

## ♦ MONEY INSURANCE ♦ PROPOSAL FORM

**In completing the Proposal Form please ensure that questions are answered fully and accurately and where necessary schedules giving further explanation are provided.**

It is your duty to disclose all material facts to Underwriters.

A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

**Vat No.:** .....

<p>1. (a) Name of Proposer:</p>  <p>(b) Address:</p>   <p>(c) Telephone No./Fax No.:</p> <p>(d) Email address:</p> <p>(e) Business Occupation or Trade:</p> <p>(f) Period of Insurance:</p>	<p>.....</p>      <p>.....</p> <p>.....</p> <p>.....</p> <p>From ..... To .....</p>
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**“MONEY” means Cash, Bank Notes, Cheques, Money Orders, Postal Orders, Bills of Exchange and Postage and other Stamps having a monetary value (but not being a stamp collection or part thereof).**

<p>2. (a) Give an estimate of the amount of money likely to be transported during the period of insurance.</p>	<p>.....</p>
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<p>2. (b) State the maximum amount of money likely to be transported by you at any one time.</p> <p>(c) Do you wish to insure against loss of money by housebreaking or by burglary from locked safe or strongroom or by hold-up while in the premises including damage to any safe or strongroom?</p> <p>If 'Yes' state the amount of money to be insured.</p>	<p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p>
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<p><b>Personal Accident Assault Benefit - Cover is available in respect of compensation (normally not exceeding \$10,000.00) to any director principal or employee of the Insured sustaining bodily injury as a result of any person stealing or attempting to steal the insured cash.</b></p> <p>3. (a) Do you require this cover?</p> <p>If 'Yes' state the maximum number of persons who will accompany cash any one day.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p>
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<p>4. (a) How will the money be transported?</p> <p>(b) State what security measures are in place to protect the money.</p> <p>(c) Is the route and time the money is transported varied?</p> <p>(d) What is the approximate distance the money will be conveyed?</p>	<p><input type="checkbox"/> On foot                      <input type="checkbox"/> By private transport</p> <p><input type="checkbox"/> By public transport      <input type="checkbox"/> Security Company</p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p>
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<p>5. (a) Do you have Branch Offices or other locations at which Money or Wages are distributed collected or paid out and is cover required for these locations?</p> <p>If "Yes" please state the following:-</p> <p>(b) The address of branch(es) and the amount(s) for each.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>..... \$ .....</p> <p>..... \$ .....</p> <p>..... \$ .....</p>
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<p>5. (c) How will the money be transported?</p> <p>(d) How many persons accompany the money?</p> <p>(e) State what security measures are in place to protect the money.</p> <p>(f) What is the approximate distance traveled?</p> <p>(g) Is money kept overnight at the branch(es)?</p> <p>(h) How is it protected?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p>
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<p><b>Details of safe</b></p> <p>6. (a) Makers name and identification mark. Dimensions (Length x Width x Depth) Weight</p> <p>(b) Is the safe(s) built into the wall or secured to the floor?</p> <p>(c) Is the safe(s) free-standing?</p> <p>(d) Is the safe(s) fire resisting? theft resisting?</p> <p>(e) Does the safe(s) carry keys or combination lock(s)?</p> <p>(f) Value in safe/strongroom</p> <p>(g) How many persons have the keys/combination to the safe/strongroom?</p>	<p>1..... 2..... 3.....</p> <p>1..... 2..... 3.....</p> <p>1..... 2..... 3.....</p> <p>1 Wall <input type="checkbox"/> 2 Wall <input type="checkbox"/> 3 Wall <input type="checkbox"/> Floor <input type="checkbox"/> Floor <input type="checkbox"/> Floor <input type="checkbox"/></p> <p>1 Yes <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/></p> <p>1 Fire <input type="checkbox"/> 2 Fire <input type="checkbox"/> 3 Fire <input type="checkbox"/> Theft <input type="checkbox"/> Theft <input type="checkbox"/> Theft <input type="checkbox"/></p> <p>1 Keys <input type="checkbox"/> 2 Keys <input type="checkbox"/> 3 Keys <input type="checkbox"/> Lock <input type="checkbox"/> Lock <input type="checkbox"/> Lock <input type="checkbox"/></p> <p>1..... 2..... 3.....</p> <p>.....</p>
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<p>7. Where are the keys to the safe/strongroom kept when the premises are closed for business?</p>	<p>.....</p>
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<p>8. If you have a strongroom please give a full description of it.</p>	<p>.....</p>
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<p>9. Have you ever suffered loss or destruction of or damage to Money</p> <p>If 'Yes' please give details</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p>
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10. What steps have you taken to prevent or minimize the chance of a loss reoccurring?	
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11. (a) Have you ever proposed for similar insurance?  If "Yes" please state the name of the Insurer  (b) Was your proposal accepted?  (c) Has the renewal of your insurance ever been declined or not invited?  (d) Have you ever been required to pay increased premiums or had special conditions imposed?  If "Yes" please give the reason for such.	Yes <input type="checkbox"/> No <input type="checkbox"/>  <hr style="border-top: 1px dotted black;"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>
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12. Please give any other information in your possession that is material to the risk to be insured. <b>(Note: 'Material' means any fact that would influence the insurer's judgement in assessing the risk).</b>	
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**SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.**

**Declaration**

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

**Signed by Proposer**

Name (Please print) .....

Signature ..... Date .....