

**QUESTIONNAIRE FOR FIDELITY GUARANTEE INSURANCE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Insured** | | **:** |  |  |  |  |  |
| **Address** | | **:** |  |  |  |  |  |
|  |  |  | **Telephone Number** | | | **:** |  |
|  |  |  | **Fax Number** | |  | **:** |  |
| **Contact Person** | | **:** | **Name:** | |  |  |  |
|  |  |  | **Designation:** | | |  |  |
|  |  |  | **Mobile Number:** | | |  |  |
|  |  |  | **Email id:** | |  |  |  |
| **Nature of Business** | | **:** |  |  |  |  |  |
| **Period of insurance** | | **:** |  |  |  |  |  |
| **Sum Insured** | | **:** | (Currency in \_\_\_\_\_\_\_\_\_\_\_ ) | | | |  |
|  |  |  |  |  |  | |  |
|  | **Employees** |  |  |  | **Limit (designation wise)** | | |
|  |  |  |  |  |  | |  |
|  | Designation |  | No. |  | Per employee | | Aggregate |
|  |  |  |  |  |  |  |  |
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**Claims experience (for past 3 years):**