

<u>ሕብረት ኢንሹራንስ አማ</u>

THE UNITED INSURANCE COMPANY SC

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EMPLOYER'S PROPOSAL FORM FOR FIDELITY GUARANTEE

Proposer's Name and Business address			Age:	
b. H	ersual)	ncerning the applicant? (These should be upied during the last five years? The given.		
The following a. However, b. However, c. Is d. Pl	ants is now or has been at any ting questions: ow long has he been in your serviave his honesty and general condany thing at present due to the erease state the amount of guarants he required to submit to the emp	ce? (Date should be given) uct always been satisfactory? nployer from him?		
a. W b. In c. G w d. is th	That are to be his duties? what way will money reach his have an estimate of the largest am ill have it. he allowed to pay out of cash in e payments previously authorized	ount he will have at any one time, and for nand any amount on the employer's acc	or how long he ount? If so, are	
ar	nd what are the regulations attac	er amount received by him on behalf of hing thereto? If receipts with counterfoil icant be checked daily with the counterfo	s are used will	
ar	e checked that he has that amour	hand? If so how much? Is it seen whent in his profession? Is checked with vouchers and banker's pa		
j. Is k. Aı	ow often are the employer's balan there anything of the nature of a re all payments of money acknow ounterfoils, and is the attention of	continuous professional audit? edged on printed and numbered forms o	ut of a book with	
m. W a	way that would not permit the app	anding accounts? Are reminders prepare licant's interference there with? open letters addressed to the employer?		
If the applicant's duties are those of a Branch Manager, Traveller, Collector of the other Outdoor Official, please also state: a. The district over which his duties will extend b. How often will statement of account be furnished by the employer direct, and not through the applicant? c. Are all persons written to by the employer who are reported not to have paid? If so, how soon after the account is rendered? Will the applicant have any opportunity of interfering with despatch of letters of reminder? d. Are the applicant's traveling expenses paid by the employer?				
pa b. W	aid? ill there be a guaranteed annual r	neration and allowance (if any) and how ninimum? leduction or liability such as bad debts, e	-	
Has be to your knowledge any debts or liabilities?				
Has any person in the employer's service been detected in any defalcation? If so, give particulars of the manner in which the default was carried out, and the steps taken to prevent a repetition.				
Do you know any other fact material to or affecting the risks on this proposal?				
Will the premium on this guarantee be paid by him or you?				
I/We declare that the above statements are correct, and I/We agree that they shall be taken as the basis of the Contract between me/us and the United Insurance Company.				
Dated this	day of	Signature	Э	