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FIDELITY GUARANTEE INSURANCE PROPOSAL

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY
 (Please use block capitals and do not leave blanks or answer a question with a dash)

1. PERSONAL INFORMATION

Names of Proposer(s)/Company (in full) _____
State Mr, Mrs, Miss, Dr or other title First Name Surname

Date of Birth/ Incorporation _____ Place of Birth/Incorporation _____
MM/DD/YY

Nationality _____ Country of Residence _____

Registered Address of Proposer _____

Risk Address _____

Contacts No(s) _____ Email Address _____

Form of ID _____

Trade, occupation, profession (include part-time) _____

Name of Employer, and Business Activity: _____

Are you a Politically Exposed Person (PEP) or an immediate family member of a PEP? YES NO

A PEP is an Individual such as a Head of State or Government, senior politician, senior government, judicial or military official, senior executive of State-owned corporations and important political party official who is or has been entrusted with prominent functions by a foreign country or domestically in the territory; or A Person who is or has been entrusted with a prominent function by an international organisation which refers to members of senior management such as directors and members of the board or equivalent functions. This category also includes immediate family members close personal and professional associates. If Yes is selected, This Proposal form must be accompanied by a PEP Memorandum.

If Business Entity, are you? Company Partnership NPO Trust, Nominees or Other

2. (a) State the system of dealing with money from the time of receipt until paid into bank.

- (b) Is all the money received banked on the day of receipt? _____
- (c) Is any balance retained? YES NO
 If "YES",
 (i) for what purpose? _____
 (ii) how often is such balance checked by actual inspection _____
 (iii) by whom? _____
- (d) Are checks made to see that all money received is paid into the bank? YES NO
 If "YES",
 (i) by whom? _____
 (ii) in what way? _____
- (e) Are any of the employees handling cash allowed to:
 (i) make ledger postings YES NO
 (ii) render accounts to customers who are in arrears? YES NO
- (f) Is the bank statement checked with the cash book? YES NO
 If "YES",
 (i) How often _____
 (ii) By whom? _____
3. (a) Are all disbursements other than petty cash made by crossed cheque? YES NO
- (b) (i) What documents of authority are produced with cheques for signature? _____

- (ii) Who has power to sign cheques? _____
- (iii) If an employee has such power, is a second signature required on all cheques? YES NO
- (iv) If not, what is the limit on the amount of cheques bearing only one signature? _____
- (c) (i) What authority is required before petty cash payments are made? _____
 (ii) What system is employed for recording petty cash? _____
 (iii) If the imprest system is used, what is the amount of the float? _____
4. (a) Are wage and salary sheets prepared independently of the employees who pay the wages and/or salaries? YES NO
- (b) What is the method of checking the wage and/or salary sheets? _____
- (c) What is the method of dealing with wages and/or salaries not paid over? _____
- (d) How would the introduction of fictitious names or amounts be detected? _____
5. In respect of the following, state:
 (i) how often they will be carried out independently of the employees concerned
 (ii) by whom.

- (a) Cash book, balanced and checked against bank statement, receipt counterfoils and vouchers
(i) _____ (ii) _____
- (b) Petty cash payments checked and employee concerned required to produce the balance.
(i) _____ (ii) _____
- (c) Insurance cards examined to ensure that they are fully stamped to date and compared with wages and/or salary sheets.
(i) _____ (ii) _____
- (d) Verification that the amount drawn weekly for Insurance stamps is correct
(i) _____ (ii) _____

6. Are stock records maintained? YES NO

If "YES",

- (a) What stock records are maintained? _____
- (b) How often are they maintained? _____
- (c) By whom is a physical check of stock made? _____
- (d) How would misappropriation be detected? _____

7. (a) Is money received recorded? YES NO

If "YES", how is money received recorded? _____

- (b) (i) How are such records checked? _____
- (ii) How often is this carried out? _____

(c) Is all money received banked for your credit daily? YES NO

8. (a) (i) How often are accounts sent directly to customers by post? _____

(ii) By whom? _____

(b) What steps are taken to verify accounts reported to be in arrears? _____

(c) Are counterfoil and numbered receipt books used? YES NO

If "YES",

	Indoor Officials	Outdoor Officials
(i) how often will the counterfoils be examined and checked?		
(ii) by whom?		

9. Are your accounts audited by professional Accountants? YES NO

If "YES",

(a) how often? _____

(b) by whom? _____

(c) Is the audit a full and complete one? YES NO

10. Have you experienced any losses through dishonesty of employees during the last ten years? YES NO

If "YES", please give full details, stating

(i) the amount _____

(ii) how the defalcations were carried out _____

(iii) what steps you have taken to prevent a recurrence _____

11. Has any insurer ever:
- | | | |
|--|------------------------------|-----------------------------|
| (a) declined your proposal? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) increased your premium? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) imposed special conditions on your policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) refused to continue or renew your policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (e) cancelled your policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
- If "YES" to any of these, please give details _____

12. Period of Insurance: From _____ to _____
mm/dd/yy mm/dd/yy

DECLARATION

I/We wish to effect insurance with **Guardian General Insurance Limited** on the terms, conditions and exclusions of the Policy to be issued by the Company.

I/We warrant that:

- (a) the statements and particulars given by me/us in this proposal are to the best of my/our knowledge and belief true and complete
- (b) no material fact/s affecting the assessment of the risk has been misrepresented mis-stated suppressed or withheld

I/We consent to:

- (a) conduct business with Guardian General Insurance Limited online and electronically including but not limited to effecting and/or renewing insurance coverages, requesting and receiving quotations and/or updates, sending and receiving all documents, communications, notices, contracts and all other correspondence electronically.

I/We further consent that any document delivered in connection with this proposal may be electronically signed and the electronic signatures of the parties are intended to have the same force and effect as manual signatures.

- (b) the sharing of my/our information including personal information with other companies in Guardian Holdings Limited and parent company, NCB Financial Group Limited (referred to herein as NCB Group) and/or their subsidiaries and any other entity/ies that may become part of the NCB Group and with all duly authorized regulatory bodies and/or Agencies and business partners.
- (c) the seeking of information from other insurers, finance companies, databases and/or other duly authorized bodies to verify the answers provided by me/us.

I/We agree that this Proposal and Declaration shall form the basis of the contract between me/us and **Guardian General Insurance Limited** and shall be deemed to be incorporated in the Policy to be issued.

Date (MM/DD/YY): _____

Signature of Proposer (s) _____

Corporate Clients: Affix Company Stamp

SCHEDULE OF EMPLOYEES / POSITIONS

Full Name of Employee/Position	Nature of Duties	Amount of Guarantee	Annual gross income	Date of commencement of Service	Have you always been satisfied with honesty and general conduct?

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