



### 3. INDOOR OFFICIALS

a) Have you implemented a system of dealing with money from time of receipt until paid into the Bank?

Yes  No

if 'YES' please state the system:

b) Is all money received banked on the day of receipt?

Yes  No

c) Is any balance retained?

Yes  No

if 'YES' please give the following details:

i) For what purpose?

ii) How often is such balance checked by actual inspection? By whom?

d) Are any of the employees handling cash allowed to make ledger posting or to render accounts to customers who are in arrear?

Yes  No

if 'YES' please give details:

e) How often the bank statement checked with the cash book and by whom?



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f) Are all disbursements other than Petty Cash made by cross cheque?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) What documents or authority are produced with cheques for signature?	
h) Who has power to sign cheques?	
i) If an Employee has the authority to sign cheques is a second signature required on all cheques?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
if 'NO' please give the following details:	
What is the limit on the amount of cheques bearing only one signature?	
j) Petty Cash	
i) What Authority is required before petty cash payments are made?	
ii) What system is employed for recording petty cash?	
iii) If the imprested System is used, what is the amount of the float?	
k) Wages and Salaries	
i) Are wage a salary sheets prepared independently of the employees who pay the wages and salaries?	
ii) What is the method of checking the wages or salary sheets?	
iii) What is the method of dealing with the wages and salaries not paid over?	
iv) How would the introduction of fictitious names or amounts be detected?	



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l) Please answer in respect of the following state		
	How often will be carried out independently/ the employees concerned?	By whom
i) Cash book balanced and checked against bank statement, receipt counterfoils and vouchers.		
ii) Petty Cash payments checked and employee concerned required to produce balance.		
iii) Insurance cards examined to ensure that they are fully stamped to date and compared with wages and salary sheets.		
iv) Verification that the amount drawn weekly for insurance stamps is correct.		
m) What stock records are maintained?		
n) Please state how often and by whom a physical check of stock is made and how misappropriation would be detected		
<b>4. OUTDOOR OFFICIALS</b>		
a) Money Received		
i) How is it recorded?		
ii) How are such records checked?		
iii) How often is this carried out?		
iv) Is all money received paid over daily or banked for your credit daily?		
b) Audit		
i) Are your accounts audited by professional accountants?		
ii) If so, How often?		
iii) Is the Audit a full and complete one?		

## 5. PREVIOUS INSURANCE AND CLAIMS EXPERIENCE

a) Have you experienced any losses through dishonesty of employees during the last 10 years?

Yes  No

if 'YES' please give details:

b) Do you currently hold or has previously held any fidelity insurance?

Yes  No

if 'YES' please give the following details:

i) Who is the current insurer?

ii) Total number of insured persons

iii) Total Sum Insured

iv) Paid Annual Premium

c) Have you or any employee lodged any claims in the last 3 years?

Yes  No

if 'YES' please give details:

d) Have you been declined or any of your employees a fidelity insurance, proposal or have cancelled previous policy in the past?

Yes  No

if 'YES' please give details:

PLEASE USE THIS SPACE TO RECORD THE ANSWERS TO ANY QUESTIONS FOR WHICH YOU REQUIRE ADDITIONAL SPACE, NOTING THE APPROPRIATE QUESTION NUMBER.

## 6. DECLARATION

**SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER/YOU OR THE INSURER/US/DUBAI INSURANCE CO. TO COMPLETE THIS INSURANCE**

Please read the following declaration very carefully and read the questions and answers, especially if not completed in your own hand before signing the form.

I/We declare that the above answers are true to the best of my/our knowledge and belief and that I/we have disclosed all particulars affecting the assessment of the risk. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the insurers.

**TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR**

**SIGNATURE:**

**DATE:**

**NAME:**

**POSITION:**