

• **FIDELITY GUARANTEE INSURANCE – COMMERCIAL EMPLOYEES** •

**Form to be completed by Employee. All information will be treated as strictly confidential.**

**Every question should be answered completely and legibly and full postal address stated.  
Answer “YES” or “NO” as required against each question.**

Vat No.: .....

|  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| 1. Full name (write in block letters) If married woman state also maiden name:   |                              |                             |  |
| 2. Full postal address (write in block letters):   |                              |                             |  |
| 3. State nature of occupation for which this insurance is required:  |                              |                             |  |
| 4. Name, address and business of Employer:   |                              |                             |  |
| 5. How long have you resided at your present address? If less than 12 months, state previous address and length of residence there:                | Date of Birth:               |                             |  |
|  | Place of Birth:              |                             |  |
| 6. (a) Are you a householder?<br>(b) Do you own the furniture?<br>If so, what is its value?<br>Does it have a lien?                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Sum to be Insured:   |
|  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
|  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| 7. Have you any private property? If so, give details.<br>If you have a Bank Account, give name and address of Bank:                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Amount of salary for appointment:  |
|  |                              |                             |  |
| 8. Have you any private debts or liabilities? If so, give full details:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Amount of Commission (if any):   |
| 9. Are you security for any person? If so, state for what amount and give full details:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Give details of your other income (If none, state “NONE”):   |
| 10. Were you ever bankrupt, or insolvent or have you ever arranged with your creditors? If so, give name and address of Trustee who acted for you: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | State Marital status:  |
| 11. Have you ever made any other application(s) for Fidelity Insurance? If so, state name of Insurer(s) and date and result of each application.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | State number of persons dependent on you:  |
| 12. Has any Insurer cancelled or refused to renew any Fidelity Insurance effected on our behalf? If so, give name of Insurer(s)                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is your life insured?<br>If so,<br>(a) Name of Insurer(s):<br>(b) Amount of policy:<br>(c) Does it have a lien?      |
|  |                              |                             | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

13. State where you have been employed during the past five years. (*It will be necessary for the Insurers to make enquires in each case*).

**Notes on Question 13.** If you have been in business on your own account, give details and two trade references. Unemployment periods should be shown with address of the Unemployment Bureau where you were registered. Married women should state maiden name if previously employed in that name. Juniors taking their first position should have name of school and name and address of Headmaster.

| From  |      | To    |      | In what position did you serve? | Name and Postal Address of Employer | Reason for Leaving |
|-------|------|-------|------|---------------------------------|-------------------------------------|--------------------|
| Month | Year | Month | Year |                                 |                                     |                    |
|       |      |       |      |                                 |                                     |                    |
|       |      |       |      |                                 |                                     |                    |
|       |      |       |      |                                 |                                     |                    |
|       |      |       |      |                                 |                                     |                    |
|       |      |       |      |                                 |                                     |                    |

14. Name two householders (not relatives) who have known you for at least two years to whom the Insurers may refer.

| Name    | Full Postal Address | Occupation |
|---------|---------------------|------------|
| 1. .... | .....               | .....      |
| 2. .... | .....               | .....      |

I hereby declare that the foregoing answers are correct, without any reservation whatever.

Date ..... Signature .....