

# REGENCY ALLIANCE INSURANCE LIMITED

No. 65 Patrice Lumumba Road, Airport Residential Area.  
P. O. Box CT 6342 Cantonments, Accra, Tel: 233-302-778106/769789/768463

## QUESTIONS TO BE ANSWERED BY EMPLOYER

QUESTIONS	ANSWERS
1. A. FULL NAME OF PROPOSER : ..... B. Business ..... C. Address ... ..	A. .... B. .... C. ....
2. A. Application name : ..... B. How long have you known the Applicant ..... C. How did the Applicant become known to you ? ..... D. If in your employment previously, in what capacity, and for how long?	A. .... B. .... C. .... D. ....
3. A. What testimonial did you receive from the Applicant's previous Employer ? ..... B. Was the Applicant reported as honest and trustworthy ? .....	A. .... B. ....
4. Is this Guarantee the only security required or to be held by you ? .....	
5. Is there any cash at present due to you from the Applicant ? .....	
6. Regarding the Applicant, and generally Please state :- A. Applicant's position ..... B. What is the maximum sum you estimate is likely to be in his hands at one time ? ..... C. From what sources is money received by him ..... D. Is he required to pay over to you or to Bank and how frequently ? ..... E. How frequently and by whom is the Bank Statement examined and the entries compared with the cash book ? ..... F. Is an Official counterfoil receipt required to be given for all payments received ? ..... G. By whom and how frequently are counterfoils examined ? ..... H. Does he keep petty cash and are vouchers required for all amounts paid out ? ..... I. Is he allowed to pay any other monies on your account? If so, what nature, and are amounts previously authorised ? ..... J. Is he authorised to sign cheques ..... K. Is he in charge of Insurance Stamps ? If so, when and to whom must cards be produced for inspection ? ..... L. What is the usual credit given by you, and what is your practice regarding arrears ? ..... M. Is he in charge of stock ? If so, what is the nature and average value of same ? ..... N. How often and by whom is such stock independently checked ? ..... O. Are your books independently audited and if so, at what intervals ? .....	A. .... B. .... C. .... D. .... E. .... F. .... G. .... H. ....Amount of float ₵..... I. .... J. ....If so, (a) Alone ? .....(b) Jointly ?..... K. ....Number of Cards..... L. .... M. .... N. .... O. ....
7. What remuneration will the Applicant receive, and how will it be paid ?	
8. Has anyone employed by you been detected in any defalcation ? If so, briefly state particulars .....	
9. Is the premium on the proposed Guarantee to be paid by the Applicant or by you ?	
10. Has a similar proposal been made to any other Insurance Company ?	

***I/We warrant that the above statements and particulars are true and I/We hereby agree that this Declaration shall be held to be promissory and of continuing effect and shall form the basis of and be deemed to be incorporated in the Contract between me/us and the REGENCY ALLIANCE INSURANCE LIMITED and I/We are willing to accept a policy subject to the Terms prescribed by the Company therein, and to pay the Premiums thereon.***

Date:.....**20**..... Signed:.....



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**QUESTIONS TO BE ANSWERED BY EMPLOYEE**

**FULL NAME :** ..... *If married Lady or a widow, please also State maiden name*

**ADDRESS :** .....

**OCCUPATION:**.....

1. By whom is the guarantee required ?	Date of joining firm	Amount of guarantee required				
2. How many persons are dependent upon you ?						
3. Are you a householder, lodger or do you reside with relatives ?						
4. How long have you lived at your present address ? (If less than one year please state previous address)						
5. Give particulars of your real and personal property and state whether it is unencumbered.						
6. (a) Amount of salary or wages to be received: (b) Amount of commission or other remuneration (if any): (c) What (if any) deductions will be made therefrom	(a) per (b) (c)					
7. (a) State the amount of your debts, if any (b) What is their nature ? (c) Are you Guarantor for any one ? If so, please give details	(a) (b) (c)					
8. (a) Have you ever been bankrupt or insolvent ? (b) Have you at any time made a composition with creditors ? (c) If so, do you hold your discharge ? (d) Have you ever had a Court judgement registered against you ?	(a) (b) (c) (d)					
9. (a) Have you any income or means of support besides your earnings from this appoint ? (b) If so, state fully the source(s) and the amount(s)	(a) (b)					
10. (a) Have you ever been discharged from any situation ? (b) If so, for what reason ?	(a) (b)					
11. (a) Have you at any time been insured under a policy of this kind ? (b) If so, give name of Company if known.	(a) (b)					
12. Has any Insurer (if so, which) cancelled or declined to accept or continue this or any other kind of insurance for you ?						
13. Give names and addresses of two referees who are householders not related to you.						
Name : .....	Name : .....					
Address : .....	Address : .....					
Occupation : .....	Occupation: .....					
Occupation : .....Has known me.....years	Occupation : .....Has known me.....years					
<b>14. PARTICULARS OF YOUR OCCUPATIONS DURING PAST SEVEN YEARS</b>						
PERIOD				Name and Full Postal Address of Employer (or if in business on your own account, state the name under which you traded, the Address and nature of business)	Position held (if in business on your own account state "own" Business)*	Reason for leaving or giving up business
From		To				
Month	Year	Month	Year			

**I hereby declare that the foregoing statements and particulars are true and complete.**

Date:..... Signature:.....

Agency..... Branch.....

*\*NOTE: If you have been in business on your own account. Please attach a note giving the names and addresses of two firms with whom you held credit account*



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## REFREREE'S REPORT

(Strictly Confidential)

1. Is Applicant well known to you?	
2. How long have you known the Applicant?	
3. What opportunities have you had of judging of the Applicant's character ?	
4. Can you give the address of the Applicant's father or other near relative ?	
5. Is the Applicant of sober and correct habits, living within his/her means, and qualified to be entrusted with the custody of money ?	
6. (a) Has the Applicant to your knowledge ever been suspected of fraud or dishonesty or (b) of being addicted to gambling ?	(a) (b)
7. Does the Applicant's conduct generally in spire confidence ?	
8. Has the Applicant to your knowledge any debts or liabilities	
9. Has the Applicant ever been in pecuniary difficulties ? (i.e. Bankrupt, Insolvent compounded with his/her Creditors, etc.)	
10. (a) What has been the Applicant's business or employment during the time you have been acquainted ? (b) Has the applicant ever to your knowledge been dismissed from any situation ?	(a) (b)
11. Is the Applicant a householder?	
12. Do you believe the Applicant to be a safe and proper person for the corporation to Guarantee against DISHONESTY?	

N.B. – Please to forward this form (as per addressed envelope enclosed) by return of post, if possible.

Signature of Referee:.....

Address: .....

Occupation:.....

Date :.....