

Fidelity Guarantee Insurance Proposal Form

Full name of Insured Entity (please attach a list of all subsidiary companies to be covered by this policy):

Entity Information

Address

Nature of Business

Year Established

Total Revenue

Total Assets (consolidated)

Total Revenue

SR

SR

Controls

1. Audits
a. How frequently are audits made?

Cash & Accounts		Inventory & Stocks	
External	Internal	External	Internal
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b By Whom

External

Internal

- c. Are all locations audited?

Yes

No

If 'No' please advice why not.

- d. What was the date of last audit?



Saudi United Cooperative Insurance Company (Wala'a)

e. Was the last report to the Chief executive regarding your Internal operations by your external auditors unqualified?

Yes

No

If 'No', Please provide details of the qualifications and corrective action taken. (Use a separate sheet of paper, if necessary)

Please attach a copy of the auditors report to management and management's response.

Entry Information

11. What is the maximum value of money, negotiable instruments at one location.

(a) During business hours

(b) Outside business hours

12. What security measures are taken with respect to the transfer of money and /or negotiable instruments?

13. What is the maximum value of money, negotiable instruments?

(a) During any one transfer

(b) Total transfer annually

Employees

14. IS There likely to be a substantial increase in the number in the number of Employees or Locations during the period of insurance reason of

(a) seasonal activity Estimated Increase Yes No

(b) Total transfer annually Estimated Increase Yes No



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15. Are references from previous Employees required for all new Employees?

Yes No

If "No", please advice why not

16. Please advice total Employees numbers by country and category:

Location	Class1 Executives not referred to in class 2& 3	class2 Employees engaged in handling money, stock & store supervisors	class3 Employees engaged in delivery of goods	class4(a) Work experience students and temporary staff	class4(b) Other employees not included in class 1,2,3,4a
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Entry Information:

(a) Are bank accounts reconciled by someone who is not authorized to deposit or withdraw from them?

Yes No

If 'no', how often are reconciled, and by whom?

(b) Is counter signature of all cheques required?

Yes No

If 'Yes', by whom are they signed and at what amount is dual signature required?

3. Are securities subject to joint control by two or more employees?

Yes No



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4. Do any employees have full access to the cash and accounts or Stock/inventory controls

Yes

No

If 'Yes', Please provide details?

5. Are cheque signing machines used?

Yes

No

If 'Yes', are signature plates and blank cheques kept in a locked safe?

Yes

No

If 'No', please provide details.

6. Are duties of programmers and operators separated?

Yes

No

If 'No', Please provide details?

7. What other measures are in place to mitigate risk?

Security

8. Is there controlled access to all locations where money and/or

Yes

No

stock are kept?

Please provide details?

9. Are all the premises containing money, stock etc connected to a back

Yes

No

to base intruder alarm?

If 'No', what alternative controls are in place?



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10. What are nature and maximum value of goods in the care, custody and control of the insured at any one location?

Claims Information

17. List any act of dishonesty or incidents which have occurred which have occurred during the last five years (Please attach a further list if the space provided is insufficient)

Date	Description	Amount	Corrective measures taken other than dismissal and /or recovery

Previous Fidelity Guarantee Insurance

18. Previous fidelity coverage (Please attach a further list, if the space provided is insufficient)

Insurer	Period	Limit

19. Has any fidelity guarantee insurance carried by the insured been declined or cancelled within the last five years by any insurer?

Yes

No

If 'Yes', please provide details

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20. Limit of liability requested Excess requested

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Declaration We hereby declare that the statements and particulars in this proposal are true and that we have not mis-stated or suppressed any material facts. We agree that this Proposal Form with any other information supplied by us shall form the basis of any Contract of Insurance effected thereon. We undertake to inform the Insurer of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance.

Signature

Date

Title

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(Managing Director or Company Secretary)

So that the Underwriter may gain a full understanding of your operations, if possible, please attach a copy of your latest Annual Report &/or Report