



FIDELITY GUARANTEE INSURANCE PROPOSAL FORM



Company name & the address	:	
Location	:	
Period of Insurance	:	
Total Sum Insured	:	
The Maximum Limit of Custody for each employee	:	
Type of Custody	:	
Number of Insured Persons	:	
Occupation and the joining date	:	
Auditing System	:	
The name of Existing insurance company if available	:	
Loss Ratio	:	

Declaration

We declare that the statements contained in this proposal made by us (or on our behalf) are correct and true.

Also, we agree that this proposal to be the basis of the insurance contract and is deemed to be incorporated

Therein.

Proposer's Signature