	<b>Form. No. :</b> <b>F-UW-06 FIDELITY GUARANTEE</b> <b>INSURANCE PROPOSAL FORM</b>	<b>Rev. No. 00</b>	<b>Rev. Date</b> <b>10th July</b> <b>2015</b>
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**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: Surname \_\_\_\_\_ Other  
 Names \_\_\_\_\_ Identity Number:  
 \_\_\_\_\_

**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 Insuranc** From: .....To..... (both dates inclusive)

 <p><b>KENINDIA</b></p>	<p><b>Form. No. :</b> <b>F-UW-06 FIDELITY GUARANTEE</b> <b>INSURANCE PROPOSAL FORM</b></p>	<p><b>Rev. No. 00</b></p>	<p><b>Rev. Date</b> <b>10th July</b> <b>2015</b></p>
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	<b>Form. No. : F-UW-06 FIDELITY GUARANTEE INSURANCE PROPOSAL FORM</b>	<b>Rev. No. 00</b>	<b>Rev. Date 10th July 2015</b>
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MAXIMUM LIABILITY (AGGREGATE LIMIT) OF THE COMPANY DURING  
ONE PERIOD OF INSURANCE : KES. \_\_\_\_\_

	<b>Form. No. :</b> <b>F-UW-06 FIDELITY GUARANTEE</b> <b>INSURANCE PROPOSAL FORM</b>	<b>Rev. No. 00</b>	<b>Rev. Date</b> <b>10th July</b> <b>2015</b>
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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:

a) Date of loss .....

b) Amount of loss .....


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

\_\_\_\_\_

	<b>Form. No. :</b> <b>F-UW-06 FIDELITY GUARANTEE INSURANCE PROPOSAL FORM</b>	<b>Rev. No. 00</b>	<b>Rev. Date</b> <b>10th July</b> <b>2015</b>
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5. What measures did you take to prevent recurrence?

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	<b>Form. No. :</b> <b>F-UW-06 FIDELITY GUARANTEE</b> <b>INSURANCE PROPOSAL FORM</b>	<b>Rev. No. 00</b>	<b>Rev. Date</b> <b>10th July</b> <b>2015</b>
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**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

\_\_\_\_\_ Insurance Company 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 the Company.**

 <p><b>KENINDIA</b></p>	<p><b>Form. No. : F-UW-06 FIDELITY GUARANTEE INSURANCE PROPOSAL FORM</b></p>	<p><b>Rev. No. 00</b></p>	<p><b>Rev. Date 10th July 2015</b></p>
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