



**Dhivehi Insurance Company Pvt. Ltd.**  
G. Maajehige Aage, 1st Floor, Daisy Magu  
Male', 20129  
Republic of Maldives  
☎ : (960) 3007799, 📠 : (960) 3017788  
✉ : info@dhivehiinsurance.com  
🌐 : www.dhivehiinsurance.com

**FOR OFFICE USE ONLY**

**Proposal Form  
Fidelity Guarantee Insurance**

<b>Policy No.:</b>	<input type="text"/>
<b>Proposal No.:</b>	<input type="text"/>
<b>Intermediary:</b>	<input type="text"/>

**A. PARTICULARS OF PROPOSER**

Proposer's name:		
ID No./Passport No./ Business Registration No.:		Nationality:
Proposer's correspondence address (in Block Letters):		
		Postcode:
Phone No. (Mobile) :	Phone No. (Office):	Phone No. (Fax):
Email:		
Contact Person & Designation:		Phone No.:
Nature of Business or Profession/ Occupation:		
Situation of the premises:		
Period of Insurance(dd/mm/yy). From: _____ To: _____		

N.B. The amount of Guarantee may be a specified amount for each employee or a floating amount overall or any group of employees

DETAILS		
NAME OF EMPLOYEE	NATURE OF DUTIES	AMOUNT OF GUARANTEE

Jurisdiction:
Stated Territory:

**OTHER DETAILS**

<p>1. Please state the maximum amount of cash or stock handled by any one employee at any one time</p> <p>(a) Cash</p> <p>(b) Stock</p>	<p>(a) MVR/USD _____</p> <p>(b) MVR/USD _____</p>
<p>2. With regard to cash/cheques, please state :</p> <p>(a) the number of signatories required to authorise payments and description of such authorised signatories</p> <p>(b) the number of persons authorised to sign cheques and number of authorised signatories required for each cheque.</p> <p>(c) whether all monies received are banked intact at the latest the following morning. If No, please give details.</p> <p>(d) How often are bank reconciliation statements prepared?</p> <p>(e) How often are cash books checked with receipt counterfoils and vouchers by a responsible officer?</p> <p>(f) Where pre-numbered receipts are used as confirmation of the receipt of monies</p> <p>(g) If cheque signing machines are used, what procedures operate to ensure that signatories are only applied to properly</p>	<p>(a) _____</p> <p>(b) _____</p> <p>(c) <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>_____</p> <p>(d) _____</p> <p>(e) _____</p> <p>(f) _____</p> <p>(g) _____</p>
<p>3. With regard to credit card facilities, please state:-</p> <p>(a) name of employees to whom these facilities are given and their designations</p> <p>(b) names of employees responsible for verifying statements received and their designations</p> <p>(c) whether these employees are allowed to use these facilities for personal expenses, and if so, the method by which such expenses are identified and settled</p>	<p>(a) _____</p> <p>(b) _____</p> <p>(c) <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>_____</p>
<p>4. Do you conduct regular audits on your books? If Yes, who are your auditors and how often are these done?</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>_____</p>
<p>5. In respect of the risks you now wish to insure against, have you ever sustained any loss through the fraud or dishonestly of any employee during the past 5 years? If Yes, please give details.</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>_____</p>

<p>6. Is there any insurance in force covering any of the contingency to be insured against with this or any other Insurance Company? If Yes, please state Limit of Guarantee, Policy Number and Name of Insurance Company.</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>_____</p>
<p>7. Has the insurance now proposed been declined, cancelled, refused renewal or subjected to special terms or increased premium by any other Insurance Company? If Yes, please give details.</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>_____</p>
<p>8. Does the firm know of any fraud or dishonesty at any time of any present or former employee? If Yes, please give details.</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>_____</p>

**B. DECLARATION**

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

(If a Limited Company, give designation of signatory and affix company's rubber stamp)

N.B. Cover is provided subject to the Company's usual terms and conditions. A specimen copy of the policy wording is available on request. No cover is in force until this Proposal has been accepted by the Company.