

## PROPOSAL FOR INSURANCE OF MONEY

Please answer all questions. Benefits under the policy may not be payable in the event of non-disclosure or misrepresentation of material facts. If you are in doubt as to whether any fact is material please disclose same. Tick boxes (✓) where appropriate

1	Name of Proposer In Full				
	If you are an individual NIC No				
	Date of Birth (dd/mm/yyyy)				
2	Postal Address :				
	Telephone No. :		Fax No		E-mail Address
4	Nature of Trade / Business :  If an organization Registration .No				
5	Period of Insurance		From :	To:	
<b>6</b>	<b>Premises</b>				
6.1	Addresses of the business premises to which the Insurance is to apply :			<input type="checkbox"/>	<input type="checkbox"/>
6.2	Are you the sole occupant?  If not, give details			Yes	No
6.3	If the premises occupied after business hours, by whom?				
6.4	Details of security measures within business hours :				
6.5	Will the premises be guarded by Watchers/Security guards?  If yes between which hours?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>7</b>	<b>Particulars of the transits</b>				
7.1	From	7.2 To	7.3 Distance (Km)	7.4 No of trips per month	7.5 Highest amount in transit at any one time
7.6	How is the transit made Eg: by foot, by private conveyance				
7.7	Number of adult employees accompanying money				
7.8	Special precautions taken [Eg: Armed Guard/Cash Escort Service]				
7.9	If there are occasions [Eg: Holiday Festival Season] when the amount in transit exceeds please state such periods and amounts involved				

7.10	Estimated total amount in transit annually			Rs.
8	<b>Details of Safes/Strong rooms and money to be insured therein</b>			
8.1	Sum to be insured for money in safe / safes /Strong room If more than one safe maximum amount in any one safe :-			Rs.
8.2	Make/Model of Safe	Year of Manufacturing	Cost (Rs.)	Weight
				Is the safe securely fixed? If so by what means?
8.3	Are the keys of safes / Strong room removed from the premises after the business hours			Yes <input type="checkbox"/> No <input type="checkbox"/>
8.4	Who holds the keys & Combination			
9	Do you require any of the following extensions?			
9.1	Strikes and Riots			Yes <input type="checkbox"/> No <input type="checkbox"/>
9.2	Terrorism			Yes <input type="checkbox"/> No <input type="checkbox"/>
9.3	Infidelity of the persons carrying money (only during transit)			Yes <input type="checkbox"/> No <input type="checkbox"/>
9.4	Insurance against personal injury consequent upon assault by thieves			
	Category of persons		Amount	
10	Have you suffered loss of money (whilst in transit or in the premises). Please give details for the past five years			
	Year	Amount Lost	Cause of Loss	Name of Insurer, if insured
11	If there are or have there been any money insurance effected by you, state Insurer, and Policy Number:			
12	Has any Insurer ever declined your proposal, cancelled a policy, refused to renew your policy or imposed special terms in respect of a money insurance If yes give particulars			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Declaration</b>				
(a) I / We declare that to the best of my/our knowledge and belief the information given is true in every respect and if such statements are in the writing of another person, he /she acted as my /our agent for such purpose.				
(b) I/ We agree that this proposal and declaration shall be the basis of the contract between me /us and the company.				
Proposer's Signature & Company Seal (Where it is applicable)			Date	
Business Channel				