



"A Symbol of Trust, Security and Progress"

Tausi Assurance Company Limited

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FIDELITY GUARANTEE INSURANCE PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

PARTICULARS OF PROPOSER

Individual Applicant

Name of Proposer:

Postal Address

P.O Box:

Code:

Town:

Physical Location(s).

Tel:

Email Address

ID/Passport Number

(Attach a copy)

PIN Number:

(Attach a copy)

Period of insurance

From:

To:

Corporate Applicants:

Name

Contact Person

Postal Address

P.O Box:

Code:

Town:

Telephone No

Email Address

PIN Certificate Number

(Attach a copy)

Certificate of Incorporation

(Attach a copy)

Period of insurance

From:

To:

RISK DETAILS

1. Occupation / Business

2. Locations of risks to be covered

3. How long has the business been in operation?

4. How many employees do you currently engage?

5. Do you have a system of vetting prospective employees for trustworthiness	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Please explain:			
6.(a) Do you always obtain references directly from the former employee for the three years immediately preceding engagement of employees responsible for money, goods or computer operations?			
(b) Are the references in writing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If the answer is "No" to a) or b) , please describe your procedure below			
7. Please state largest amount any employee is responsible for at any one	(a) Cash (Kshs)		
(b) Goods (Kshs)			

SYSTEMS OF CHECK			
1. Do you have internal department	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. Do external auditors examine your accounts every twelve months	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3. Who are your external auditors?			
4. Are employees receiving cash and cheques in the course of their duties required to pay in all such monies and/or bank in full on the day of receipt or the next	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5. Are bank statements, receipts, counterfoils and supporting documents checked (independently of the employees responsible) at least monthly against the cash book entries and is the balance tested with cash and unrepresented cheques?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6. Is cash in hand and petty cash checked independently of the employees responsible at least weekly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
7. Is reconciliation by means of a formal stock-taking process carried out on all stock independently of the employees responsible for such stock?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, at what interval;			
8. Are different employees, acting independently, responsible for the ordering of stock and materials, the recording of the receipt of such and	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

9. Are statement for account for all amount due sent to customers by post at	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is it practice to ensure that employees who receive cash or cheques cannot interfere with the dispatch of statements of accounts and reminders for payments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is action taken by management level if an account becomes three months overdue?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Are any of your accounting, salary or stock control functions computerized?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "Yes"		
(a) Are responsibilities for authorization of transactions, processing of transactions and handling of output exercised by different employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(b) Do your internal & external auditors supervise computer security?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(c) Do you use a computer server? (i.e. not a 'personal computer')	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes		
(i) Is access to the system controlled by passcode procedures so that only staff with the appropriate authority can enter?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(ii) Do procedures exists to ensure that all changes to programs are authorized at the	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(iii) Is there adequate system to check that these procedures have been complied	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(iv) Is a log kept showing all changes to programs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(11) Is any person in your employment authorized to pay any expenses out of	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. What independent system are in place to check that all transactions done	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. How often the account books are audited		

Positions/Names	Designation	Length of service	Amount to be guaranteed (Sum Insured)	
			Per event/ per person	Per year

MAXIMUM LIABILITY (AGGREGATE LIMIT) OF THE COMPANY DURING ONE PERIOD OF INSURANCE: KES

C. INSURANCE / LOSS HISTORY	
1. Are you currently insured or have you ever been insured for the type of cover proposed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, please give name of Insurer
2. Has any Insurance Company or Underwriter ever:	
(a) Cancelled your Policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) Declined to insure you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(c) Refused to renew your Policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(d) Declined any claim?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(e) Imposed any special terms?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If the answer to any of the above is yes, please give details
3. Have you in the last 3 years suffered a loss from fraud or dishonesty of employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, give details of
(a) Date of loss	
(b) Amount of loss	
Name of the Insurance Company with which the Claim was made	

4. What measures did you take to prevent recurrence?

Declaration

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

The liability of the company does not commence until the proposal has been accepted and the first premium paid.

Executed at this _____ day of _____ 20____

For and on behalf of:

Name:

Signature and Official Stamp

Name and Designation of Contact Person:

Telephone of Contact Person:

AGENT/BROKER NAME / STAMP

SIGNATURE

DATE