

# FIDELITY GUARANTEE INSURANCE - EMPLOYER'S PROPOSAL FORM

Policy No:

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has change.

1. Name of Proposer :	
2. Address :	
3. Telephone No. :	
4. Occupation or Profession or Nature of Business (if more than one please state all) :	
5. Year Established :	
8. Period of Insurance:	From : To :

Note: All question must be answered by the proposer and appropriately marked (/) where applicable.

Name of employee	Age	Position or capacity	Guarantee amount required	Salaries including other remuneration or commission	Years of service	If travelling, state the location & period of stay at those locations

<p>2. Has any person (currently employed) previously work with you before?</p> <p>If Yes, please state particulars &amp; reasons for leaving your employment.</p>	<div> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </div>
<p>Was guarantee required then?</p> <p>If No, state reason why guarantee is now required.</p>	
<p>3. Has any employee or person holding the same or similar position committed any default?</p> <p>If yes, give full particulars and the amount involved.</p>	<div> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </div>
<p>4. Are you presently insured or have you ever propose for a similar insurance of this nature?</p> <p>If yes, please state name of insurer and Policy No.</p>	<div> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </div>

5. Have you ever sustain a loss of embezzlement, misappropriation or default or made a claim of such nature ?  If yes, please state name of insurer and describe circumstances and amount involved.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. State  (a) the largest amount any employee is allowed to retain :  (b) how often such amounts are accounted for and by whom checked :  (c) how often a bank statement is send to the management :  (d) what steps are then taken to check independently that all sums received by employees are accounted for :  (e) Are pre-numbered official receipts with counterfoils used as confirmation of the receipt of money :	a) b) c) d) e)
7. Will any of your employees named in the Schedule have any stock under their control ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are your employees authorized to sign cheques?  If Yes  (a) Will they be countersigned any by whom?  (b) If not countersigned up to what limits may they be authorized to sign?	<input type="checkbox"/> Yes <input type="checkbox"/> No  a) b)
9. Does one person act as both Cashier amd Bcokkeeper?	
10. (a) Who are Employer's auditors?  (b) What is the extend and frequency of the audit?	a) b)
11. Has any Insurer ever :  (a) declined your proposal?  (b) refused to renew your policy?  (c) cancelled your policy?  (d) Require any increased rate or impose restrictions or conditions?  If any answer above is Yes, please give particulars and reasons.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Note : Ensure that the information in this form is accurate and complete as inaccuracy or non disclosure of the requested information or others material facts could preclude recovery of any claim under the policy.

## C. DECLARATION AND SIGNATURE

I/We do hereby declare that :

1. I am/we are authorized to make this proposal.
2. The answers stated in this proposal are true and complete and I have not withheld any information which may influence the acceptance of this application.
3. This application and declaration hereby given shall be the basis of the contract with Company and I/We will accept the terms, exclusions and conditions which will be set out in the policy to be issued.
4. The liability of the Company does not commence until the application has been accepted.
5. I/We acknowledge that the key contract terms in the Product Disclosure Sheet have been adequately explained to me/us.

Proposer's Signature and company stamp : .....

Date of Signature : .....

Place of Signature : .....

### **Personal Data Protection Act 2010 ("PDPA") Notification to customers of The Pacific Insurance Berhad ("TPIB")**

Under the PDPA, there are various requirements that regulate the processing of your personal data.

Please refer to [www.pacificinsurance.com.my](http://www.pacificinsurance.com.my) for details of TPIB PDPA privacy notice.