

# Fidelity Insurance

## Analysis



Name/Company \_\_\_\_\_

Street, No. \_\_\_\_\_

Post Code/City \_\_\_\_\_

Contact \_\_\_\_\_

Telephone \_\_\_\_\_

Telefax \_\_\_\_\_

Email \_\_\_\_\_

No. of company sites/companies to be co-insured \_\_\_\_\_

foreign subsidiaries \_\_\_\_\_

companies belonging indirectly to the group \_\_\_\_\_

### CURRENCY

▲ applies for all amounts in the entire form, if empty, all information in EUR

◀ name and address if necessary, use an extra sheet

◀ if necessary, use an extra sheet

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Fidelity Insurance Analysis

## 1. NUMBER OF EMPLOYEES

total number of employees \_\_\_\_\_

industrial employees \_\_\_\_\_

commercial/office staff \_\_\_\_\_

management bodies \_\_\_\_\_

share in the company \_\_\_\_\_

temporary employees \_\_\_\_\_

◀ shareholdings in % per person at 7. REMARKS, if possible

## 2. ANNUAL TURNOVER

annual turnover  
last business year

◀ in thousand

desired  
sums insured

self-retention requested?

no  yes:

◀ percentage/amount

## 3. HAVE YOU SUFFERED ANY UNEXPLAINED LOSSES OVER THE LAST 5 YEARS?

no  yes \_\_\_\_\_ times amount \_\_\_\_\_

## 4. CONTROLS/RISK QUESTIONS

Does your company practise the „Four-Eyes“ principle?

no  yes

Are persons in positions of trust authorised to dispose of money and/or other assets with only their signature?

no  yes, what is their function? \_\_\_\_\_

amount \_\_\_\_\_

Are persons in positions of trust involved in payment flows vetted for their reliability?

no  yes

Do you have/use Anti-Virus/Hacker software programs and how often are they being updated?

no  yes, every: \_\_\_\_\_ intervals

Are data and programmes backed up or duplicated and copies stored safely?

no  yes, every: \_\_\_\_\_ intervals

At what intervals cash is to be delivered?

\_\_\_\_\_

Are inventories carried out during the year?

no  yes, every: \_\_\_\_\_ intervals

## 5. PREVIOUS INSURANCES/MISCELLANEOUS

Do you have / have you had Fidelity Insurance?

no  yes, since: \_\_\_\_\_ with: \_\_\_\_\_

Have you cancelled your Fidelity Insurance policy?

no  yes, by policy holder  yes, by insurer

desired start-date of policy:

\_\_\_\_\_

Do you have a D&O insurance?

no  yes, by: \_\_\_\_\_

Do you have a Legal Insurance for Criminal Offences?

no  yes, by: \_\_\_\_\_

## 6. CHECKLIST/ADDITIONAL QUESTIONS

- Do you use different passwords for different levels of authority?
- Are passwords changed at regular Intervals?
- Are computer programs protected against unauthorised changes?
- Does your computer system have protection / a firewall against unauthorised access?
- Is this protection / firewall continually updated?
- Does your computer system have Anti-Virus software?
- Is the Anti-Virus Software continually updated?
- Does this software recognise and document attacks on your system?
- Are data and the latest version of your programs backed up/duplicated daily?
- Are any such copies stored in such a way that they are not affected if the original is attacked at the same time?
- Do you use external IT service providers?

Can an individual person carry out the following functions from beginning to end by him/herself?

- sign cheques for amounts over EUR/\$ US 10,000
- issue electronic transfer orders/instructions to transfer monies
- open new bank accounts
- repay money/return goods
- send and accept bank statements
- participate in bundled payment flows, e.g. Multi-Cash
  
- Does an annual external audit exist?
- Are your control systems in line with all recommendations of the external auditors?
- Do you have your own audit department?
- Are those of your employees who handle money vetted by means of references on appointment?
- Do all your suppliers/service providers have written contracts?

**7. REMARKS**

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◀ shareholdings in % per person, if possible

place and date \_\_\_\_\_, the \_\_\_\_\_

company stamp and signature \_\_\_\_\_

◀ digital signature possible