Liberty

Proposal Form

Fidelity Guarantee

libertyinternational.com/sg

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 23(5) of the Insurance Act 1966 or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Name of Producer & Producer Code: _____

Particulars of Proposer

Name of Proposer:	**Business Registration No.:**
_____	_____
Mailing Address: _____	Postal Code: ( )
Email: _____	**Contact No.:** _____
No. of Years in Business: _____	**Period of Insurance:** From _____ To _____
Nature of Business: (Please provide full description)	_____

Particulars of Employees: Named Basis

Name	NRIC/FIN No.	Designation	Amount of Guarantee	No. of Years in Service	Annual Salary & Commission

Unnamed Basis

Amount of Guarantee Required:	
State total no. of employees (including all employees of subsidiary and associated companies to be included within the scope of the policy) sub-divided as follows:	**No. of Employees in Each Section**
a) Employees having responsibility for money, stock and/or accounts: i. Indoor (e.g. executives, managers, cashiers, wages clerks, book-keepers, stock-keepers, site clerks etc.) ii. Outdoor (e.g. commercial travelers, collectors, salesmen, van and lorry drivers, etc.)	_____ _____

Name of Proposer: _____

Unnamed Basis

State total no. of employees (including all employees of subsidiary and associated companies to be included within the scope of the policy) sub-divided as follows:	**No. of Employees in Each Section**
b) Employees not having responsibility for money, stock and/or accounts: i. Office Staff	_____
ii. All other employees (e.g. factory hands, mechanics, etc.)	_____

Other Information

a) Is written reference being obtained for the preceding 3 years of employment in confirmation of the honesty of each employee named? If No, please state what enquires are made as to the honesty of each? _____	☐ Yes	☐ No
b) Are any employees empowered to operate your banking account? If Yes, please state name(s) of employees. _____	☐ Yes	☐ No
c) Are two signatures required on all checks? If No, please state the maximum amount of any one check authorized by only one signature _____	☐ Yes	☐ No
d) When checks are signed, will supporting vouchers be examined independently of employees preparing checks?	☐ Yes	☐ No
e) Do you have a system to prevent the inclusion of fictitious named in the Pay Roll? If Yes, please state the system that is used. _____	☐ Yes	☐ No
f) Are employees required to account for receipt of monies, checks or postal orders? If Yes, please state how soon after receipt of monies, checks or postal orders are they required to account for these. _____	☐ Yes	☐ No
g) Are your employees required to bank collections in full to your credit at once or remit to you forthwith?	☐ Yes	☐ No
h) Apart from the professional audit, do you conduct physical independent checks of the following?		
i. Employees' receipt book counterfoils or copy receipts against their reported collection or sales. If Yes, please state how often: _____	☐ Yes	☐ No
ii. Cash book entries with bank statements, receipt, counterfoils and vouchers. If Yes, please state how often: _____	☐ Yes	☐ No
iii. Petty cash against vouchers and receipts, and the capability of the employees to produce the balance tested. If Yes, please state how often: _____	☐ Yes	☐ No

Name of Proposer: _____

Other Information

iv. Travelers' stocks and samples. If Yes, please state how often: _____	☐ Yes	☐ No
v. All other stock. If Yes, please state how often: _____	☐ Yes	☐ No
i) Do you have an Internal Audit Department? If Yes, please state the maximum period which elapses between the completion of two audit programs. _____	☐ Yes	☐ No
j) Do you have a balance and reconcile your books and accounts? If Yes, please state frequency. _____	☐ Yes	☐ No
k) Are your accounts audited by professional audit firms? If Yes, please state: i. Name of the audit firm: _____ ii. Frequency of the audits conducted: _____ iii. The maximum interval between the closing of your books of accounts at the end of your financial year and the submission of accounts for audit: _____	☐ Yes	☐ No
l) Has any insurer ever declined your application for Fidelity Guarantee Insurance or refused to renew your Fidelity Guarantee Policy?	☐ Yes	☐ No
m) Has your insurance been canceled solely or in part due to a breach of premium payment warranty in the last 12 months?	☐ Yes	☐ No

Claims Experience

Please give particulars of claims that have been made against you (or are pending) during the last 5 years:

Date of Loss	Nature of Loss	Amount Claimed

Details of Expiring Insurance

Name of Insurer: _____

Amount of Guarantee: S$ _____

Annual Premium: S$ _____

Excess: _____

Expiry Date: _____

Special Terms and Conditions: _____

Name of Proposer: _____

IMPORTANT NOTES

- The liability of the Company does not commence until this Proposal has been accepted by the Company

PREMIUM PAYMENT WARRANTY (CORPORATE)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

PERSONAL DATA PROTECTION

By signing this form, I/we consent to Liberty Pte Limited ("Liberty") and its authorised service providers, related entities, and partners (collectively, "Appointees") collecting, using, and disclosing my/our personal data, and any personal data of other individuals provided by me/us, for purposes including: assessing and providing insurance products and services; policy administration, renewals, claims, and payments; compliance, audit, and regulatory reporting; research, analytics, and service improvement; and communication and customer support. I/we confirm that I/we have read and agree to Liberty's Privacy Policy, which explains how Liberty manages personal data, including cross-border transfers. If I/we provide personal data of other individuals, I/we warrant that I/we have obtained their consent (or consent from their legal representatives, where applicable) for these purposes. I/we understand that I/we may access, correct, or withdraw consent for my/our personal data at any time by contacting Liberty's Data Protection Officer at privacy.officer.ap@libertymutual.com, subject to legal and contractual obligations.

DECLARATION

I/We do hereby declare and warrant that:

a) All information provided by me/us in connection with this application is true, accurate and complete
b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Pte Limited's ("**Liberty**", the "**Company**") discretion, render this application invalid
c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

_____ Date

_____ Signature of Proposer & Company Stamp