanka Limited/ Allianz Life Insurance Lanka Limited to verify the authenticity of the particulars relating to me/us as holder/holders of National Identity Card/s via the information system of the Department of Registration of Persons or any other validation method/system as applicable from time to time .

Should you wish to withdraw your consent please do so by visiting below link.

<https://digitalcustomer.allianz.lk/>

Data Privacy

Please ensure to go through the Privacy Notice (i.e. which explains how and what type of personal data will be collected, why it is collected and to whom it is shared or disclosed etc.) which is available on the Allianz Insurance Lanka Limited/ AllianzLife Insurance Lanka Limited official website <https://www.allianz.lk/data-privacy-notice.html> prior to signing of this form/ application/ document.

Day	Month	Year

.....
Signature of the proposer