

## FIDELITY GUARANTEE INSURANCE APPLICATION FORM

1.	Name of Applicant (Company)		
2.	Business Address		
3.	Nature of Business		
4.	No. of years in the business (as may be applicable)		
5.	Employees to be guaranteed		
	NAME	EMPLOYEE POSITION	JOB DESCRIPTION
			AMOUNT OF COVERAGE
6.	What sort of background investigation do you conduct prior to hiring of employees?		
7.	What documents do you require your job applicants to submit prior to hiring?		
	<input type="checkbox"/> Transcript of Records <input type="checkbox"/> Resume / Curriculum Vitae <input type="checkbox"/> Original NBI Clearance <input type="checkbox"/> Original Barangay Clearance <input type="checkbox"/> Clearance from Previous Employer <input type="checkbox"/> Original Drug Test Result <input type="checkbox"/> Others, please specify		
8.	How often do you conduct an internal audit of the employee positions as enumerated in item no. 5 above?		
	NO.	EMPLOYEE POSITION	FREQUENCY OF AUDIT

9.	Does your Company have Written Internal Control Procedures in place? If yes, please submit a copy together with this accomplished application form.		
10.	Period of cover		
11.	Loss experience for the past 3-5 years whether insured or not (as may be applicable)		
No.	Date of Loss	Nature of Loss	Amount of Loss in Php
12.	What measures or security precautions were adopted to prevent similar incidents from happening?		
<p><b>DECLARATION</b></p> <p>To the best of my knowledge and belief, the information provided in connection with this Application Form, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Insurers to void the Insurance.</p> <p>(N.B. A material fact is one likely to influence acceptance or assessment of this Application Form by Insurers.)</p> <p>I understand that the signing of this Application Form does not bind me to complete or Insurers to accept this Insurance but agree that, should a contract of insurance be concluded, this Application Form and the statements made therein shall form the basis of the contract.</p> <p>Name of Authorized Signatory : _____</p> <p>Position : _____</p> <p>Signature : _____</p> <p>Date : _____</p>			

**PIONEER INSURANCE & SURETY CORPORATION**

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