



The NEW INDIA ASSURANCE CO. (Trinidad & Tobago) LTD

Registered Office
3rd Floor,
Guardian Building
St. Vincent Street,
Port of Spain, Trinidad, W.I
Telephones 62-31326/
31868/ 50669/ 50670
Telex 22588 NAITT WG

FIDELITY GUARANTEE - EMPLOYER'S PROPOSAL **(NAMED BASIS - INDIVIDUAL OR COLLECTIVE)**

Policies are issued by the Company indemnifying Employers against loss from fraud or dishonesty on the part of Employees guaranteed. Policies cover loss occurring at any time during the period of the insurance and discovered not later than 12 months after the termination of the Employee's service or of the insurance in respect of the Employee, whichever is the earlier. Policies cover defalcations in respect of stock or samples as well as money.

1. Full Name and Address of Employer
2. Business of Employer
3. (a) Has an Employee ever defaulted? If so, please give particulars (b) What precautions have been taken to prevent a recurrence?	(a) (b)
4. Have you ever made a proposal for Fidelity Guarantee to another Company or Underwriter? If so, to which Company or Underwriter and with what result?
5. (a) In what way will moneys come into the hand of the Employee(s)? (b) How often and to whom will such moneys be paid over by the Employees? (c) How will you satisfy yourself that such moneys have been properly accounted for? (d) What balances, if any, will the Employee(s) be allowed to retain in hand? (e) (i) What check will you exercise over petty cash and any disbursements which the Employee(s) may make? (ii) How often and by whom will the check be made? (f) Are consecutively numbered receipts issued for moneys received? (g) How often and by whom are receipt counter-foils or duplicates checked against Cash Book and Bank Pass Book?	(a) (b) (c) (d) (e) (i) (ii) (f) (g)
6. Will the Employee(s) have any stock under their control? If so, (a) What is its nature? (b) Its Value? (c) At what intervals and by whom will it be examined and checked?	(a) (b) (c)
7. (a) By whom will bank lodgments be made? (b) By whom will the Bank Pass Book be held? (c) At what intervals and by whom will it be examined and checked against the Cash Book? (d) Will any of the Employees be allowed to draw on the Banking Account? If so, with what restrictions as to amount and signatures?	(a) (b) (c) (d)
8. (a) How often, and by whom, will statements of account be issued direct to customers? (b) What precautions will be taken to verify accounts reported as in arrears?	(a) (b)

EMPLOYER'S PROPOSAL continued



<p>9. Will any of the Employees pay out wages or salaries? If so,</p> <p>(a) By whom are the wages and salaries sheets checked and certified to be in order? ...</p> <p>(b) How do you check that such payments have been made to the Employees entitled? ...</p>	<p>(a)</p> <p>(b)</p>
<p>10. Are your books audited by professional Accountants? If so, at what intervals? ...</p>	
<p>11. With regard to the Employees named in the Schedule of Employees,</p> <p>(a) Have their honesty and conduct always been satisfactory, and are their accounts now in order? ...</p> <p>(b) Is the remuneration of any of the Employees subject to any deduction on account of bad debts, or otherwise (e.g. sickness, etc. Insurance)? ...</p> <p>(c) Do you now hold or do you intend to acquire from any Employee any security other than this proposed guarantee? ...</p> <p style="margin-left: 20px;">* If necessary, please give particulars in Schedule or on separate sheet to be attached thereto.</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>
<p>12. Do you know any other fact material to or affecting this proposed guarantee? ...</p>	
<p>13. If this proposal is accepted, will the premium for this guarantee be paid by you or by the Employee(s)? ...</p>	

To THE NEW INDIA ASSURANCE CO. T&T LTD.

I/We declare that the above statements are correct, and I/we agree that such statements and any further statements made by me/us in regard to the proposed policy shall form the basis of the contract with the New India Assurance Co. T&T Ltd. Not only in respect of the employees named, but also in respect of any other employees who may hereafter be included in the insurance now proposed.

Date.....19..... Signature of Employer.....

The guarantee will not be in force until the proposal has been accepted by the Company.



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FIDELITY GUARANTEE - APPLICATION FORM (Employee).

THE APPLICANT IS PARTICULARLY REQUESTED TO ANSWER EACH QUESTION FULLY, AND TO GIVE THE POSTAL ADDRESS OF THE EMPLOYERS AND REFEREES. AS OTHERWISE DELAY MAY ARISE,

1. Name and Address of Applicant in full ...	TEL NO:	Age of Applicant.
2. Name, address and business of Employer in full ...	TEL NO:yrs.
3. State fully nature of appointment for which the guarantee is required		Amount of Guarantee
4. (a) Annual Salary from this appointment (less deduction if any) (c) Full particulars of your other Annual Income (if none state "none")	(a).....(b) Annual Commission..... (c)	
5. Have you any assets or property or are you entitled in reversion to any? If so, please state their approximate value and the amount of any charges or mortgages in connection therewith		
6. (a) Have you any private liabilities or debts?	(a) (b) If so, state amount thereof	
7. (a) Are you married, a widow or a widower?	(a) (b) State number and relationship of persons dependent upon you	
8. (a) Are you a householder? (b) If not, do you reside with relatives? (c) Is the furniture your own? (d) If so, give an estimate of its value (e) State whether it is free from all liability	(a) (b) (c) (d) (e)	
9. How long have you resided at your present address? If less than 12 months, state previous address and length of residence there		
10. Were you ever bankrupt or insolvent, or have you ever arranged with your creditors?		
11. Has an application for a guarantee in your name ever been made to this or any other Company or Insurer? If so, state name of Company or Insurer and result of application.		
12. State how you have been engaged during the last five years. The period should be fully covered, and details of your means of support when disengaged should be stated.		
<i>The Company may refer to any Person or Organisation named.</i>		
FROM	TO	
Month Year	Month Year	
Details of School, Employer or other engagement		Nature of position held
Full Name		Full Present Address
		Reason for leaving
If employment during the last five years includes service in Armed Forces or Police, please forward your Certificate of Discharge and Character, or a copy certified by your Employer. The Certificate will be returned by registered post.		
13. State the Names of Two Referees who are Householders (not relations) and who have known you for some length of time.		
(1)	NAME	ADDRESS
		OCCUPATION
(2)		
I warrant that the above statements and particulars are correct and complete and I request the Company to issue a Guarantee Policy on my behalf. I am aware that I am liable to indemnify the company against any loss which they may sustain by reason of their issuing the proposed Policy.		
Dated this.....day of.....19.....		Signature.....

