

The Pacific Insurance Berhad

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Office/Ag	jency:
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FIDELITY GUARANTEE INSURANCE - EMPLOYER'S PROPOSAL FORM

Cover Note No:

Policy No:

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

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.

A. DETAILS OF PROPOSER

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 :

B. GENERAL QUESTIONAIRE

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

1. Particulars of person or persons to which this guarantee apply

	Name of employee	Age	Position or capacity	Guarantee amo required	ount	Salaries including other remuneration or commision	Years of service	If travelling, state the location & period of stay at those locations
Note: The maximum liability granted under this cover will be the limit set forth above against each person(s) and in the aggregate				aggregate				
2.	Has any person (currently employed) previously work with you before?				Yes	No		
	If Yes, please state partice	ulars &	reasons for leaving your	r employment.				
	Was guarantee required t	hen?						
	If No, state reason why guarantee is now required.							
3.	Has any employee or per- committed any default?	son ho	lding the same or similar	position		Yes	No	
	If yes, give full particulars	and th	e amount involved.					
4.	Are you presently insured insurance of this nature?	or hav	ve you ever propose for a	a similar		Yes	No	
	If yes, please state name	of insu	irer and Policy No.					

5.	Have you ever sustain a loss of embezzlement, misappropriation or default or made a claim of such nature ?		Yes	No		
	If yes, please state name of insurer and describe circumstances and amount involved.					
6.	State					
	(a) the largest amount any employee is allowed to retain :	a)				
	(b) how often such amounts are accounted for and by whom checked :	b)				
	(c) how often a bank statement is send to the management :	c)				
	(d) what steps are then taken to check independently that all sums received by employees are accounted for :	d)				
	(e) Are pre-numbered official receipts with counterfoils used as confirmation of the receipt of money :	e)				
7.	Will any of your employees named in the Schedule have any stock under their control ?		Yes	No		
8.	Are your employees authorized to sign cheques?		Yes	No		
	If Yes					
	(a) Will they be countersigned any by whom?	a)				
	(b) If not countersigned up to what limits may they be authorized to sign?	b)				
9.	Does one person act as both Cashier amd Bcokkeeper?					
10.	(a) Who are Employer's auditors?	a)				
	(b) What is the extend and frequency of the audit?	b)				
11.	Has any Insurer ever :					
	(a) declined your proposal?		Yes	No		
	(b) refused to renew your policy?		Yes	No		
	(c) cancelled your policy?		Yes	No		
	(d) Require any increased rate or impose restrictions or conditions?		Yes	No		
	If any answer above is Yes, please give particulars and reasons.					
Not	e : Ensure that the information in this form is accurate and complete as inac facts could preclude recovery of any claim under the policy.	ccuracy or	non disclosure of t	the requested information or others material		
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C.	DECLARATION AND SIGNATURE					
I/W	I/We do hereby declare that :					
	1. I am/we are authorized to make this proposal.					
	 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. 					
	 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.					
Pro	Proposer's Signature and company stamp :					
	Date of Signature :					
Pla	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 for details of TPIB PDPA privacy notice.						