

GEMINIA INSURANCE COMPANY LIMITED

P.O. BOX 61316 CITY SQUARE, NAIROBI 00200 KENYA, TELEPHONE: 2782000, FAX: 2782100

Branch.....Bch/Ag. NosPolicy No.....

Agency.....C.....Order No.....

PROPOSAL FOR FIDELITY GUARANTEE INSURANCE

EMPLOYER'S NAME (in full).....
(BLOCK LETTERS)

ADDRESS.....
(BLOCK LETTERS)

BUSINESS.....

1	Have you satisfied yourself by enquiry that all of the employees to be covered are of trustworthy character and correct habits? (N.B. Any references obtained should be forwarded for perusal)	
2	(a) Have you always been satisfied with the honest and general conduct of the employees? (b) Have their accounts always been in proper order? (c) Are they so now?	(a) (b) (c)
3	(a) Are any of the employees in your debt? (b) If so, to what extent?	(a) (b)
4	(a) Have you sustained any losses through the defalcations of any employee? (b) If so, please state to what extent and indicate the method of defalcation and steps taken to prevent a recurrence	(a) (b)
5	(a) Has any employee previously been in your employment without security having been obtained? (b) If so, why is this insurance now required?	(a) (b)
6	Will any other security be taken for any employee?	
7	(a) Will your accounts be professionally audited and if so, at what intervals? (b) Who are your present auditors?	(a) (b)
8	(a) Are you at present insured or have you ever proposed for insurance in respect of fidelity risks? (b) If so, has any proposal or renewal ever been (i) declined (ii) withdrawn or (iii) charged an increased rate or subjected to special restrictions?	(a) Name of company (b) (i) (ii) (iii)
Please supply as fully and clearly as possible the following information in regard to the system of supervision and the employees duties and responsibilities		
9	In what way will monies pass through the hands of employees, i.e by collection, sales or how otherwise?	
10	(a) Will employees be required to give printed receipts from a book with counterfoils? (b) If so, how often will the counterfoils be examined and checked?	(a) (b)
11	Please state your method of payment of the following (i.e. by cheque, cash, retention from collections from customers, or how otherwise) (a) Salaries (b) Commission(if any) (c) traveling expenses (if any)	(a) (b) (c)

(continued overleaf)

INDOOR STAFF

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- 16 Will all bank accounts be in the name of the employer?
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- 17 What signatures will be necessary to operate on the bank accounts?
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- 18 Where it is necessary to allow an employee to draw cheques for disbursement on his own signature, will a separate bank account be kept which may be replenished from time to time by the employer?
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- 19 Will any employee have power to overdraw any bank account or to pledge the employer's credit in any way?
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- 20 (a) How often will you examine the bank pass book and check the entries against the cash book independently of controlling employee? (a)
(b) Will this examination be made without controlling employee's foreknowledge? (b)
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- 21 (a) What supervision will be exercised over petty cash transactions? (a)
(b) How often and by whom will all subsidiary cash books be checked? (b)
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- 22 (a) If cash payments are made to any employee for wages and/or commission please state if each total withdrawal for such cash payments is checked against the total of such payments (a)
(b) If so, by whom? (b)
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- 23 (a) Are any employees allowed to make ledger postings? (a)
(b) If so, what method do you employ to ensure that no cash receipts are posted to the ledger unless first posted to the cash book? (b)
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- 24 (a) In whose control are National Insurance Cards? (a)
(b) Who authorises payment for National Insurance stamps? (b)
(c) Is payment made by cheque? (c)
(d) What is the maximum value of stamps purchased at any one time? (d)
(e) Are the stamps affixed to cards by someone other than the person authorising the purchase? (e)
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- 25 What is the precise procedure for the payment of wages?

OUTDOOR STAFF

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- 26 How often will you require employees to send in statements of cash received and to remit money?
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- 27 What will be the maximum duration of any journey?
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- 28 Are any employees allowed to represent other firms?

I/We warrant that all the statements herein are true and that I/We have not withheld or concealed anything affecting the proposed insurance and I/We agree that this Proposal shall be the basis of the contract between me/us and the Company. I/We agree also to accept the Company's applicable to the risk.

Date.....

Signature of employer.....