



Fidelity Guarantee Insurance Proposal

Proposer Details

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1. Name of proposer _____
Principal address _____

 2. Please indicate your predominant business activity
Manufacturing Retail Wholesale Other
 3. Please provide an outline of the activities under taken by the business

 4. Annual gross turnover / sales QR. _____
 5. Total number of employees _____
 6. Total number of locations _____

Cover Requested

-
7. Please indicate a combined limits for employee dishonesty, third party computer and funds transfer fraud and also separately for each of the above sections.
 8. Have you been in business continuously for at least 3 years? Yes No
If no, please attach details to this form
 9. Are your accounts independently audited ? Yes No
 10. Are your latest Statutory Accounts clear from audit
Qualification(s) ? Yes No
 11. Did you make a net profit before tax at your last audit?..... Yes No



12. Did current assets exceed current liabilities at your last audit ? Yes No
If no, please attach details to this form

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

If no, please attach details to this form

14. Can you confirm there is no precious metal stock (platinum, Silver or gold) at any one location exceeding QR.10,000.....Yes No

15. Please confirm that cheque requisition/payment instructions and payment authorisation are segregated functions undertaken by separate people?..... Yes No

If no, please attach details to this form

16. Is there independent verification of supporting Documentation before cheque or payment instructions are authorised ? Yes No

If no, please attach details to this form

17. Do you require two signatures on all cheque and payment Instructions over QR.10,000 in value?..... Yes No

If no, please attach details to this form

18. Do you perform monthly reconciliations on
a) all bank account(s)..... Yes No
b) debtors accounts Yes No

If no to either (a) or (b) please attach details to this form

19. Is access to your computer system controlled by passwords and does the system regularly enforce password changes?.... Yes No



الشركة الإسلامية القطرية للتأمين
Qatar Islamic Insurance Company

20. Do you obtain and check written references for all new employees covering at least the last 2 years of continuous employment ? Yes No

If no, please attach details to this form

21. Has your business been free of losses as a result of Theft or fraud over QR.5,000 over the last 3 years ? Yes No

If no, please attach details to this form

Declaration

Whereas I am acquainted with the Articles of Association of Qatar Islamic Insurance Co., I hereby agree to deal with the company accordingly. Also, I authorize the company to deal with the contribution and its investment through the Insured's Account, in the manner to fulfil the interest of the Insured in accordance with Sharia Working Principles. Co-operating with the all other insureds. I will endeavour not to expose myself to avoidable risks and acknowledging that the result of this account will be returned to the Insured after making deductibles mentioned in the insurance policy.

Signed

Title

(to be signed by a director of the

Company)

Company

Date

Please enclose with this Proposal Form

Your latest audited Annual Report & Accounts or audited Financial Statement