



Prime Insurance Company

HEAD OFFICE/LILONGWE BRANCH

Chief Kilipula Building; P.O. Box 30280, Lilongwe 3; MALAWI

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PROPOSAL AND QUESTIONNAIRE FIDELITY GUARANTEE INSURANCE

BROKER

INSURED CONTACT'S NAMETEL.....FAX.....

IT IS IMPORTANT TO PROVIDE FULL AND DETAILED ANSWERS TO ALL QUESTIONS TO ENABLE THE UNDERWRITER TO TREAT EACH PROPOSAL ON ITS OWN MERITS. THE PROPOSER IS OBLIGED TO REVEAL ANY MATERIAL FACT OR INFORMATION WHICH MIGHT AFFECT THE JUDGEMENT OF THE UNDERWRITER IN DECIDING WHETHER TO ACCEPT THE PROPOSAL OR TO IMPOSE SPECIAL CONDITIONS.-

SECTION ONE – PARTICULARS OF THE PROPOSER

Name of Proposer

Postal Address

Physical Address

E-mail address.....

IT IS ADVISABLE TO INSURE INDEPENDENTLY OPERATING BRANCHES WHICH ARE REMOVED FROM THE DIRECT CONTROL OF HEAD OFFICE UNDER A SEPARATE POLICY.

Nature of Business

Year when business was established?

SECTION TWO – INSURANCE HISTORY

1. Do you currently hold a Fidelity Guarantee Insurance? YES NO
If YES, give particulars and state whether this policy is to remain in force.

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2. Has any Insurer ever cancelled or refused to accepted or continue any Fidelity Guarantee Insurance or imposed special conditions? YES NO
If YES, give particulars.

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SECTION THREE – EMPLOYEES

DEFINITION :

EMPLOYEE SHALL MEAN

- a) ANY PERSON WHILE EMPLOYED UNDER A CONTRACT OF SERVICE WITH OR APPRENTICESHIP TO THE PROPOSER.
- b) ANY PERSON WHILE HIRED OR SECONDED FROM ANY OTHER PARTY INTO THE SERVICE OF THE PROPOSER

WHOM PROPOSER HAS THE RIGHT AT ALL TIMES TO GOVERN, CONTROL AND DIRECT IN THE PERFORMANCE OF HIS WORK IN THE BUSINESS OF THE PROPOSER.

3.1 State the number of employees in each of the following departments :

Executive Management		Purchasing and Sales
Management		General Administration
Accounts/Financial With access to money/securities		Security Personnel Your own
Without access to money/securities		Others
Computer Analysts/programmers		Research/Development
Operators		Blue Collar Workers
Support areas		Technical (Engineers etc)
Stock and Warehousing		Other (specify)
		Total number _____

3.2 Has the number of employees changed materially over the last 12 months? YES NO

If YES why?

3.3 Is the number of employees likely to change materially in the next 12 months? YES NO

If YES why?

3.4 Are any of your employees based outside the borders of Southern Africa? YES NO

If YES, give particulars and state where included under 3.1 above

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3.5 Give details of your screening process for new employees.....

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DECLARATION

I/We hereby declare that the above Particulars and statements are true and correct and complete and contain all information known to me/us affecting the risk to be insured and that this proposal and declaration and any other written statement made by me/us or on my/our behalf for the purposes of the proposed Insurance shall be the basis of and incorporated in the Contract between me/us and the Company and shall be promissory. I/We further agree to accept Insurance on the terms and conditions set forth in the Company's Policies.

Date:

Signature of Proposer.....

This Insurance will not be in force until the proposal has been accepted by the Company and the premium paid by the Proposer.

AGENT'S REPORT: The Proposer has been known to me foryears, is of good character and repute and I recommend acceptance of the risk.