SIERRA LEONE INSURANCE COMPANY LIMITED (SLICO)

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FIDELITY GURANTEE INSURANCE PROPOSAL FORM

Important: this proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice of your insurance advisor or agent. If there is insufficient space in this proposal form for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

**Proposer Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name of Proposer |  | | | | | | | | |
| 1. Customer ID |  | | | | | | | | |
| 1. Address of Proposer | Plot No/Door  No. |  | | Building  name | |  | | | |
| Road |  | | | | | | | |
| Area |  | | | | | | | |
| City |  | Pincode | |  |  |  |  |  |
| State |  | | | | | | | |
| Phone No. |  | | | | | | | |
| Email |  | | | | | | | |
| 1. Business of the Proposer |  | | | | | | | | |
| 1. Since when established? |  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Have there been any reported losses (whether insured or not) due to fraud or dishonesty of employees, partners or directors during the last five years? | | | | Yes/No. If yes, please provide details (Please attach a separate sheet of paper if necessary | | | | | | | |
| Date | Circumstances | | | Amount of loss | | | |
|  |  | | |  | | | |
| 1. Has any Insurer in respect of the risks to which this proposal relates ever 2. Declined, refused renewal or cancelled insurance? 3. Required an increased premium or imposed special conditions?   If yes, please provide details(Please attach a separate sheet of paper if necessary) | | | | Yes/No  Yes/No | | | | | | | |
| 8. Which of the following types of cover do you require (Please tick only one) option.   1. Cover for the entire workforce (Please complete question 9) 2. Cover for selected categories only (Please complete question 10) 3. Cover for named employees only (Please complete question 11) 4. Cover for selected categories of employees and named employees (Please complete questions 10 and 11) | | | | | | | | | | | |
| 9.Cover for the entire workforce | | | | | | | | | | | |
| **Category of staff** | | | **No. of employees** | | | **Estimated annual wages** | | | | **Employee Sum Insured** | |
| Staff with direct responsibility for money, stock, accounts or computer operations | | |  | | |  | | | |  | |
| Other staff | | |  | | |  | | | |  | |
| 10. Cover for selected categories of employees | | | | | | | | | | | |
| **Category of staff** | | | **No. of employees** | | | | | | **Employee Sum Insured** | | |
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| 11. Cover for named employees (Please attach a separate sheet of paper if necessary) | | | | | | | | | | | |
| **Name** | **Designation** | **Duties** | | | **Since when in service** | | **Total remuneration** | | | | **Employee Sum Insured.** |
|  |  |  | | |  | |  | | | |  |

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| --- | --- | --- | --- | --- | --- | --- |
| 12. Period of Insurance | From |  | | To |  | |
| 13. Is there a system to obtain references from previous Employers?  If not, specify practice followed. |  | | | | | |
| 14. State the estimate of maximum amount held by any employee at any one time and for how long? |  | | Money | | | Stock |
| Amount (Le) | |  | | |  |
| Period  (no, of years) | |  | | |  |
| 15.  a. Has there been any occasion to question honesty or conduct of any person proposed for guarantee? If yes, please provide details. |  | | | | | |
| b. How often are the employees required to account for money? |  | | | | | |
| What independent systems is there to check that all sums received by employees are accounted for? |  | | | | | |
| 16.  a. .Is the division of responsibilities between departments, sections, and different employees well defined in respect of ordering of stocks and materials, the recording of receipt of such an authorizing payment or them, so that no one person handles a transaction from beginning to end? If yes please provide details. |  | | | | | |
| b. How often is the cash book balanced, the entries checked with vouchers and Bank’s Pass Book and with counterfoils of receipt books? |  | | | | | |
| c. How often is the cash book balanced and the stock books reconciled with control records? |  | | | | | |
| d. Is there a requirement of at least two signatories to authorize payments? If yes, please give description of such authorized signatories and confirm that the requirement for co-signatories is followed. |  | | | | | |
| 17.  a. Is there s requirement of dual signatories for cheques issuance, and is such requirement met? |  | | | | | |
| b. Do the employees who receive cash and cheques in the course of their duties issued pre-numbered official receipts as confirmation of the receipt? |  | | | | | |
| c. Are all the cash and cheques received banked in daily or at latest the next banking day? If no please specify. |  | | | | | |
| d. Is there an impress system for handling petty cash funds? If yeas, please specify the persons who are authorized to manage the petty cash funds? |  | | | | | |
| e. What is the system of operation of Bank Account followed and what are the precautions taken? |  | | | | | |
| f.Whether such payments/withdrawals are authorized by a senior employee and compared with supporting documents? |  | | | | | |
| 18.  a. How often are the bank reconciliations and check of receipt counterfoils and vouchers being carried out? |  | | | | | |
| b. Under what circumstances will your customers qualify for credit privileges? |  | | | | | |
| c.How often is the balancing and control of debtor accounts with statements sent to all debtors? |  | | | | | |
| d.Are there stocks ( of any kind) kept for the conduct of your business? |  | | | | | |
| e. How often are stock-takings conducted? |  | | | | | |
| f. Please list the persons responsible for carrying-out stock-taking. |  | | | | | |
| 19.  a. Please state the maximum amount of stock each employee can requisition at any one time? Is this ever exceeded?  b. Is there close supervision of storage and custody of all stocks maintained?  c. Are all deliveries to and from stores properly authorized? |  | | | | | |
| 20. When was the last stock audit undertaken, by whom, and what did it reveal? |  | |  | | |  |
| 21. When was the proposer last audited, by whom, and what did the audit reveal? |  | |  | | |  |
| Payment Details  Mode of payment: Cheque DD Cash Others  Cheque- Given by: Spouse Father Mother Son/Daughter Employer/Employee Financier | | | | | | |

I/we declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declaration shall be the basis of the contract between me/us and the Sierra Leone Insurance Company Limited and I/We agree to accept a policy, subject to the conditions prescribed by the Company and to pay premium on the amount estimated above at the end of each policy period. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

I/We here unconditionally allow the Company to share all my/our information being collected in this proposal form or through telephone/email/web-inputs means or other means, as updated from time to time within group entities.

Place:

Date:

Signature of Proposer:

**Details of Broker/Agent**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Signature: