

FIDELITY GUARANTEE INSURANCE PROPOSAL FORM

The proposal form must be completed and signed by the proposer.
All questions must be answered. Please fill this form in Block letters and tick where appropriate.

Agency Name: Account Number:

A. PARTICULARS OF PROPOSER

Individual Applicants:

1. Name of Proposer:

Corporate Applicants:

2. Name/s.....
Contact Person/s

3. Contacts and Postal Address:

P. O Box Postal Code

Town

Telephone Number/s.....Mobile No.

Fax Number:

Email Address:

4. PIN Certificate Number (please attach a copy)

5. Period of Insurance From:To..... (both dates incl.)

B. 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 trust worthiness before employment? Yes__ No__ Please explain.

DETAILS OF EMPLOYEES TO BE GUARANTEED

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: TZS.....

6. What independent system are in place to check that all transactions done by employees are accounted for?_

7. How often will the account books be audited? _____

8. Do you have an internal audit function? Yes/No

If Yes, how often is the internal audit carried out? _____

C. INSURANCE / LOSS HISTORY

1. Have you ever been insured before? Yes / No

If yes, please give name of Insurer _____

2. Are you currently insured for the type of cover proposed?
.....Yes/No

If Yes, please give name of Insurer_____

3. Has any Insurance Company or Underwriter ever:

- A. Cancelled your Policy?_____ Yes/No
- B. Declined to insure you?_____ Yes/No
- C. Refused to renew your Policy? _____ Yes/No
- D. Imposed any special terms?_____ Yes/No
- E. Declined any claim?_____ Yes/No

If the answer to any of the above is Yes, please give details

4. Have you in the last 3 years suffered a loss from fraud or dishonesty of employees? Yes/No

If Yes, give details of:

i. Date of loss

ii. Amount of loss

Name of the Insurance Company with which the Claim was made.

b. What measures did you take to prevent recurrence?



Declaration

I / We hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal. I / We agree that this declaration and the answers given above shall be the basis of the contract between Me/Us and GA Insurance Tanzania Limited.

Name of Proposer _____ Signature _____

Date _____

The liability of the Company does not commence until the proposal has been received and accepted and the premium paid to

