MALDIVES

Allied Insurance Company

FIDELITY GUARANTEE INSURANCE PROPOSAL FORM

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Proposal no.

Policy no.

☐ Individual ☐ Company

Occupation: ______ Nature of Business: ______

Company/Office/Applicant's Name: ______

Date of Birth: D D / M M / Y Y Y Y ☐ Male ☐ Female

Permanent Address (as in ID card): ______

Postal Address (fill below):

House/Building name: ______

Road: ______ District: ______

Postal Code: ______ Atoll,Island: ______

☐ National ID Card ☐ Registration Certificate

☐ Work Permit ☐ Passport

ID No. ______

Reg No. ______

Nationality: ______

Contact Name: ______

Contact No: ______

Email: ______

Fax: ______

Nature of Business:	
Location of Business:	
Period of Insurance:	
Basis of Cover:	Floater ☐ Sum Insured: Blanket ☐ Sum Insured:

Declaration: I/We confirm that the above answers, statements, particulars and additional information are true to the very best of my/our knowledge and belief. I/We also confirm that I/We have disclosed all information and material facts that may alter the Insurer's view of the risk, or affect their assessment of the exposures they are covering under the Policy. I/We agree that this proposal shall be basis of the contract and part of the insurance between myself / ourselves and the company.

Signature: ______ Date: ______

Documents required with the Proposal:

- ☐ ID. Card/ Company's registration copy or Work Permit
- ☐ List of Employees (Name, Staff ID, Position and Limit)
- ☐ Details of fraudulent past history of the employees, if any

Office use only		
Rate:	Premium:	Agent's Name:

THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY

(Acceptance of Proposal means Insurance policy issued and premium collected.)