

FIDELITY GUARANTEE INSURANCE PROPOSAL FROM

1. Please use BLOCK CAPITALS and tick YES or NO where appropriate and initial any amendments.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A". We will take unanswered question as No.
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (v) mark wherever applicable.
4. Kindly contact the Company's Office or authorized representative for any doubts or clarifications on the proposal form.
5. The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid or agreed to be paid.
6. All amount should be expressed in SAR

Section-A – General Information

Name of Proposer :

Location :

Nature of Business :

Period of Insurance :

Year Established :

Section-B – Cash / Cheque

1) Are all your cheque forms printed with "crossed" Mark on it? () Yes () No

2) Please state the name and position of all persons who are authorized to sign cheques and number of authorized signatories required for each cheque.

3) If the cheque signing machines are used, what procedures operate to ensure that signatures are only applied to property authorized cheques?

4) What amount is drawn in cash for wages / salary?

- 5) Please state the name and position of any employee who has the sole control of money.
- 6) How often, by whom and in what way is it checked that all money received is paid into the bank?
- 7) Is any balance retained? If so, for what purposes? How often is such balance checked by actual inspection and by whom?
- 8) Please state the system of dealing with money from the time of receipt until paid into the the bank.
- 9) How often and by whom are bank reconciliation of receipt until paid into the bank?
- 10) Does this person also keep the cash records? () Yes () No
- 11) Please state the position of the person who is responsible for transporting deposits and withdrawals bank and the proposer's premises.
- 12) How often and by whom are cash books checked with the receipt counterfoils and vouchers by a responsible official?

Section-C – Cash Receipts and Disbursements

- 1) Are the receipts of cash relatively significant in your kind of operation? If so, please list the main sources of cash receipt. () Yes () No
- 2) Are receipts recorded by cash registers or other mechanical devices? If so, are the machines totals checked independently by the accounting department? () Yes () No
- 3) Are receipts pre-numbered? How often and by whom are the receipt books examined? () Yes () No
- 4) What is the maximum amount of cash that is generally inside your office safe?
- a) For Petty Cash Alone:
- b) On Non-Payroll days and excluding Petty Cash:

c) On Payroll days and excluding Petty Cash :

5) Please state the name and position of all persons with access to the safe.

Name	Position
_____	_____
_____	_____
_____	_____

6) Are all the disbursements, except from petty cash, made by cheques? If so, please give details.
() Yes () No

Section-D – Audit

1) External Audit

a) Name of Auditors

b) Frequency of audit

c) When was the last audit?

d) Was it every respect correct? () Yes () No

2) Internal Audit

a) Frequency of audits

b) Give the brief details of the audit programme.

c) What are the qualifications of the Auditors?

3) Audit Information

1) Have you or any of your directors or Partners been bankrupt or insolvent or compounded by creditors? If so, give the details () Yes () No

- 2) Before making any appointment to your staff, what procedure do you adapt to satisfy yourself that the candidate is of trustworthy character?
- 3) What is the largest amount of cash / stocks / securities handled by any one employees at any one time? State the occupations of such employees
- a) Cash :
- b) Stock :
- c) Securities:
- 4) Is the division of responsibility between the departments, sections and individuals well defined so that one person handles a transaction from the beginning to end.
- () Yes () No

Section-F – Coverage

Amount of Proposed Guarantee :

Annual Wage roll :

Total Number of Employees :

Auditors' Fees :

5) Years Loss Experience (Insured and Uninsured)

Year	Details	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Declaration

We hereby declare that the above information is true and complete to the best of our knowledge. We agree that this proposal shall be the basis of the insurance contract between us and the Insurer.

Date: _____ Signature of the Proposer: _____