



FIDELITY GUARANTEE PROPOSAL FORM

1. Name of Proposer (in full) : _____

2. Address: _____

3. Period of Insurance: From _____ To _____ (both dates inclusive)

4. Details of Employees to be insured and limits required

Name	Location of the Person	Occupation and Position	Year of Service in the Company	Limit Required Per Person

5. Limits Required

(a) Any one occurrence : _____

(b) During the Insurance period : _____

6. Do these employees deposit Money in the banks? Yes No

If yes, how many persons accompany them when amount exceeds :-

(i) SR.100,000 :- _____

(ii) SR.250,000 :- _____

(iii) SR.500,000 :- _____

7. (a) Have you a RULE BOOK or BOOKS or WRITTEN INSTRUCTIONS covering all aspects of your business which will be maintained and operated and which clearly define the duties of each Employee? Yes No

(b) Is the attention of each Employee drawn to these instructions and to their duty of compliance therewith? Yes No

(c) Are the duties of each Employee arranged so that no one Employee is permitted to control any transaction from commencement to completion. Yes No

8. (a) Are unannounced and irregular changes made in the position of Employees within a particular job strain? Yes No

(b) Are all Employees required to take an uninterrupted holiday of at least two weeks in each calendar year during which they perform no duties and are required to stay away from the premises. Yes No

9. (a) Is joint custody established and maintained for the safeguarding of :-
 (i) Property while in safes or vaults Yes No
 (ii) All keys to safes and vaults? Yes No
 (b) Is dual control established and maintained for the handling of all types of securities, negotiable and non-negotiable instruments and unused and blank forms for said items (for example cheques) ? Yes No
10. (a) Is there an internal audit department?
 (b) If so,
 (i) Is there an "audit and control procedures" manual? Yes No
 (ii) How many people are employed in the internal audit department? _____
 (iii) How often are full internal audits made? _____
 (iv) Are audits made regularly on a surprise basis? Yes No
 (v) Are all premises, including computer centers and facilities included in the audit? Yes No
 (vi) Is the person responsible for the auditing forbidden to originate entries? Yes No
11. State the name of the independent firm of Chartered Accountants or professional Auditors or other competent Authority who fully audit your accounts annually.
 In addition, please state
 (a) Frequency of Audit _____
 (b) Do the auditors visit all branches? Yes No
 (c) (i) Does the firm or Authority regularly review the system of internal control and furnish written reports? Yes No
 (ii) If so, do these reports go directly to the Board of Directors? Yes No
12. Give details of all losses, whether insured or otherwise during the last five (5) years involving any employee whether to be insured or not.

13. Is the employee in your debt in any way? If yes, give particulars. Yes No
14. Has any employee been detected in any irregularity or de falsification? If yes, give particulars. Yes No
15. a) Do you receive immediate advise direct from the bank of amounts paid into your account? Yes No
 (b) How often? _____
 (c) By whom is the bank pass book checked? _____
16. (a) Will any of the insured employee be required to give receipts from a book with numbered counterfoils or carbon pages? Yes No
 (b) if so,
 (i) How often will they be checked and? _____
 (ii) By whom? _____
17. (a) How often do you send accounts direct to customers independent of the Insured employee(s)? _____
 (b) What steps are taken to verify accounts reported to be in arrears? _____

18. (a) How often do you balance your books?

(b) What are the checks to discover any irregularity on the part of the Proposer?

19. (a) Is Passport of Non-Saudi employees in your custody?

Yes No

(b) Are they given to employee only after

(i) Proper handover to substitute/replacement?

Yes No

(ii) After a quick check on these accounts?

Yes No

We declare that the statements and particulars in this Proposal are true and that we have not misstated or suppressed any material facts. We agree that this Proposal, together with any other information supplied by us shall form the basis of any Contract of Insurance effected thereon and shall be incorporated therein. We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Signing this Proposal Form does not bind the Proposer to complete this insurance.

I/We have understood the terms and condition of the Policy contract which I/We are entering into, as explained by the Company's representative.

Signature of Proposer : _____

Name : _____

Title : _____

Stamp : _____

Agent / Broker name : _____

Code number : _____