



# SIC INSURANCE COMPANY LIMITED

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## PROPOSAL FOR FIDELITY GUARANTEE EMPLOYERS FORM

1. A. **EMPLOYER'S FULL NAME:** .....
- B. **BUSINESS**.....
- C. **ADDRESS**.....
- D. **TELEPHONE**..... **E. E-MAIL**.....

2. A. How long have you known the applicant? .....
- B. How did the applicant become known to you? .....
- C. If in your employment previously  
In what capacity, and for how long? .....

3. A. What testimonials did you receive form the  
applicant's previous Employers: .....
- B. Was the applicant reported as Honest and  
Trustworthy? .....

4. Is this Guarantee the only security required or to  
be held by you? .....

5. Is there any cash at present due to you from  
the applicant? .....

6. Regarding the Applicant, and generally, please  
State:-
- A. Applicant's position .....
- B. What is the maximum sum you Estimate is  
Likely to be in his hands at one time. ....
- C. From what sources is money Received by him? .....
- D. Is he required to pay over to You or to a Bank,  
and how Frequently? .....
- E. How frequently and by whom is the Bank  
Statement examined and the entries compared  
With the cash book? .....

- F. Is an official counterfoil receipt Required to be given for all payments received? .....
- G. By who and how frequently are counterfoils Examined? .....
- H. Does he keep petty cash and vouchers Required for all amounts paid out? .....
- I. Is he allowed to pay other monies on your account? If so, of what nature, and are amounts previously authorised? .....
- J. Is he authorised to sign cheques? .....
- K. Is he in charge of Insurance Stamps? If so, when and to whom must cards be produced for inspection? .....
- L. What is the usual credit given by you, And what is your practice regarding arrears: .....
- M. Is he in charge of stock, if so what is the nature and average value of stock? .....
- N. How often and by whom is such stock Independently Checked? .....

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7. Are your books independently audited and if so, at what intervals? .....

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8. What remuneration will the Applicant receive, And how will it be paid? .....

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9. Has anyone employed by you been detected. If any defalcation? If so, briefly state particulars. ....

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10. Is the premium on the proposed Guarantee to be Paid by the Applicant or by you? .....

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11. Has a similar proposal been made to any other Insurance Company? .....

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We declared that the above statement is true, and I am/we are willing that the replies all be taken as the basis of the contract between me/us and SIC Insurance Company Limited.

**Signature**.....

**Date**.....

**APPLICATION FOR FIDELITY GURANTEE**  
**EMPLOYEES FORM**

Employee's name in full.....Age.....

1. State (a) Name of occupation.....  
(b) Amount of Guarantee required (a)..... (b).....

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2. (a) Annual net remuneration from said appointment.....  
and (b) Other (annual) income and how derived (a).....(b) Other income .....

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3. (a) Have you any debts or liabilities apart  
from domestic one? (b) If so, give amount  
and particulars.....(a).....(b)Amount.....

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4. (a) Are you a householder? (a) If not, do you  
reside with relatives? (c) Does the furniture belong to you?  
If so, state (d) value; and.....(a).....(b).....(c).....(d).....

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5. (a) Are you single, married or a widower? .....  
State number of persons dependent upon you.....

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6. (a) Are you security for any person? If so,  
state amount and full particulars.....(a).....(b) Amount.....

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7. (a) Have you any Life Assurance? If so, state  
(b) name of company; (c) amount, and (d) whether  
encumbered.....(a).....(b).....Company(c).....(d).....

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8. Have you ever been charged with fraud  
or dishonesty; (b) in arrears or in default in  
your accounts; or (c) discharged from any  
employment or position?.....(a).....(b).....(c).....

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9. State where you have been employed during the last five years:

From	To	Capacity	Name and postal address of Employer	Reason for Leaving
20	20			
20	20			
20	20			
20	20			

Amount of }  
 Guarantee } ..... Premium.....

I solemnly declare that I have fully and truthfully answered the above questions, and in the event of the Company granting the proposed Guarantee I am aware that I am liable to indemnify the Company against loss it may sustain of having granted the said Guarantee.

Date.....20..... Applicant Signature.....

**AGENTS RECCOMENDATION:-**

I have known the applicant .....years }  
 and recommend acceptance of the application. } .....Agent