

# FIDELITY INSURANCE APPLICATION

## 1) PARTICULARS OF INSURED

- a) Name of insured: Local Industrial Council Neot Hovav
- b) Principal address: PO Box 360 Beer Sheva 8410202
- c) Nature of business: Local Industrial Council
- d) Expected approximate percentage revenues: ₪ 119,000,000
- e) In the course of its business, does the Insured:
  - i) Engage in trading (securities, commodities, currencies etc)? No
  - ii) Make loans or extend credit? No

If yes to any of the above, please attach particulars as to the extent of such activities and the controls in place.

## 2) STAFF

- a) Number of employees: 10
- b) How many employees handling and/or responsible for money/ securities / transactions etc. 5

## 3) AUDITS

- a) External Audits
  - i) Name of external auditor: Sagi Gardal
  - ii) Frequency of audit: Once every 6 months

### b) Internal Audit

Do you have an Internal Audit Department? yes If so:

- i) Does this department report directly to the Board of Directors? report directly to audit committee members and to the head of the council
- ii) How often are full internal audit made? annual audit once a year and audits according to an annual work plan.

## 4) GENERAL

- i) Do you maintain a system of joint custody and dual control with respect to cash, checks, negotiable securities, keys to safes and safe deposit boxes, codes, ciphers and test keys, blank checks and drafts and similar valuable or potentially valuable property? yes
- ii) Do you require countersignature on all cheques? yes  
If not, explain controls in place to prevent abuse:

- iii) Within the last six years, has the Insured and/or any of its Directors or Officers been involved in any civil or criminal action or administrative proceeding charging a violation of any law or regulation or the commission of a fraudulent or dishonest act? **NO**

If so, please attach full details.

- iv) To the best of the Insured's knowledge, has any current Officer, Director or Employee of the Insured ever committed or has been implicated in the commission of a fraudulent or dishonest act (in the service of the Insured or otherwise)? **NO**

If so, please attach details.

## 5) PREMISES AND TRANSIT

What's the average and maximum amounts by type of exposure (cash, checks, securities), **Not relevant**

## 6) PARTICULAR OF COVERAGE

- a) Do you carry insurance similar to that being applied for? If so, please provide the following details:

- i) Name of Insurer: **Clal**  
ii) Current policy term: **1.7.24 - 30.6.25**  
iii) Limits carried: **1,000,000**

- b) Has any similar insurance coverage for the insured been cancelled or declined in the last six years? **NO**

If so, give full details:

- c) Are you aware of any circumstances which might materially affect this application? If so, please explain: **NO**

## 7) LOSS INFORMATION

<u>Date Discovered</u>	<u>Location</u>	<u>Nature of Loss</u>	<u>Amount of Loss</u>
------------------------	-----------------	-----------------------	-----------------------

Unless the information has been provided above, please describe corrective measures taken to avoid recurrence.

- 8) We declare that the statements and particulars in this application are true and that we have not misstated or suppressed any material facts. We agree that this application together with any other information supplied by us shall form the basis of any contract of insurance effected thereon and shall be incorporated therein. We undertake to inform insurers of any material alteration by these facts whether occurring before or after completion of the contract of insurance. However, signing this application form does not bind the applicant to complete this insurance.

**Title**

## Title

27/5/2025

Date \_\_\_\_\_

