



Metropolitan

Insurance Brokers L.L.C.

Always Eager To Serve You

FIDELITY GUARANTEE INSURANCE



Corporate Office: Metropolitan Insurance Brokers LLC., P.O. Box 119483, Office No. 1702, 17th Floor, City Tower 2., Sheikh Zayed Road, Dubai, UAE
Email: info@mibdubai.ae • Website: www.mibdubai.ae • Tel: +97143586860 • Fax: +97143586861

Registered in the United Arab Emirates as an Insurance Broker (Registration No. 186) and regulated by United Emirates Insurance Authority to conduct Life and General Insurance Business and subject to the provisions of the Federal Law No. (6) of 2007.



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1. GENERAL INFORMATION

Names of companies proposed to be insured (including all associated and/or subsidiary companies):

Address: (Please indicate the address required on the policy)

Contact person's name: _____

P.O. Box: _____ City: _____

Country: _____ Mobile number: _____

Phone number: _____ Email address: _____

Please describe the nature of the business operations and identify any special features carried by the proposer:

2. COVER INFORMATION

a. Is the cover required on named person's basis or on position basis? Please provide where applicable (Kindly use a separate sheet if the space provided below is insufficient)

Named person's basis:

Sl. No.	Name	Title	Limit of indemnity
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Position Basis:

Sl. No.	Name	Title	Limit of indemnity
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

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2. COVER INFORMATION (CONTINUE)

- b. Total number of employees to be covered: _____
- c. Limit of indemnity:
- i) Per employee: _____
 - ii) Per occurrence: _____
 - iii) In the aggregate: _____

3. RECRUITMENT PRACTICES

- a. At the time of recruitment, is there any system to obtain references from previous employers? Yes No
If No, what is the practice followed to check the candidate's bona fides _____

- b. Where do you see your potential exposure to claims?

- c. i) Do you have a rule book or books or written instructions covering all aspects of your business which will be maintained and operated and which clearly define the duties of each employee? Yes No
- ii) Is the attention of each employee drawn to these instructions and to their duty of compliance therewith? Yes No
- iii) Are the duties of each employee arranged so that no employee is permitted to control any transaction from commencement to completion? Yes No
- d. Are unannounced and irregular changes made in the position of employees within a particular job strata? Yes No

4. JOINT CUSTODY

- a. Is joint custody established and maintained for safeguarding of:
- i) Property while in safes or vaults? Yes No
 - ii) All keys to safes and vaults? Yes No
- b. Is dual control established and maintained for the handling of financial matters? Yes No

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5. INTERNAL AUDIT

a. Is there an internal audit department? Yes No

If so,

i) Is there an "audit and control procedures" manual? Yes No

ii) How many people are employed in the internal audit department? _____

iii) How often are full internal audits made? _____

iv) Are audits made regularly on a surprise basis? Yes No

v) Is the person responsible for the auditing forbidden to originate entries? Yes No

vi) Does the audit department report directly to the Board of Directors? Yes No

b. State the name of the independent firm of chartered accountants or professional auditors or other competent authority who fully audit your accounts annually:

In addition, please state:

i) Frequency of audit: _____

ii) Does the audit include all locations? Yes No

If No, what extent does the audit take? _____

iii) Does the firm of authority regularly review the system of internal control and furnish written reports? Yes No

iv) If so, do these reports go directly to the Board of Directors? Yes No

6. GENERAL

a. Are employees' travel documents kept in the custody of the company? Yes No

b. Have any of the company's employees ever been indicted of embezzlement, forgery, larceny, and/or fraudulent conversion? Yes No

If Yes, please provide details: _____



7. PREVIOUS INSURANCE INFORMATION

a. Are you presently insured for Fidelity Guarantee Insurance?

Yes No

If Yes, please give full details of insurer/insurers and cover provided or supply a copy of the existing insurance policy

b. In respect of Fidelity Guarantee Insurance, has any Insurer ever canceled your cover or refused to renew?

Yes No

8. CLAIMS HISTORY

a. List the claims experience for the past five years, whether or not any payment has been made by any other insurance company or third party?

Year	Settled Claims		Outstanding Claims	
	No. of Claims	Amount	No. of Claims	Amount

b. Are you aware of any incidents that may result in claims against you?

Yes No

If Yes, please give full details: _____



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DECLARATION

I/We hereby declare that the statements/information given by me/us in the Proposal Form are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effectuated. If after the insurance policy is effectuated, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, we shall have no liability under the insurance policy and/or shall have the right to get it terminated by the insures from the time of inception.

We hereby declare that the statements/information given by me/us in the Proposal Form are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effectuated. If after the insurance policy is effectuated, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, we shall have no liability under the insurance policy and/or shall have the right to get it terminated by the insures from the time of inception.

Name of Proposer _____

Title: _____

Signature: _____

Stamp: _____

Date: _____

Note: Please note that each page of the proposal form should be signed by the Proposer or its legal representative