



Money Insurance Proposal

i.e., Cash, Bank and Currency Notes, Cheques, all belonging to the Insured or for which he has accepted responsibility.

1. Name of Proposer in full Address Nature of Business
2. Details of transits to and from the Bank to the Premises : (a) Name and Address of Bankers (b) How far is the Bank from the Premises ? (c) How is the journey made, e.g. on foot or public or private conveyance? (d) What is the number of adult males in charge of each journey? (e) How often are journeys with Cash and / or Bank Notes made? (f) What special precautions are taken?

3. Will you be prepared to use special waistcoat in which the money may be carried on by the employees? If not, please supply the following information :

<u>Construction of container</u>	<u>Measurement – size</u>	<u>Weight of container</u>	<u>Make & Type of Locking device</u>
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4a) Premises Risks : Estimated amount of Cash and / or Bank Notes to be carried during the year (Which is to be the basis on which the premium is charged)	4b) Transit Risks : Maximum amount carried at any one time (which is to be the limit of any one loss)
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5. Details of Safes and Strongrooms and Money to be insured therein whilst securely locked out of Business Hours :-

Locations of Safe(s) or Strongroom(s)		Maker's Name	Maker's No.	Purchase Date	New or Secondhand	Cost Price	Present Estimated Value

Size	Weight	Whether marked fire or Thief Resisting	Method of fixing Safe	Number of keys and where kept out of Business Hours	Any combinations	Sums to be Insured	
						Money for salaries wages and other earnings	Other Money

6. Are the Premises occupied at night? If so, by whom and where?

7. If Money, other than Money for the payment of wages, salaries and other earnings is kept out of Business Hours in a locked receptacle other than a safe or strongroom the Company is prepared to consider insuring such Money up to a small amount. If such cover is required please state -	(i) Nature of receptacle..... (ii) Where kept in Premises (iii) Who holds the key (iv) The sum to be insured
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8. Have you ever sustained a loss of the kind to be insured? If so, give particulars.

9. Has any Insurer ever - (a) declined your insurance or required a proposal to be withdrawn? (b) cancelled or refused to renew your insurance? (c) required an increase in premium rate or stipulated special conditions? If so, state name of Insurer	(a) (b) (c) Insurer :
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10. Period of Insurance from to

DECLARATION – I / We hereby declare that the above particulars and statements are true, correct and complete and contain all information known to me / us affecting the risk to be insured and that this proposal and declaration and any other written statement relative thereto made to me / us or on my / our behalf shall be the basis of and incorporated in the contract between me/ us and the Company and shall be promissory. I / We further agree to accept insurance on the terms set forth in the Company's policies.

Date Signature of Proposer