



FIDELITY INSURANCE

PROPOSAL FORM

STATEMENT PURSUANT TO ARTICLE 20 OF THE INSURANCE LAW OF THE KINGDOM OF CAMBODIA OR ANY SUBSEQUENT AMENDMENT THEREOF

You are to disclose in this proposal form, fully and faithfully, all the facts, which you know or ought to know, otherwise the policy issued hereunder may be void.

GENERAL QUESTIONS	
1. Name of Proposer	
2. Address	
3. Trade of Business (Please include full details of all activities)	
4. How long has the business been established ?	_____ Years
5. Have there been any losses (whether insured or not) due to the dishonesty of employees, partners or directors during the last five years ? If "YES", please provide, on a separate sheet, details of a) Date b) Circumstances c) amount and d) steps taken to prevent recurrence.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has there been any occasion to question the honesty of any present or former employee during the last five years. If "YES", please give full details.	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____
7. Has any insurer in respect of the risks to which this Proposal relates : a) declined a proposal refused renewal or cancelled an insurance ? b) required an increased premium or imposed special conditions ? If "YES" to (a) or (b), please give full details.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____
8. a) Do you always obtain references directly from former employers for the three years immediately preceding engagement of employees responsible for money, goods or computer operations ? b) Are the references in writing ? If the answer is "NO" to (a) or (b), please describe your procedure.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____
9. Please state largest amount any employee is responsible for at any one time.	a) Money _____ b) Goods _____

PF-06-1211/20

SYSTEM OF CHECK	
1. Do you have an internal audit department ? If "YES" a) to whom does the department manager report ? b) how frequently are all areas of the business audited ?	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____
2. a) Do external auditors examine your accounts every twelve months ? b) Who are your external auditors ?	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____
3. Are employees receiving cash and cheques in the course of their duties required to pay in all such monies and/or bank in full on the day of receipt or the next banking day ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are bank statements, receipts, counterfoils and supporting documents checked (independently of the employees responsible) at least monthly against the cash book entries and is the balance tested with cash and unrepresented cheques ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. a) If there a predetermined limit above which manually prepared cheques or other bank instruments are required to have two signatures ? If "YES", what is the limit ? b) Does one signatory examine the supporting documentation before signing the cheque or instrument ? c) i) In the case of computer or machine produced cheques is the supporting documentation examined before the requisition is input ? ii) Is there a predetermined limit above which two signatures are required before the requisition for such a cheque is input ? If "YES", what is the limit ?	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO _____
6. Is cash in hand and petty cash checked independently of the employees responsible at least weekly ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Is the wages and salary documentation checked, independently of the employees responsible, before payment are made ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Is a reconciliation by means of a formal stock-taking process carried out on all stock independently of the employees responsible for such stock ? If "YES", at what intervals ?	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ months
9. Are different employees, acting independently, responsible for the ordering of stock and materials, the recording of the receipt of such and authorising the payment of them?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. a) Are statements of account for all amounts due sent to customers by post at least monthly ? b) Is it your practice to ensure that employees who receive cash or cheques cannot interfere with the despatch of statements of account and reminders for payment ? c) Is action taken at management level if an account becomes three months overdue ?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

11. Are any of your accounting, salary or stock control functions computerized ? If "YES", a) Are responsible for authorisation of transactions, processing of transactions and handling of output exercised by different employees? b) i) Do your internal auditors supervise computer security ? (Please leave blank if you have no internal auditors) ii) Do your external auditors examine your computer security ? c) Do you use a "Mainframe" computer ? (i.e. not a "personal computer") If "YES", i) Is access to the system controlled by passcode procedures so that only staff with what appropriate authority can enter ? ii) Do procedures exist to ensure that all changes to programmes are authorised at the appropriate level ? iii) Is there an adequate system to check that these procedures have been complied with ? iv) Is a log kept showing all changes to programmes ?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
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COVER FOR NAMED EMPLOYEES ONLY					
	Name of Employee	Duties	Salary per month (USD)	Length of Service (Years)	Length of Indemnity
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Total Limit of Indemnity required for all employees					

DECLARATION

I/We to the best of my/our knowledge hereby confirm that the statement contained in this proposal form are true and correct and I/We have not concealed, misrepresented or misstated any material fact.

I/We further agree that the statements and declaration contained in this proposal form shall be incorporated in and be the basis of the contract between myself/ourselves and the Company.

Signature : _____

Name : _____

Designation : _____

Date : _____

Identity Card No./ Business Regn. No. :

Date of Birth :

(Identity Card/Business Regn. Doc. Verified By : _____)

Signature & Name of Agent / Staff)