



MONEY INSURANCE – PROPOSAL FORM

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

1. FULL NAME OF PROPOSER: _____

2. ADDRESS: _____
3. OCCUPATION / BUSINESS: _____
4. TELEPHONE NO.: _____
5. EMAIL: _____

6. Please complete the following schedule

	Estimated Annual Carriage	Highest Amount Any one transit	Number of Employees In Charge
a. Cash drawn from Bank For the payment of wages			
b. Cash drawn from Bank for Purposes other than for Payment of wages			
c. Cash for payment into Bank			
d. Cash belonging to clients either from or to Banks			
e. Any other cash in transit			

7. How often do you carry cash monthly? _____
8. What will be the mode of carrying? _____



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9. Is the duty of carrying the cash delegated regularly to any particular employee(s)?
Yes No

How many persons are so employed? _____

10. What security measures do you have in place _____

11. Transit location from _____ To: _____

12. For Cash in Safe, please state the following;

- i. The maximum amount kept in safe _____
- ii. The type of safe used _____
- iii. Location of Safe _____
- iv. Who keeps the safe keys _____
- v. What security measures do you have in place? _____

13. Have you ever lost any Cash-In-Transit / Safe by theft or any other mishap?

Yes No

If so, please give details _____

14. Have you ever proposed for a similar Insurance?

Yes No

If so please give details of the insurance company _____



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PERIOD OF INSURANCE

Insurance to commence on _____ 20 ____ to _____ 20 ____

DECLARATION

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I/We further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the **INSURER** to complete this insurance.

Date: _____ **Signature:** _____

Agent /Broker: _____