



MAYFAIR INSURANCE COMPANY TANZANIA LIMITED

2nd Floor, TAN-RE House, Plot No.406, Longido Street, Upanga, Dar Es Salaam, Tanzania.

P.O.Box 38353, Tel: +255 22 2922337/338, Fax +255 22 2922339.

Email: info@mayfair.co.tz

FIDELITY GUARANTEE INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker _____

PARTICULARS OF THE PROPOSER

Name of the proposer (in full) _____

Postal Address P.O. Box _____ Town _____

Telephone _____

Profession or Occupation (Nature of business) _____

Period of Insurance From _____ To _____

TIN/VRN Number _____

SCHEDULE (if many names are needed, attach a list as per schedule below)

Names of persons whose fidelity is to be insured	Address	Capacity in which employed	Salary or remuneration	Limit of guarantee per event	Limit of guarantee per year

PARTICULARS OF PROPOSER

1. (a) Do the names on the above schedule comprise all the staff employed by you in the above business? YES NO

(b) If NO, state the names and/or occupations of those excluded and the reasons for such exclusions

2. Have any of the persons names in the Schedule ever been in your employment before? If YES, why did they leave? YES NO

3. Have you any Fidelity Guarantee in force at present or have you been insured against the same previously? YES NO
If NO, why is it required now? _____
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4. Are any of the persons named in the schedule permitted to engage in any other business or employment? YES NO
If YES, please give details _____
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5. Is there any outstanding account or cash balance now due to you by any one or more of the persons named in the schedule? YES NO
If YES, furnish particulars _____
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6. Has there ever been any default irregularity in the accounts of any one or more of the persons named in the schedule? YES NO
If YES, give details _____
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7. What checks are used to secure accuracy in your accounts, and at what periods do you undertake to balance and close the cash accounts of your business? _____
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8. How often will your accounts be audited, and by whom? _____
9. How often will the bank statements and cash books be examined, reconciled and by whom? _____
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10. What are your regulations as to payments to you of money received on your accounts by any of the persons named in the schedule? _____
-
11. How often will you furnish Statements of Accounts direct to customers and not through individuals usually responsible for that duty? _____
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12. Do you write to all the persons reported by the cashier, as not having paid their accounts. Or how, otherwise, will you check irregularity? _____
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13. Are numbered receipt forms with counterfoils used? YES NO
(i) If YES, are they made out by a clerk or official other than the one who receives the cash? YES NO
(ii) If numbered receipt forms with counterfoils are not used, what forms are used? _____
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14. Is any one person on your employment authorised to pay any expenses out of the money collected? YES NO
If YES, who balances the accounts? _____

Give the names and addresses of three persons (other than previous employers and relatives) who have known you intimately in private life and to whom the company may refer.

	Full Name	Postal Address	Profession/Occupation	How long known
1.				
2.				
3.				

DECLARATION

I/We hereby declare that the answers given above in every respect are true; and that I/we have not withheld any information likely to affect the acceptance of this proposal; and I/we agree that this proposal and declaration shall be the basis of the contract between the company and myself; and agree that Mayfair Insurance Company Tanzania Limited may of need be write/telephone to the referees given by me/us; and I/we further agree to accept the terms, exceptions contained in the Company's Fidelity Guarantee policy or extended by any endorsement thereon or on any Certificate of Insurance issued by the company in lieu of a policy.

Date of proposal _____ Signature and stamp of proposer _____

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

FOR OFFICIAL USE ONLY

Authorise Person(s) signature _____ Date _____