



FIDELITY INSURANCE

Proposal Form

1.	Name of the Company (in full)	
2	Address of the Company	
3	Type of the Business	
4	Name of the Employee (in full)	
5	Father's Name	
6	NRC No./ Passport No.	
7.	Address	
8.	Date of Employment	
9.	Duty/ Position	
10.	Marital Status	
11.	Amount to be Insured for the Employee	
12.	Is the employee living together with relatives?	
13	Number of Dependents	
14.	Does the employee live in his/her own house or in a rented house?	
15.	How long has the employee been in the above place continuously?	
16.	Has the employee ever got fired from any other jobs before? If yes, describe the reason.	
17.	Describe the salary for the current job	

Date: -----

Insured Company

Employee

Signature: -----

Signature: -----

Name of Authorized person:-----

Name: -----