

MONEY INSURANCE PROPOSAL FORM

Name of Proposer:

1

Address:

2 Nature of Business:

3 Period of Insurance:

From:

To:

a) Give an estimate of the annual amount of money likely to be transported:

SR

b) State the maximum amount likely to be at risk at any one time:

SR

4

c) State whether you wish to insure against loss of money by housebreaking or burglary from locked safe or strong room or by hold-up while in the premises including damage to any safe or strong room.

housebreaking

burglary from locked safe or strong room

by hold-up while in the premises including damage to any safe

How much do you wish to be Insured?

SR

- a) How will the money be conveyed, i.e. on foot or by private or public conveyance?
- On Foot
 - Private conveyance
 - Public conveyance

please give details of security arrangements in force to protect money:

b) What is the approximate distance the money will be conveyed?

c) If Wages Money is distributed to Branch Offices before being paid away please give the following information:

i) Address(es) of branch (es) and amount(s) involved?

5		Sum Insured: <input style="width: 150px;" type="text"/>
		Sum Insured: <input style="width: 150px;" type="text"/>
		Sum Insured: <input style="width: 150px;" type="text"/>

ii) How is money conveyed?

iii) How is money protected?

iv) What is approximate distance traveled?

v) Is money retained overnight at Branch(es)? Yes No

If so:

a) How is it protected?

b) If in locked safe give:

i) Makers name and identification mark?

ii) Dimensions?

iii) Whether built in wall or secured to floor?

Yes No

iv) If fire or theft resisting?

5 d) Is cover required for cash at Branch(es) other than wages money?

Yes No

If so, give details of amount(s) involved?

SR

How is it kept?

And what type of protection?

6 Please give full description of the construction of your strong room:

7 Are the keys of the safe(s) and strong room removed from the premises when the premises are closed for business?

Yes No

8 Have you ever suffered loss or destruction of or damage to Money?

Yes No

If so, please give details:

a) Have you ever proposed for similar insurance? Yes No

If so, state name of Insurer:

9 b) Was the proposal accepted? Yes No

c) Has the renewal of your insurance ever been declined or not invited? Yes No

d) Has an increased premium been required or have special conditions been imposed? Yes No

10 Is the indemnity of the Insurers the only security to be taken? Yes No

11 Give any other information in your possession material to the risk to be insured:

Please read the following declaration very carefully and read again the questions and answers, especially if not completed in your own hand, before signing the form. I/we declare that the above answers are true to the best of my/our knowledge and belief and that I/we have disclosed all particulars affecting the assessment of the risk.

I/we agree to render at the end of each period of insurance a statement in the form required of the particulars necessary for assessing the premium and to pay premium on any amount exceeding the estimates supplied by me/us. I/we agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers.

Date:

Name:

Position:

Signature:
