



HIMALAYAN GENERAL INSURANCE CO. LTD.

Head Office: Babarmahal, G.P.O. Box 148, Kathmandu, Nepal.
Tel: 4231788, Fax: 4241517, E-mail: ktm@hgi.com.np

Branches: Birgunj - Biratnagar - Pokhara - Durbarmarg - Butwal - Lalitpur
525366 528524 462100 4231581 622315 5009119

FIDELITY GUARANTEE PROPOSAL FORM

QUESTIONS		ANSWERS	
1	Employers name in full	1	
2	Address in full	2	
		3	
3	Business or occupation	4	
4	Address to which this proposal applies		
5	Period of insurance	5	From To
6	Limit of indemnity required	6	
a)	any one accident		a)
b)	any one year		b)
7a)	Are you the owner or tenant of the premises	7	a)
b)	Is any portion let or sublet. If so give details		b)
8	Do you wish to insure your liability against accidents occurring away from the premises. If so give details of work undertaken.	8	
9	State number of employees and how much you expect to pay them in total during the next twelve months	9	
	a) at your premises		a) no. amount
	b) away from your premises		b) no. amount
	c) sub-contractors		c) no. amount
10	Do you wish to insure your liability against	10	
a)	fire		a)
b)	explosion (boilers and machinery under steam pressure are not covered)		b)
c)	use of handcarts. If so how many		c)
d)	use of pedal cycles owned by you and your employees and used in connection with the business. If so how many		d)
e)	animals, if so give details		e)
f)	foreign or deleterious matter in, or poisoning caused by, food or drink. If so give details.		f)
g)	goods sold, supplied, lent or let on hire. If so give details		g)
h)	defective sanitary installation. If so type of installation.		h)
11	Do you wish to insure your liability arising from lifts, hoists, cranes or power hoisting machinery.	11	
	DESCRIPTION CAPACITY MAKERS NAME		YEAR OF MAKE BY WHOM INSPECTED AND HOW OFTEN
	(NB. PASSENGER LIFTS MUST BE INSURED SEPARATELY)		
12	Do you wish to insure your liability arising from the use of vehicles other than vehicles used on a public highway	12	
	DESCRIPTION MAKERS NAME PURPOSE FOR WHICH USED		BY WHOM INSPECTED AND HOW OFTEN
13	Are your premises, plant and machinery in good repair.	13	
14	Are you now or have you been insured for Public Liability	14	
15	Has any company declined, cancelled, refused to renew, increased the premium or imposed special conditions for Public Liability insurance. If so give details.	15	
16	Give details of all accidents during the past 5 years in connection with the business.	16	
DECLARATION			
I/ we hereby declare that the above statements are true and that I/ we have withheld no information which might influence the acceptance of			
this proposal. I/ we agree that this proposal shall be the basis of the the contract between me/us and the Company and deemed to be incorporated in the Policy.			

Date:

Signature: