



**OCCIDENTAL INSURANCE COMPANY LIMITED**

Crescent Business Centre, 7th Floor, Parklands Road, Parklands,

P.O. Box 39459-00623, Nairobi, Kenya,

Tel: 0709-896000, 020-2362602, 0734-600485.

E-Mail: enquiries@occidental-ins.com

Website:www.occidental-ins.com

**FIDELITY GUARANTEE INSURANCE PROPOSAL FORM**

**The proposal form must be completed and signed by the proposer.**

**All questions must be answered. Please fill this form in Block letters and tick where appropriate.**

Agency Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

**A. PARTICULARS OF PROPOSER**

**Individual Applicants:**

- 1. Name of Proposer: Surname \_\_\_\_\_ Other Names \_\_\_\_\_ Identity Number: \_\_\_\_\_

**Corporate Applicants:**

- 2. Name/s \_\_\_\_\_ Contact Person/s \_\_\_\_\_
- 3. Contacts and Postal Address: P. O Box \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_ Telephone Number/s \_\_\_\_\_ Mobile No. \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
- 4. PIN Certificate Number (please attach a copy) \_\_\_\_\_
- 5. **Period of Insuranc** From: ..... To..... (both dates inclusive)

**B. RISK DETAILS**

- 1. Occupation/ Business: \_\_\_\_\_
- 2. Locations of risks to be covered: \_\_\_\_\_
- 3. How long has the business been in operation? \_\_\_\_\_
- 4. How many employees do you currently engage? \_\_\_\_\_
- 5. Do you have a system of vetting prospective employees for trustworthiness before employment?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain.  
\_\_\_\_\_

**DETAILS OF EMPLOYEES TO BE GUARANTEED**

Positions/Names	Designation	Length of service	Amount to be guaranteed ( Sum Insured)	
			Per event per person	Per year

MAXIMUM LIABILITY (AGGREGATE LIMIT) OF THE COMPANY DURING ONE PERIOD OF INSURANCE : KES. \_\_\_\_\_

- 6. What independent system are in place to check that all transactions done by employees are accounted for? \_\_\_\_\_
- 7. How often will the account books be audited? \_\_\_\_\_
- 8. Do you have an internal audit function? Yes/No  
If yes, how often is the internal audit carried out? \_\_\_\_\_

**C. INSURANCE / LOSS HISTORY**

- 1. Have you ever been insured before? \_\_\_\_\_ Yes / No  
If yes, please give name of Insurer \_\_\_\_\_
- 2. Are you currently insured for the type of cover proposed?..... Yes/No  
If yes, please give name of Insurer \_\_\_\_\_
- 3. Has any Insurance Company or Underwriter ever:
  - a) Cancelled your Policy? \_\_\_\_\_ Yes/No
  - b) Declined to insure you? \_\_\_\_\_ Yes/No
  - c) Refused to renew your Policy? \_\_\_\_\_ Yes/No
  - d) Imposed any special terms? \_\_\_\_\_ Yes/No
  - e) Declined any claim? \_\_\_\_\_ Yes/No
 If the answer to any of the above is yes, please give details  
 \_\_\_\_\_
- 4. Have you in the last 3 years suffered a loss from fraud or dishonesty of employees?..... Yes/No  
If yes, give details of:
  - a) Date of loss .....
  - b) Amount of loss .....
 Name of the Insurance Company with which the Claim was made.  
 \_\_\_\_\_
- 5. What measures did you take to prevent recurrence?  
 \_\_\_\_\_

**Declaration**

I / We hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal. I / We agree that this declaration and the answers given above shall be the basis of the contract between Me/Us and Occidental Insurance Company Limited.

Name of Proposer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**The liability of the Company does not commence until the proposal has been received and accepted and the premium paid to the Company.**