



**NEM INSURANCE PLC
199, IKORODU ROAD,
OBANIKORO. LAGOS**

PROPOSAL FORM FOR FIDELITY GUARANTEE INSURANCE

«AN INSURANCE AGENT WHO ASSISTS AN APPLICANT TO COMPLETE AN APPLICATION OR PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT »

Client No. Policy No.....

Client Name.....

Address

Occupation

Contact Name

Phone No.....

Give details of your International Passport/National ID Card/Driving License

Bankers:.....

Name:.....

Address:.....

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1. Business (Describe fully).....
2. Please provide details of current insurance.....
3. Has your Organisation changed its mode of operations during the last 3 years ? Yes No (if yes, please provide details).....

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4. Does your Organisation plan to expand or vary the type of operations during the coming 12 months ? yes No. (if yes, please provide details).....
5. From how many locations does your Organisation operate ?.....
6. Have you had any losses for this type of insurance during the last 5 years ?.....
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7. Please describe your internal Audit Procedures :.....
8. Please describe your External Audit Procedures :.....
9. Do the audits include all locations ? Yes.... No. (if no, please advise reasons)
10. Do the results of audits go directly to the Board ? yes No.....
11. Are employees duties so arranged that no one employee is permitted to control a transaction from beginning to end ? yes No.
12. Do all manually signed cheques require two or more signatures ? yes
13. What is the largest amount of cash held at the premises at any one time ?.....
14. Are all paid employees requiried to take an uninterrupted holiday of at least 2 weeks in each calendar year during which they perform no duties and are required to stay away from the Organisation's premises ?.....
15. How are cash and negotiable instruments handled, recorded and banked ?.....
16. Period of Insurance:.....
17. Name of Brokers/Agent/Insured and Address:.....
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SIGNATURE..... DATE.....