



AXA MANSARD INSURANCE PLC RC133276
Santa Clara Court
Plot 1412, Ahmadu Bello Way, P.M.B. Box 80015, Adeola
Odeku, Victoria Island, Lagos

"AN INDIVIDUAL WHO ASSISTS AN APPLICANT TO COMPLETE THIS PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT"

Fidelity Guarantee Insurance Proposal Form

Fidelity Guarantee Insurance protects organizations from loss of money, securities, or inventory belonging to the employer or for which they are responsible as a result of employee or group of employee dishonesty, embezzlement, forgery, robbery, safe burglary, computer fraud, wire transfer fraud, counterfeiting, and other criminal acts.

According to the Association of Certified Fraud Examiners (ACFE), employee fraud and embezzlement in organizations account for losses to the tune of nearly 6% of total annual revenue in a year

Any organization whose activities involve employee handling money, securities, stock/goods needs protection from possible employee dishonesty/fraud.

Fidelity Guarantee Insurance Proposal

****Please fill or tick where applicable***

Name: _____
Contact Address: _____
Telephone No(s) _____ Fax No. _____ E-mail _____ Website: _____ Occupation: _____ Customer Type (e.g. SME, Individual): _____ State of Origin: _____ Local Government: _____ Period of Insurance: From: _____ To: _____ Bank Account Number: _____ Bank Name _____ BVN _____ Nationality _____ Place of Birth _____ Tax Identification Number _____ Resident Permit (For Non Residents): _____ Country of Dual Citizenship: _____ Foreign Mailing Address _____
Annual Turnover: ₦ _____ Limit of Indemnity: Anyone Occurrence: ₦ _____ Anyone Period of Insurance: ₦ _____ Period of Insurance: From: _____ To: _____
Expected Premium: ₦ _____ Source of Funds: _____ Bankers: _____

AMIPLC/P&C/FGPF/09/2016/V1.2

Please Note "No Cash Payment":

Kindly ensure all payments are made directly into AXA Mansard's designated corporate account account(s). All cash payments MUST be made in person, as the company shall not be held liable for cash payments made to/through other parties apart from NAICOM licensed insurance brokers.

How frequently are audits made? Internal External

Who are your external auditors?

Are all locations audited? Yes No

If no state why: _____

Date of last audit: Internal: / / External: / /

Are references from previous Employees required for all new Employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are bank accounts reconciled by someone who is not authorized to deposit or withdraw from them?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the maximum value of money, negotiable instruments at one location. (during business hours, outside business hours) _____	
What security measures are taken with respect to the transfer of money and /or negotiable instruments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State largest amount held by any employee at one time: Cash: ₦ _____ Goods: _____	
How often are employees required to account for money received? Please state: _____	
What steps are taken to ensure that all sums received by employees are accounted for? Please state: _____ _____	
Do employees pay in money or draw cash on employer's bank account?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do employees who handle money or goods have duties in connection with ledgers or stock record books? If yes give details: _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
State maximum amount of petty cash held: ₦ _____	
Are all disbursements other than petty cash made by crossed cheques?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is counter signature of all cheques required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are securities/goods subject to joint control by two or more employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>

AMIPLC/P&C/FGPF/09/2016/V1.2

Please Note "No Cash Payment":

Kindly ensure all payments are made directly into AXA Mansard's designated corporate account account(s). All cash payments MUST be made in person, as the company shall not be held liable for cash payments made to/through other parties apart from NAICOM licensed insurance brokers.

What is the system for authorizing the purchase of goods and recording deliveries?	
Is there system for authorizing the dispatch of goods and ensuring that dispatch is recorded and charged to the customer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'Yes', by whom are they signed and at what amount is dual signature required? _____	
Do any employees have full access to the cash and accounts or Stock/inventory controls Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'Yes', Please provide details? _____	
Is there controlled access to all locations where money and/or stock are kept	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all the premises containing money, stock etc connected to a central intruder alarm system?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Claims Information

Has there been any occasion to question the honesty or good conduct of any of the persons to be guaranteed? Yes No

If so give details _____

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

Date	Description	Amount (₦)	Corrective measures Taken

Has any company declined, cancelled, refused or accepted your proposal on special terms and conditions? Yes No

If yes give details a separate sheet _____

DECLARATION

I/We warranted that the above statements are true and complete and I/We agree that this proposal shall be the basis of the contract between me/us and the Company.

AMIPLC/P&C/FGPF/09/2016/V1.2

Please Note "No Cash Payment":

Kindly ensure all payments are made directly into AXA Mansard's designated corporate account account(s). All cash payments MUST be made in person, as the company shall not be held liable for cash payments made to/through other parties apart from NAICOM licensed insurance brokers.

I/We agree to accept a policy in the Company's usual form for this class of insurance

Date

Signature of Proposer

The liability of the Company does not commence until this Proposal has been accepted by the Company.

OFFICIAL USE ONLY

Broker/Agent/BA: _____

SBU/Hub/Spoke: _____

Client's Risk Category: _____ Accept Decline

AMIPLC/P&C/FGPF/09/2016/V1.2

Please Note "No Cash Payment":

Kindly ensure all payments are made directly into AXA Mansard's designated corporate account account(s). All cash payments **MUST** be made in person, as the company shall not be held liable for cash payments made to/through other parties apart from NAICOM licensed insurance brokers.