



## Keeping our eyes on your business

### CRIME

### Proposal Form

#### When completing this Proposal Form...

- Please answer all questions giving full and complete answers
- It is the duty of the Proposer to provide all information that is requested in the proposal form as well as to add additional relevant facts.
- A relevant fact is such known fact and/or circumstance that may influence the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting fidelity insurance for the firm who acts as a Proposer.

This proposal form does **NOT BIND** the Proposer to complete the insurance but will form part of any insurance

DUAL Corporate Risks Limited is authorised and regulated by the Financial Services Authority

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Part of the DUAL International Group Registered in England and Wales under company registration no. 4160680 Registered office as above

**SECTION 1: DETAILS OF THE PROPOSER**

1. Name of the Company:  
(Including any subsidiaries or associated companies)

2. Address of Head Office:

Post Code:

3. Company Registration Number:

4. Date Established:

5.

	Number of Locations	Directors & Officers	Employees handling money, security or stock	All Other	Total Employee numbers
UK					
Rest of Europe					
USA/Canada					
Africa/Middle East					
Elsewhere (Please specify)					

6. Please give details of annual gross turnover as detailed below:

	Prior Financial Period GBP	Current Financial Period GBP	Forthcoming Financial Period GBP
UK			
Rest of Europe			
USA/Canada			
Africa/Middle East			
Elsewhere (Please specify)			
Total			

7. Describe the business activities of the Company:  
(Including any subsidiaries or associated companies)

8. Limit of Indemnity
- GBP 500,000
- GBP 1,000,000
- GBP 2,000,000
- If alternative required, please specify
9. What deductible are you prepared to carry, each and every loss?

**SECTION 2: UNDERWRITING INFORMATION**

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1. Are your accounts independently audited? Yes  No
2. Are your latest Statutory Accounts clear from audit qualification? Yes  No
3. Did you make a net profit before tax in your last completed financial year?  
If No, please give details; Yes  No
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4. Do you have an Internal audit Function? Yes  No
- If so, how frequently do they perform the function?

5. Does the internal audit include all locations? Yes  No

6. Is your stock independently checked (at least annually) by an employee not responsible for daily stock handling or ordering? Yes  No

When was the last complete check made?

- Were any Discrepancies uncovered? Yes  No

If Yes please provide details;

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7. Can you confirm there is no precious metal stock (platinum, silver or gold) at any one location exceeding £5,000? Yes  No

What is the maximum value at risk (including but not limited to stock, precious metal, monies) at any one location?

8. Please confirm that cheque requisition/payment instructions and payment authorisation are segregated functions undertaken by separate people? Yes  No
- If No, what controls are in place?
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9. Is there independent verification of supporting documentation before cheque or Payment instructions are authorised? Yes  No
- If No, what controls are in place?
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10. Do you require counter signature of all cheques and other payment instructions? Yes  No   
If No, what controls are in place?

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11. Do you perform monthly reconciliations on:  
a) all bank accounts Yes  No   
b) debtors accounts Yes  No   
If No, what controls are in place?

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12. Is access to your computer system controlled by passwords and does the system regularly enforce password changes? Yes  No   
If No, what controls are in place?

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13. Do you obtain and check written references for all new employees covering at least the last two years of continuous employment? Yes  No   
If No, what controls are in place?

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14. In the last 12 months has any acquisition or merger involving the company taken place? Yes  No   
If Yes, please provide details,

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15. Has the Company any acquisition, tender offer or merger pending or under consideration? Yes  No   
If Yes, please provide details,

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16. Is the Company aware of any proposal relating to its acquisition by another company in the next year? Yes  No   
If Yes, please provide details,

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**SECTION 3: CLAIMS INFORMATION/CIRCUMSTANCES**

Please give full details of any losses or circumstances including quantum, whether insured or not discovered by the Insured within the last five (5) years:

Date of Loss	Amount of Loss (From Ground Up)	Description of Loss	Precautions which have not been taken to prevent the reoccurrence of loss of this type

**SECTION 5: DECLARATION****SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE**

We declare that the statement and particulars in this Proposal form are true and that no material facts have been misstated or suppressed after enquiry. We agree that should any of the information given by us alter between the date of this Proposal and the inception date of the insurance to which this proposal relates, we will give immediate notice thereof. We agree that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

**TO BE SIGNED BY A PERSON AUTHORISED BY THE BOARD ONLY**

<b>SIGNATURE</b>		<b>DATE</b>	
<b>NAME</b>			
<b>POSITION</b>			

DUAL Corporate Risks Ltd recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Proposal Form and correspondence)