



INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

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BRANCH OFFICE

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FIDELITY GUARANTEE INSURANCE PROPOSAL FORM.

Agency name: _____

1. SECTION 1: BUSINESS DETAILS

A. Full name of proposer _____

B. Pin number(please attach copy): _____

C. Certificate of Registration/Incorporation/ID/Passport
(Please Attach copy) _____

D. Contact Details:

Mobile: _____ Email: _____

Postal: _____ Code: _____ Town/City: _____

Web: _____ Fax: _____ Tel: _____

Occupation: _____ Year when established: _____

Period of Insurance: From: _____ To: _____

2. Details of Employees to be guaranteed:

Name	Duties	Time in service	Place of employment	Total remuneration	amount to guarantee	Any other security taken

3. Is there a system to obtain references from previous Employers? _____ Yes/No

4. State the estimate of maximum amount held by any employee at any time and for how long? _____

Money	Stock
Amount: _____	Amount: _____
Period: _____	Period: _____

5. Has there been any occasion to question honesty or conduct of any person proposed for guarantee? _____

6. A). How often are the Employees required to account for money? _____
 B). What independent system is there to check that all sums received by employees are accounted for? _____

7. A). Do employees pay out money or draw cash from employer's account? _____
 B). System of operation of Bank Account and precautions taken? _____
 C). Whether such payments/withdrawals are authorized by a senior employee and compared with supporting documents? _____
8. A). How often the cash book is balanced, the entries checked with vouchers and Bank's pass book and with counterfoils of receipt books? _____
9. How often are the proposer's books balanced? _____
10. A). System followed for purchase of goods and recovering deliveries: _____
 B). System followed for authorizing dispatch of goods and ensuring that dispatch is recorded and charged to the customer: _____
11. How often and by whom stock verification is done? _____
12. System for collecting outstanding accounts? _____
13. How often will statements of account be furnished by the proposer direct to customers? _____
14. What will be the extent and frequency of audit? _____
15. Details of losses suffered on account of infidelity of any employees during last 5 years and steps taken to prevent recurrence: _____
16. Has any of your employees been dismissed in the last 12 months? _____ Yes/No
 If Yes, please give details: _____
17. Do you have a current policy? _____ Yes/No
 If Yes, please give details: _____
18. Has any Company in respect of any infidelity guarantee insurance:
 - i. Declined your proposal? _____ Yes/No
 - ii. Cancelled or refused to renew policy? _____ Yes/No
 - iii. Accepted your proposal on special terms and conditions? _____ Yes/No

Declaration:

I/We hereby declare that the above statements and answers are true and that I/We have not withheld any information whatsoever regarding this proposal. I/We agree that this proposal and declaration shall form the basis of the contract between me/us and Intra Africa Assurance Company Ltd., whose policy for this insurance is acceptable to me/us. I/We undertake to exercise all ordinary and reasonable precautions as if I/We were insured.

Proposer's Signature: _____ Date: _____

Note: To obtain full indemnity, insure for adequate guarantee for each employee.