

Fidelity Guarantee Insurance proposal form

Please use **BLOCK LETTERS** and tick boxes where appropriate

Client Details

Cover does not attach until this proposal has been accepted by Allianz Insurance plc. Please supply the following details. If you do not have enough room please use a separate piece of paper.

Full Name of Employer			
Company Registration No. (if applicable)			
Address			Postcode
Telephone No.		Year Established	
Full Business Description/Activities			
Names and Activities of all Subsidiary Companies to be included			

Please answer all of the following questions.

Important: This form should only be completed and signed by a senior executive, official, director or partner authorised to sign on behalf of the Proposer.

- 1** State the total number of employees and estimated wagheroll for the financial year most concurrent with the period of insurance in the following categories:

	No. of Employees	Estimated Wageroll
a Managers, Directors and Executives		£
b Travellers, Collectors and Salesmen		£
c Drivers		£
d Other employees having responsibility (directly or indirectly) for money, securities, stock or accounts		£
e All other employees		£

Client Details (continued)

Please answer all of the following questions.

Important: This form should only be completed and signed by a senior executive, official, director or partner authorised to sign on behalf of the Proposer.

2	State estimated annual turnover		£		
3	What is the total number of premises occupied by your employees?				
4	Have you previously applied for, or are you currently applying for Fidelity Guarantee (Theft By Employee) insurance from another insurer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If 'Yes', has any insurer refused terms or applied special conditions or restrictions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Insurer/Details			Date Application made	

General

1	Have any claims previously occurred or has there been occasion to doubt the honesty of any employee? If 'Yes', please provide date(s), circumstances, amount involved, how it was discovered and steps taken to prevent a recurrence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2	Do you have a documented policy on Security within your organisation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
a	Does it comply with BS7799 or ISO 27001:2005?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b	Does it include computer security?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c	Has a director or senior member of staff been given responsibility to enforce and review this?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d	Are all staff made aware of it?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e	Are all employees made aware of the person to whom they should report the discovery of a possible loss or activities which may lead to a loss?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
f	Please enclose a copy with this proposal form – enclosed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3	Do any employees to be insured reside or work outside Great Britain, Northern Ireland, the Channel Islands and the Isle of Man? If 'Yes', please provide full details	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4	Are all employees to be covered who have responsibility for stock control, wage or accounting functions required to take 14 consecutive days holiday per annum?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

General (continued)

- 5 a** Do professional auditors audit your accounts at least once every 12 months? Yes No
- b** Do they audit all locations? Yes No
- c** Name and address of your auditors Yes No

- d** Do you have an internal audit team? Yes No
(If 'Yes', you now need to complete Appendix 1 – Internal Audit)
- 6** Do you always obtain satisfactory written references direct from former employers covering the three years immediately preceding the engagement of any employees responsible for money, goods, accounts, computer operations or computer programming? Yes No

- 7** Has any insurer ever
- a** declined to insure you or to renew any of your insurance policies Yes No
- b** cancelled any of your insurance policies Yes No
- c** avoided any of your insurance policies for non-disclosure or misrepresentation of any material fact Yes No
- d** refused to pay a claim or restricted cover as a result of a breach or any policy term or condition, or risk improvement requirements Yes No
- e** imposed special terms or conditions Yes No

If 'Yes' to any of the above, please provide full details

- 8** Within the last 10 years have you or any director or partner traded under a different name? Yes No

If 'Yes', please provide full details

- 9** Is there any additional information or detail which may assist us in assessing the nature of the insurance risk being proposed, and which may influence our decision to accept this insurance, or in setting the terms and premium? Yes No

Examples of such information are:

- a** any special or unusual facts relating to your insurance risk Yes No
- b** any particular concerns which led to you seeking insurance cover Yes No
- c** anything that would generally be understood to provide a fair description of your insurance risk, taking account of the nature of your business and the activity undertaken at your premises or elsewhere Yes No

If 'Yes', please provide full details

General (continued)

10 Have you or any partner, director, or any other person responsible for managing the business, either personally or in any business capacity:

- | | | | | | |
|----------|---|-----|--------------------------|----|--------------------------|
| a | ever been convicted of or charged (but not yet tried) with any criminal offence other than road traffic offences? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b | received an official caution for a criminal offence within the last three years other than a (road traffic) motoring offence? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c | ever been declared bankrupt or entered into an individual voluntary arrangement, or if a company, gone into liquidation, administration, receivership, administrative receivership, or entered into a company voluntary arrangement or creditors scheme of arrangement? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d | ever been a director or partner of a company that went into liquidation, administration, receivership, administrative receivership, or entered into a company voluntary arrangement, or a creditors scheme of arrangement or was dissolved? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e | ever been prosecuted for a breach of any statute relating to health or safety of employees or others? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f | ever been served with a Prohibition Notice under the Health and Safety at Work etc. Act 1974 and associated regulations? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g | ever been prosecuted for failure to comply with any environmental protection legislation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h | ever been the subject of a recovery action by HM Revenue and Customs? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| i | ever been the subject of a County Court or High Court judgment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| j | cancelled any of your insurance policies | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If 'Yes' to any of the above, please provide full details

Important Notes:

Where the employer is unable to comply with the reference requirements for any employee Allianz Insurance plc must be advised.

References are to be retained for the duration of an employee's service with the employer plus two years thereafter. These may be requested by Allianz Insurance plc in the event of a claim.

Cover Options (see prospectus for details)

Please complete:

Section A for a Blanket Policy Covers all employees

or

Section B for a Specified Names or Positions Policy. Covers specified employees or specified positions within the company.

A Blanket Policy

State amount of Guarantee required:

- a Any one loss £
- b In aggregate during any one period of insurance £

B Specified Policy (A limit any one loss will apply to all employees selected for cover)

Please complete **i** or **ii**

i Specified Employees

Name of Employee	Position of Employee	Length of Service	Limit any one loss
			£ <input style="width: 100px; height: 20px;" type="text"/>

ii Category of Employee

Name of Employee	Position of Employee	Length of Service	Limit any one loss
			£ <input style="width: 100px; height: 20px;" type="text"/>

Please state aggregate required during any one period of insurance if different from the any one loss limit noted in either i or ii above £

For A or B

Is a voluntary excess required? Yes No If Yes, please state amount £

System of Check

Important Note:

The terms of this insurance require that the System of Check in this proposal and any other precautions declared or required by us must remain fully operative during the currency of the policy.

1 Have you appointed a competent person to exercise control over Accounts and cash Yes No

Please confirm what qualifications they have and how long they have been in control of those areas?

2 a Are employees receiving monies required to bank daily? Yes No

b Are employees required to account for monies received at least: Yes No

i weekly if Travellers/Collectors? Yes No

ii monthly – all other employees? Yes No

iii signed by employees independently of those who prepare cheques or authorise cheques? Yes No

b When cheques are being signed does each signatory examine supporting documents? Yes No

c Do all cheques drawn for more than £10,000 require two signatories? Yes No

4 Are bank statements, receipt counterfoils and supporting documents checked at least monthly against the cash book entries and the balance tested with cash and unpresented cheques, independently of the employees making cash book entries or paying into the bank? Yes No

5 a Are all cheques Yes No

i prepared independently of employees who authorise cheques and signatories? Yes No

ii authorised by employees independently of those who prepare or sign cheques? Yes No

iii signed by employees independently of those who prepare cheques or authorise cheques? Yes No

b When cheques are being signed does each signatory examine supporting documents? Yes No

c Do all cheques drawn for more than £10,000 require two signatories? Yes No

6 Are statements of account sent to customers direct by post independently of employees in a position to receive payment of an account at least monthly? Yes No

7 Will all wages and salaries be checked against wage lists and wage figures independently of persons who prepare the wages? Yes No

System of Check (continued)

8 Do you allow employees to handle monies or goods other than in the normal course of your Business (e.g. holiday club money) and are these to be covered by the Policy? Yes No

If 'Yes', please provide particulars indicating what steps are taken to ensure that they are properly accounted for.

9 a Does any employee have
i the power to operate your Bank Account? Yes No

If 'Yes', what is the maximum authorised transaction amount on the sole authority of one employee?

£

iii direct control over your or your clients investments, securities or stocks? Yes No

b Do you operate an Electronic Funds Transfer system? Yes No

(If 'Yes', you now need to complete Appendix 2 – Funds Transfer)

c Are clients monies held in separate accounts from that of the business accounts? Yes No

10 a Will all stock including completed goods and returned goods be physically checked independently of the employees normally responsible for it, at least six monthly, with any discrepancies investigated? Yes No

b Do you additionally carry out "spot check" audits without warning? Yes No

If so how often?

11 Do you hold stocks of high value materials or goods? (e.g. non-ferrous or precious metals, exercise stocks) Yes No

If 'Yes', please indicate

1 Nature of goods

2 Maximum value £

3 Special security precautions taken against theft by employees

System of Check (continued)

12 Are different employees acting independently responsible for:

- | | | | | |
|---|-----|--|----|--|
| a ordering goods? | Yes | | No | |
| b recording receipt of goods? | Yes | | No | |
| c authorising payment for goods? | Yes | | No | |

13 Is the appointment of suppliers carried out through the use of a formal tendering procedure?

If 'No', please provide details

Computer Security

- | | | | | |
|--|-----|--|----|--|
| 1 Are any Wage, Accounts or Stock Control functions computerised?
Note: If 'No', please move on to the next page. | Yes | | No | |
| 2 a Is physical access to rooms containing computer terminals restricted to authorised staff? | Yes | | No | |
| a ordering goods? | Yes | | No | |
| b Is computer media (discs, tapes, etc.) securely stored in locked cabinets when not in use by authorised staff? | Yes | | No | |
| c Can your systems be accessed from terminals outside your premises? | Yes | | No | |
| 3 Has your computer security been vetted by a professional computer company or computer security personnel of your auditor? | Yes | | No | |
| 4 Did they make any recommendations?
If 'Yes', have they been fully complied with? | Yes | | No | |
| 5 a Do employees with access to the computer system need a secure, individual password to access the system? | Yes | | No | |
| b Are users forced by the system to change passwords upon expiry, at least once every six months? | Yes | | No | |
| c Is password access deleted or invalidated immediately an employee leaves your employment? | Yes | | No | |
| d Is computer data backed up daily and stored securely off site? | Yes | | No | |
| 6 Do you employ your own computer personnel? | Yes | | No | |

Computer Security (continued)

7 a Do you use any computer programs that have been written or obtained from anyone other than third party specialist computer companies? Yes No

If 'Yes', please specify

8 Can your computer staff access or interfere with your wage, accounts or stock control records? Yes No

9 Are you aware of any wrongful interference by employees or otherwise with your computer systems? Yes No

If 'Yes', would the interference have resulted in a loss if undetected? Yes No

Please provide details

10 Do you have a "computer trail" audit? (i.e. Do you audit access to your system to ensure users are only accessing those areas of the system they are authorised to and that all access is by authorised users only) Yes No

Important Information – Your duty to make a fair representation of the risk

You must make a fair presentation of the risk to us at inception, renewal and variation of your Policy. This means that you must tell us about all facts and circumstances which may be material to the risks covered by your Policy in a clear and accessible manner or give us sufficient information to alert us of the need to make enquiries about such facts or circumstances.

Material facts are those which are likely to influence us in the acceptance of or assessment of the terms or pricing of your Policy. If you are in any doubt as to whether a fact is material, you should tell us about it.

If you fail to make a fair presentation of the risk, we may avoid your Policy (that is treat it as if it had not existed) and refuse to pay any claims where any failure to make a fair presentation is:

- a deliberate or reckless; or
- b of such other nature that, if you had told us about a material fact or circumstance, we would not have issued, renewed or varied your Policy.

In all other cases, if you fail to make a fair presentation of the risk, we will not avoid your Policy but we may instead:

- a reduce proportionately the amount paid or payable on any claim, the proportion for which we are liable being calculated by comparing the premium actually charged as a percentage of the premium which we would have charged had you made a fair presentation (e.g. if we would have charged you double the premium, we will only pay half the amount of any claims under your Policy); and/or
- b treat your Policy as if it had included such additional terms as we would have imposed had you told us about a material fact or circumstance. Payment of any claim you make will be subject to the application of any such additional terms.

For these reasons it is important that you check all of the facts, statements and information set out in your Commercial Select Proposal Form or in any other information provided are complete and accurate. You must also make reasonable enquiries to check with anyone you employ in your business that the facts and statements set out in your Commercial Select Proposal Form or in any other information provided are complete and accurate and that there are no other material facts which you need to disclose.

If any of the facts, statements and information set out in your Commercial Select Proposal Form, risk presentation or any additional information provided are incomplete or inaccurate, you or your Insurance advisor must contact us immediately. Failure to do so could invalidate your policy or lead to a claim not being paid or not being paid in full.

Declaration

I/we declare that:

- 1 I/We have read this proposal and understand that I/we are under a duty to make a fair presentation of the risk and that failure to do so could result in my/our policy being invalidated and/or a claim not being paid or not being paid in full.
- 2 the facts, statements and information contained within this proposal, whether provided by me/us or by others on my/our behalf, are true and complete.
- 3 the facts, statements and information which are not contained within this proposal but which have been provided to Allianz separately by me/us or by others on my/our behalf are true and complete.
- 4 I/We have declared all material facts and circumstances which may affect the risk being accepted by Allianz under this policy even if Allianz has not asked me/us any questions about such facts.
- 5 I /We have made all reasonable enquiries of any employed by me/us to ensure that all facts, statements and information provided to Allianz are accurate and correct.
- 6 I/We agree to accept Allianz's standard form of policy for this/these class/classes of insurance. A specimen copy of the policy is available on request.
- 7 I/We understand that Allianz Insurance plc and/or Allianz Legal Protection reserve the right to decline any proposal.
- 8 I/We have read the Fair Processing Notice and the Consent for Special Categories of Personal Data contained within this proposal and consent to data being used for the purposes specified.

Authorised Signature

Date

Position/Title

Print Name

Privacy Notice Summary

Please find below a summary of our Privacy Notice.
The full notice can be found on the Allianz UK website:
allianz.co.uk/privacy-notice.html.

If you would like a printed copy of our Privacy Notice, please contact the Data Rights team using the details below.

Allianz Insurance plc is the data controller of any personal information given to us about you or other people named on the policy, quote or claim. It is your responsibility to let any named person know about who we are and how this information will be processed.

Allianz Insurance plc, Allianz Engineering Inspection Services Limited, Petplan Ltd and VetEnvoy are companies within Allianz Holdings.

Anyone whose personal information we hold has the right to object to us using it.

They can do this at any time by telling us and we will consider the request and either stop using their personal information or explain why we are not able to.

If you wish to exercise any of your data protection rights you can do so by contacting our Data Rights team:

Telephone: **0208 231 3992**
Email: datarights@allianz.co.uk
Address: Allianz,
57 Ladymead, Guildford,
Surrey, GU1 1DB

Any queries about how we use personal information should be addressed to our Data Protection Officer:

Telephone: **0330 102 1837**
Email: dataprotectionofficer@allianz.co.uk
Address: Data Protection Officer, Allianz,
57 Ladymead, Guildford,
Surrey, GU1 1DB

Employers' Liability Tracing Office

If your policy provides Employers' Liability cover information relating to your insurance policy will be provided to the Employers' Liability Tracing Office (the "ELTO") and added to an electronic database, (the "Database") in a format set out by the Employers' Liability Insurance: Disclosure by Insurers Instrument 2011.

The Database assists individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK whilst working for employers carrying on, or who carried on, business in the UK and as a result are covered by the employers' liability insurance of their employers, (the "Claimants"):

- i** to identify which insurer (or insurers) was (or were) providing employers' liability cover during the relevant periods of employment; and
- ii** to identify the relevant employers' liability insurance policies.

The Database and the data stored on it may be accessed and used by the Claimants, their appointed representatives, insurers with potential liability for UK commercial lines employers' liability insurance cover and any other persons or entities permitted by law.

The Database will be managed by the ELTO and further information can be found on the ELTO website elto.org.uk.

Appendix 1 – Internal Audit

Where there is an internal audit department:

a How many people are employed in the internal audit department?		
b How often are full internal audits made?		
c Are surprise audits regularly conducted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d Are all premises audited?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e What is the maximum length of time between audits for an area or location of the business?		
f Is there an “audit and control” procedures manual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g Are internal controls reviewed by external auditors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If ‘Yes’, are any recommendations brought to the attention of management and complied with?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Appendix 2 – Funds Transfer

Please answer the following (but only if directed to by instructions within the main proposal form):

1 Estimated annual value of funds transferred:	£ <input type="text"/>	Maximum amount	£ <input type="text"/>
How many fund transfers take place on average per month?	<input type="text"/>		
2 a Are computers used to handle fund transfers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b If no, what methods are used?	<input type="text"/>		
If ‘Yes’, to a please attach a copy of the procedures followed – attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3 Do you use a Cash Management System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If ‘Yes’, please answer the following questions

a Name of Service Bank and system

3 Do you use a Cash Management System? (continued)

b Do you comply with all terms and conditions contained in the agreement with the Service Bank? Yes No

c Is the system used for:

i Balance reporting? Yes No

ii Funds transfer instructions to own party accounts? Yes No

iii Funds transfer instructions to third party accounts? Yes No

iv Other? If 'Yes', please specify below

d Does the system impose limits on the amounts/values of instructions? Yes No

If 'Yes', please describe

e Within your organisation are there written procedures regarding the control and usage of the system? Yes No

f Are cash management system transaction statements received from the Service Bank verified by the end of the next business day following receipt? Yes No

If 'No', when are they verified?

4 With regard to funds transfer (whether through a Cash Management System or not) please provide the following:

a In respect of funds transfer applications do you input instructions in:

i Fixed/pre-format? Yes No

If 'Yes', describe procedures for setting up and amending authorities

ii Free-format? Yes No

b Do the bank acknowledge transfers? Yes No

If 'Yes', describe by what means

c Who approves transfers

and is dual authorisation required? Yes No

If 'Yes', for over what amount?

d Are the details of such transactions entered by someone who is not permitted to authorise transfers? Yes No

e How many persons are required to release an electronic funds transfer instruction?

f Do the terminals used feature a lock-out mechanism that denies access after a certain number of failed access attempts and logs the incident on an audit or supervisory report? Yes No

g Are all transactions audited? Yes No

If 'Yes', by whom and how often?