

<p>14. Have you ever had an insurance of this nature declined or terminated?</p>	
<p>15. Are any of your employees insured by a Fidelity Guarantee Policy? If so, state with which Company</p>	
<p>16. State date the loss was notified to the Police and the name of the Police Station</p>	<p>Date.....</p> <p>Police Station at.....</p>
<p>17. Is the money claimed for insured with any other Company or with Underwriters against Loss in transit? If so, give full particulars</p>	

I DECLARE THAT ALL STATEMENTS MADE ON THIS FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT THE ARTICLES AND PROPERTY DESCRIBED BELONG TO THE PERSONS NAMED, NO OTHER PERSON HAVING ANY INTEREST THEREIN, WHETHER AS OWNER, MORTGAGEE, TRUSTEE OR OTHERWISE.

DATE.....

**INSURED'S
SIGNATURE.....**