



**PROPOSAL FORM
FOR
FIDELITY GUARANTEE INSURANCE**

Trans Pacific Assurance Limited
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3. LOSSES DURING THE PAST SIX YEARS

Has the Applicant suffered any Fidelity Losses, whether or not insured, during the past six years?

Yes No

If yes, please complete section below.

Date	Description of Loss	Amount	Recoveries	Corrective measure undertaken to prevent recurrence of the Loss (other than discharge)

4. PREVIOUS FIDELITY INSURANCE CONTINUITY

A. Fidelity Insurance to be superseded

Type of Coverage	Limit of Liability	Policy Period	Name of Insurer

B. Has any Insurance carried by the Applicant been declined or cancelled within the last five years by an Insurer?

Yes No (If yes, provide details below)

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5. EXTERNAL INTERNAL AUDITS

(a) How frequently are audits conducted in respect of:

Cash & Account	Inventory	Operations/Internal Control Procedures

(b) Are all operations audited in respect of:

Cash & Account	Inventory	Operations/Internal Control Procedures

(c) Are all audits conducted by internal auditors, public accountants, external auditors, other (explain):

Cash & Account	Inventory	Operations/Internal Control Procedures

(i) If public accountants or external auditors, indicate name of firm:

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(ii) If internal audit department, please indicate number of employees within the department and provide Qualifications of department manager or equivalent:

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(d) Are these audits complete and unqualified? Yes No
If not, describe the limitations

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(e) Has there been any auditors' letter or other form of communication to Management relating to internal control weaknesses? (If yes, forward details)

Refer attached
Yes No

(f) Management's reply
(If yes, forward details)

Yes No

(g) Are there formalised corporate operational and accounting guidelines? (If yes, forward details) Yes No

(h) Are bank accounts reconciled by someone not authorised to withdraw therefrom? Yes No

If so, how often?

(i) Is countersignature of cheques required? Yes No
If not, by whom signed and to what limit?

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(j) Are securities subject to joint control by two or more responsible employees? Yes No

(k) Is there a security program Yes No

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6. PERSONAL CENSUS

This constitutes the Applicant's entire personnel as of the date of this Application:

Employees located in Papua New Guinea:

(a) CLASS 1 EMPLOYEES: EMPLOYEES HAVING RESPONSIBILITY FOR MONEY OR NEGOTIABLE INSTRUMENTS, STOCK AND / OR ACCOUNTS	Number of Employees
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(i) Executives, Officials and Employees other than Those referred to in Class (ii) and (iii).
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(ii) Executives, Officials and Employees primarily engaged in duties as Cashiers, Treasurers, Paymasters, Accountants handling money or negotiable instruments. Indoor Sales Staff handling money or negotiable instruments. Stock and Stores Supervisors
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(iii) Employees engaged outdoors handling money or negotiable Instruments. Employees primarily engaged in the delivery of goods.
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(b) CLASS 2 EMPLOYEES:

**ALL OTHER EMPLOYEES NOT HAVING RESPONSIBILITY FOR MONEY
OR NEGOTIABLE INSTRUMENTS, STOCK AND/OR ACCOUNTS**

(e.g. Typist, Office Staff not included in Class 1, Factory Hands, Labourers, Mechanics and the like).

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TRANS PACIFIC ASSURANCE LTD

Employees located outside Papua New Guinea:

	COUNTRY	NO. OF LOCATIONS	NO. OF EMPLOYEES		TYPE OF OPERATION
			CLASS 1	CLASS 2	
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

(a) Will the applicant satisfy himself by reasonable enquiry of the honesty and good character of each employee?

Yes No

(b) Is there likely to be a substantial increase in the number of Employees during the premium period by reason of:

(i) Seasonal activity or other circumstances peculiar to Applicant's business?

Yes No Estimated Increase

(ii) Expansion of Applicant's business?

Yes No Estimated Increase

7. APPLICANT

The answers you have provided to the above question will usually provide sufficient information for a proper consideration of your application. However, if there are any other matters which are material to the risk to which this application relates, you should disclose those facts to us in the space provided below.

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8. DECLARATIONS:

As an insurer will collect your personal and other information in order to decide whether to insure a policy, determines the term and conditions of your policy, compile data and handle claims. In certain circumstances, for example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, etc or other parties as required by law. If you provide us with personal information about any one else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. You have the right to seek access to your personal information and correct it at any time by contacting us during office hours.

I/we declare the answers and information given by me/us in this proposal are true and correct in all respects. I/we also acknowledge having been clearly informed of the following:

- the nature and effect of my/our Duty of Disclosure;
- the only person whose interests are covered; and
- the most I/we can recover under a claim.

I/we further acknowledge that any cover that may be granted by You, Your agents or employees on completion of this Proposal prior to You advising me/us of its acceptance or declination of this offer to insure, is Interim Cover only.

I/we also acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this proposal. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then unfortunately Trans Pacific Assurance Limited will be unable to process my/our proposal.

IN WITNESS WHEREOF, the Applicant has caused this application to be signed by its duly authorised officer.

Witness Signed

Broker Name

Address

Position.....

Date.....