

FIDELITY ADDENDUM

Fidelity cover is not available to sole practitioners

1) Does the Proposed Insured have any fidelity guarantee insurance in force at the present?

Yes / No

2) Has any insurer ever cancelled or refused to accept or continue any fidelity guarantee insurance for the Proposed Insured or in respect of any partner / director / principal or employee of the Proposed Insured?

Yes / No

If yes, please provide details:

3)(a) Has the Proposed Insured sustained any loss through fraud or dishonesty of any partner / director / principal or employee of the Proposed Insured?

Yes / No

If yes:

i. Please provide details:

ii. Please advise what action the Proposed Insured has undertaken to prevent any recurrence:

3)(b) Does the Proposed Insured know of any fraud or dishonesty at any time of any partner / director / principal or Employee of the Proposed Insured?

Yes / No

If yes, please provide details:

4) Is there a complete annual audit performed by a Proposed Insured of professional accountants?

Yes / No

If no, please advise why not?

5) Is any person allowed to sign cheques or authorise EFT payments on their signature alone?

Yes / No

If yes:

1. Up to what amount? \$ _____

2. In what capacity are they engaged? _____

6) Other than the head cashier and/or your bookkeeper, how often are the entries in the cash book checked with the vouchers and reconciled with the bank statements by a partner / director / principal or employee of the Proposed Insured?

Weekly

Monthly

Quarterly

7) Do you use a facsimile cheque signing machine?

Yes / No

If yes, what security provisions do you employ to secure cheques?

8) Do you keep clients' money and clients' funds in properly designated clients' trust accounts completely separate from the Proposed Insured's own working accounts?

Yes / No

9) Are reference checks from previous employers (or personal referees if there is no previous employer) always carried out?

Yes / No

If no, what precautions are taken?



DECLARATION

I/We declare that the statements and particulars contained in this addendum are true and that I/we have not mis-stated or suppressed any material facts.

I/We agree that this addendum together with any proposal form or other information supplied by me/us shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signing this addendum does not bind the proposer or underwriters to complete this insurance.

Signature of authorised individual/partner/principal/director

Date