



# FIDELITY/DISHONESTY SUPPLEMENTARY QUESTIONNAIRE

## IMPORTANT NOTICE

This Supplementary Questionnaire forms a key part of your PI Proposal and it is important that all material facts continue to be fully, frankly and accurately disclosed.

**PLEASE REMEMBER TO SIGN AND DATE THIS FORM.**

## JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

### Name of Applicant

### Name of Broker

## A STAFF DETAILS

1. Please state the number of employees, in New Zealand and overseas, who have responsibility for money, stock and/or accounts

Category	New Zealand	Overseas
Employees with responsibility for money, stock and/or accounts, including any financial dealing or trading		
Employees without responsibility for money, stock and/or accounts		

2. Do you obtain written references for the preceding three years of employment in confirmation of the honesty of all employees with responsibility for money, stock and/or accounts?

Yes  No

3. Are any employees allowed to sign cheques on their own signature alone?

Yes  No

4. How frequently are the entries in the cashbook checked with the vouchers and reconciled with the Bank Statement?

5. Who undertakes the reconciliation?

## B AUDIT DETAILS

1. Is the firm/company subject to an external audit?

Yes  No

If Yes, how frequently?

2. Do you have an Internal Audit Department?

Yes  No

If Yes, how often are audits carried out?



3. Have you and/or any directors, officers or employees ever committed or been implicated in any civil, criminal or administrative proceeding charging a violation of any law or regulation or the commission of a fraudulent or dishonest act (in the service of the company to be insured, or otherwise)? Yes  No

If Yes, please provide full details (Fidelity cover will exclude losses caused by persons known to have previously been implicated in fraudulent or dishonest acts.)


4. Please list all losses (whether insured or not) within the last five years


5. Is there any other information in your possession that you would consider material to the risk being proposed? Yes  No

If Yes, please provide full details


**DECLARATION**

I declare that all answers and statements in this supplementary questionnaire are correct and complete in every respect and there is no further information, outside of that supplied in this questionnaire or the Proposal Form, which may affect acceptance of this proposal.

Signed  Date

Printed name

Position



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